Notes for an Archaeology of Discarded Drug Paraphernalia

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Abstract

This article explores the values and challenges of an archaeological approach to illicit drug use, based on the study of discarded drug paraphernalia. It builds upon recent archaeological studies of homeless people, refugees and other marginalised communities that have used participative methods to challenge societal stigma and erasure. Following a critique of previous archaeological studies of drug use, the core of the article is a detailed analysis of an assemblage of drug paraphernalia in Oxford, UK. In interpreting this assemblage and its material and emotional contexts we draw on our respective contemporary archaeological and drug user activist experience and expertise. By providing a critical overview of previous studies and a detailed case study, this article aims to provide a practical and conceptual foundation for future archaeological studies of illicit drug use.

Keywords: contemporary archaeology, harm reduction, historical archaeology, marginalised heritage, people who use drugs

Introduction

Crack pipes and hypodermic needles are not generally regarded as significant archaeological artefacts, but they should be. Drug paraphernalia
is sometimes found on archaeological sites, particularly on or near the surface of urban sites or inside buildings, but it is far more likely to be regarded as a hazard or nuisance than as a part of the archaeological heritage. We believe that this attitude not only neglects the archaeological significance of drug paraphernalia, but in the process it further erases people who use drugs, an already marginalised community, and alienates them from the spaces they inhabit.

In a typical archaeological risk assessment, the likely presence of discarded hypodermic needles on a site is noted as a serious hazard that staff should be alert to. In these cases, it is advised that safety boots and gloves are worn to mitigate the risk, and medical sharps containers are provided for the safe disposal of needles. These are sensible precautions and protections, although public health research indicates that needles disposed of in community spaces pose a relatively low risk (Makwana 2005; Papenburg et al. 2008). However, the presence of hazardous contaminants such as asbestos or unexploded ordnance is likely to be noted in site reports even after their removal and disposal by specialists: in contrast, drug paraphernalia such as crack pipes and hypodermic needles is most often ignored. In this article we argue against this practice and in favour of the recognition and inclusion of drug paraphernalia in archaeology, from surface survey and excavation to archiving, public engagement and in writing the narrative history of the site. Our arguments are as follows:

• Drug use has a long and culturally rich global history and prehistory. Not to record drug paraphernalia is arbitrarily to deny or erase a significant aspect of human culture.

• Drug paraphernalia is socioculturally, economically and politically entangled with other things, people, networks and processes, from international organised crime and the pharmaceutical industry to local drug dealers and health services.

• To weave these tangled threads into the story of a place requires a deeper understanding of drugs and the people who use them, from medical, sociological and personal perspectives. For some of this understanding, working or consulting with people who use drugs will be advantageous.

• The benefits of such an inclusive, collaborative approach will be a richer, more complete and more intellectually honest
understanding of the histories, geographies and archaeologies of a place.

This is naively optimistic. People who use drugs – in particular more demonised and stigmatised drugs such as heroin, crystal methamphetamine and crack cocaine – can include the most economically marginalised and socially stigmatised groups in almost any society. Many stakeholders in the archaeological heritage, including developers, local communities and the archaeologists themselves, are likely actively to support, take part in and benefit from this marginalisation to some degree, and tend to regard the physical removal and material erasure of people who use drugs as an unequivocally good thing. In this context, to recognise and value the archaeological heritage of people who use drugs, and to acknowledge them as heritage stakeholders, is a radical and potentially controversial act.¹

In this article we briefly outline the previous work on archaeologies of illicit drug use, looking in particular at Rachael Kiddey’s seminal work on the archaeology of homelessness. We consider the place of an archaeology of drug paraphernalia within the archaeology of the modern world, drawing on established themes of abjection, alienation and marginalisation within this discipline. Building upon these foundations we present a case study of a surface assemblage of drug paraphernalia from a domestic garden in Oxford, UK, an analysis of its creation and disposal and its emotional contexts. Finally, we outline some guiding concepts for an archaeology of drug paraphernalia that resists the erasure of people who use drugs, alongside other marginalised communities, harnessing the rhetorical power of their material culture to emphasise their presence and validity as stakeholders in the heritage.

**Archaeologies of drug use**

Archaeologists have engaged with the material culture of historic drug use in a variety of ways, some of which have unwittingly drawn on prejudicial and stigmatising views of people who use drugs. For example, innovative and controversial archaeological studies of an abandoned council house included the discovery of prescription methadone bottles
(Buchli and Lucas 2000; 2001). Buchli and Lucas (2001, 161 and 167) interpreted the methadone as evidence that ‘the partner and father of the children … was also a heroin addict’ and that the methadone was ‘to help him overcome his heroin addiction’. We would argue that there are numerous interpretations available, and that allowing an interpretation to be driven by stigmatising presupposition is not only arbitrary but also problematic in the authors’ failure to note this bias. To suggest just one alternative, it is quite possible that the partner had decided to use methadone as a way of stabilising their life, possibly demonstrating a significant level of commitment. Further, the term ‘addict’ pathologises and reductively delimits these people’s identity, erasing other facets of their lives and identities. This sort of erasure of the complex personhood of people who use drugs must be seen alongside their erasure from the analyses and findings in the instances where drug-using paraphernalia is found at archaeological sites, discussed above. The preferred and less stigmatising term would be ‘person who uses drugs’ or ‘person dependent on drugs’.

A further archaeological value of the methadone bottle was in the prescription date printed on the label, which Buchli and Lucas used to date the mother and children’s departure from the house. They speculate that the strain of a relationship with a person who used heroin was a decisive factor in the family’s abrupt departure from the house (Buchli and Lucas 2001, 167). This speculative interpretation again appears to be driven by the prejudices of the archaeologists, again unacknowledged. Their assumption that drug use and dependence is correlated with a chaotic and dysfunctional lifestyle is asserted alongside the implication that people who use drugs and/or are on opiate substitution have an inability to maintain relationships and function as parents. No evidence is given to support these assumptions; moreover, social epidemiological studies of drug use within ‘risk environments’, characterised by poverty, homelessness and other forms of social marginalisation, have consistently warned against simplistic causative arguments of this kind (see, for example, Rhodes 2009). Despite these reservations, the study by Buchli and Lucas remains an important milestone in this small field.

For a more critical and socially engaged archaeological study of drug use we turn to Barbara Voss’s work on the consumption of opium
by Chinese migrants on the West Coast of the United States in the nineteenth and twentieth centuries (see, for example, Voss 2005; 2012), which draws on earlier surveys of the material culture associated with opium and its spatial distribution (Wegars 1993; Williams 2004). Voss highlights the distinctive value of historical archaeological studies of this kind, noting the common association of opium paraphernalia with common domestic refuse: ‘Williams interpreted this spatial pattern as evidence that opium consumption in the Market Street Chinatown was a routine activity integrated into domestic life; his findings refute contemporary newspaper accounts of seedy “opium dens” that were centres of vice and corruption’ (Voss 2012, 158).

The contradiction that Voss highlights is further evidence of the potential for more dispassionate archaeological analyses of drug use to challenge conjecture, supposition or stigmatising and reductive bias, past and present. The study of opium is of particular significance and interest, as Voss notes, as its criminalisation in the United States was racially driven legislation specifically targeted at Chinese communities (Voss 2012). The criminalisation of drugs and the people who use them has long been a mechanism of social control and state repression of immigrant and ethnic minority communities: studies like this serve in part to render visible the lived experience and nuanced realities of people who use drugs in contexts of oppression and persecution (Des Jarlais 2015).

**Drug paraphernalia in the archaeology of homelessness**

As Buchli and Lucas’s work highlighted, there is an overlap between the archaeologies of drug use and of housing insecurity and homelessness. This is noted in passing in activist-focused studies (see, for example, Zimmerman, Singleton and Welch 2010) and in Singleton’s (2017) study of homelessness, homemaking and dwelling in Indianapolis. By far the most extensive, socially engaged and ethical engagement with the archaeologies of homelessness and drug use is Rachel Kiddey’s ‘Homeless Heritage’ project in Bristol and York, which set out to document the experiences of contemporary homelessness through
participatory archaeological and heritage work (see, for example, Kiddey 2017; 2018). Involving homeless people in the archaeology of ‘sites of unofficial, unaccounted for homelessness’ helped with the identification and interpretation of drug paraphernalia: hay fever tablets were noted as being used to enhance the consumption of crack cocaine, while the sweet wrappers found alongside drug paraphernalia, which had been interpreted as cheap convenience food, were explained instead as a response to the gastrointestinal problems heroin users can experience (Kiddey 2018, 696; Crea et al. 2014, 138 and 141–2). The team noted that ‘Discussion of drugs – availability, quality and price – was a specific point of interest for homeless colleagues, and artefacts excavated at the site prompted conversations that highlighted a sophisticated level of alchemist knowledge’ (Crea et al. 2014, 142).

Most of the paraphernalia that Kiddey’s team encountered was heroin-related, including the torn-off bottoms of beer cans used to cook heroin by heating it with a mixture of citric acid and water before drawing it into a syringe and injecting it. During work on the Turbo Island site in Bristol, a derelict bomb site that became ‘a meeting place for the homeless and street-drinking population’, the team found a Stericup, a disposable metal spoon produced specially for cooking heroin and distributed by public health services alongside clean needles and syringes (see the case study below; Crea et al. 2014, 136). Kiddey’s team noted that Stericups were not distributed by Bristol-based health services and so speculated that it might have been brought in from a nearby town such as Bath (Crea et al. 2014, 141–2; Kiddey and Schofield 2011, 12). As noted earlier, the archaeological interpretation of drug paraphernalia can shed light not only on minutaie of local public health practice and the lives of people who use drugs, but also on national and international laws around the treatment and criminalisation of people who use drugs.

Archaeology on the margins

The archaeology of the modern world is a rich and often radical discipline, with work ranging from the ‘excavation’ of a Ford Transit van
and the discovery of a buried USB memory stick to experiments in art, performance and digital media (Harrison and Breithoff 2017). One of the most common criticisms of archaeological studies of the recent past is that they contrive a distancing effect to frame and justify their work on otherwise mundane material, what Buchli and Lucas (2001, 9) describe as ‘almost a perverse exercise in making familiar categorisations and spatial perceptions unfamiliar’ (see also Graves-Brown 2011 for a more developed critique of this argument). Buchli and Lucas argue that this is in part a coping strategy for archaeological encounters that might otherwise induce distaste or distress, as with their own imposition of a site grid on to a domestic bedroom. Harrison (2011, 149–50) identifies this same problematic practice of ‘making the familiar “unfamiliar” … to draw attention to the everyday by making it “uncanny”’, and compares it to contemporary artists who use archaeological themes to satirise or critique aspects of the modern world.

This criticism does not apply quite so straightforwardly to an archaeology of drug paraphernalia, as for most people crack pipes and hypodermic needles are arguably neither familiar nor the everyday. Arguably one of the values of an archaeology of the modern world emerges when it focuses on the margins of society and seeks to build connections and interpretations, as work on the archaeology of homelessness by Kiddey (2018), Singleton (2017) and others demonstrates most powerfully. Buchli and Lucas (2001, 10–14) build on their concept of alienation in contemporary archaeology to explore the notion of the ‘abject’: that which is deemed terrifying, disgusting or threatening and is thus cast out – whether on a personal or a social level: this also chimes with Foucauldian notions of deviance. Abjection has been used to describe the stigmatisation of people who use drugs and other marginalised communities such as sex workers: it can also be used to describe and explain the common responses to encountering drug paraphernalia. Buchli and Lucas’s (2001, 16) densely theorised approach to the archaeology of the abject, uncanny present repeatedly returns to the idea that it is a practice capable of creating spaces for encounters with the subaltern, the silenced and ‘that which has fallen outside the realm of discourse’.
This challenge of an archaeology of the present that can, crudely speaking, give voice to the voiceless is taken up by González-Ruibal who attacks it from a different angle. Rejecting the idea that one more voice can add much to the cacophony of contemporary viewpoints, he argues instead for an archaeology that can ‘deploy its own rhetoric, a rhetoric that preserves the “thingliness” of the thing without being trapped in a verbal discourse and does justice to the troubling nature of the record we work with’ (González-Ruibal 2008, 251). González-Ruibal outlines an archaeology of the present based around the notion of ‘making manifest’: using the rhetorical force of material remains to draw attention to the unspoken or the hidden.

Making manifest means performing the political act of unveiling what the supermodern power machine does not want to be shown … Only these acts of disclosure can bring healing to those who have suffered supermodernity’s violence … The question is, then, can we archaeologists help to perform a therapeutic task by making manifest what cannot be said? (González-Ruibal 2008, 262)

González-Ruibal outlines his model of the archaeology of the present as a radical and politically conscious discipline of engaged intellectuals. He warns against excessively archaeological archaeologies of the present, focused only on documenting and cataloguing; and against so-called archaeologies that are merely ‘innocuous creative engagements with material culture and landscape’ (González-Ruibal 2008, 262). With these parameters in mind, it is worth considering the radical potential of an archaeology that emphasises the ‘thingliness’ of drug paraphernalia, and thus draws attention to the marginalisation of people who use drugs, their tangled and troubling interactions with wider society and the violent erasure of their things, spaces, lives, bodies and histories.

### An assemblage of drug paraphernalia, Oxford, UK

The following case study is based on an assemblage of drug paraphernalia observed in a domestic front garden in the Cowley Road area of
Oxford, UK. The description, analysis and interpretation of the assemblage is based on knowledge driven by professional and academic experience working with people who use drugs, organisations working with and for people who use drugs, and additionally supplemented by personal experience of drug use and knowledge and research of those with such experience. As such, it aims to subvert analyses driven by presupposition, ignorance and stigmatising assumption.²

The wider context of the assemblage is a busy urban street with a large homeless population, and other visible evidence of drug use in the area including sharps containers and used needles and syringes. It is unusual, however, to discover such a relatively comprehensive and

Figure 1  The assemblage as discovered. (Image credit: Gabriel Moshenska)
<table>
<thead>
<tr>
<th>#</th>
<th>Item</th>
<th>Description/reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Harm reduction booklet</td>
<td>The booklet, by SWOP in Oxford with support from local agencies, provides a comprehensive set of guides and advice. Topics include how to most safely inject drugs, how and where to dispose of or exchange used needles and other ‘works’, how to care for somebody who is overdosing, and the location of harm reduction services in and around Oxford.</td>
</tr>
<tr>
<td>2</td>
<td>Cooker</td>
<td>Disposable metal spoon or ‘cooker’ used to ‘cook-up’ the heroin. Appears to be the type manufactured by Orion Medical Supplies (<a href="http://www.orionmedical.co.uk">www.orionmedical.co.uk</a>), a specialist in harm reduction equipment, and sold by Exchange Supplies (<a href="http://www.exchangesupplies.org">www.exchangesupplies.org</a>), a social enterprise dedicated to the provision of resources for harm reduction services. The blister pack for the spoon is visible to the left.</td>
</tr>
<tr>
<td>3</td>
<td>Foil</td>
<td>Either for ‘chasing’ (i.e. smoking off the foil) or as wrapping for the heroin. Some harm reduction services provide foil to encourage people to move from injecting to smoking heroin, a so-called ‘reverse transition intervention’ to a less dangerous method of consumption.</td>
</tr>
<tr>
<td>4</td>
<td>Filter</td>
<td>Cotton filter for drawing up the heated and dissolved heroin into the syringe while removing particulates and dirt. These are commonly included in the blister pack with the disposable cooker.</td>
</tr>
<tr>
<td>5</td>
<td>Syringes</td>
<td>Three Nevershare brand syringes supplied through Exchange Supplies. Two fitted with Unisharp needles, one with needle removed.</td>
</tr>
<tr>
<td>6</td>
<td>Long green needle</td>
<td>Unisharp brand needle, detached from syringe (see item 5 above). Another common brand for needle exchanges and harm reduction suppliers.</td>
</tr>
<tr>
<td>7</td>
<td>Citric acid packets</td>
<td>Packets of citric acid (full and empty) used to dissolve the heroin prior to cooking and injecting it.</td>
</tr>
<tr>
<td>8</td>
<td>Condom</td>
<td>Commonly included as part of an HIV package, especially for sex workers. Libido in long-term heroin users tends to be very low.</td>
</tr>
<tr>
<td>9</td>
<td>Paper bag for packaging</td>
<td>Packaging tends to be as non-descript and ‘normal’ as possible to avoid clients being targeted. Note the white sticker with blue stripe.</td>
</tr>
<tr>
<td>10</td>
<td>Cooker packet</td>
<td>Blister pack for two cookers (see item 2 above), one still in packaging.</td>
</tr>
<tr>
<td>11</td>
<td>Needle packet</td>
<td>Packaging for Unisharp brand needles (see item 6 above).</td>
</tr>
<tr>
<td>12</td>
<td>Syringe packet</td>
<td>Packaging for Nevershare brand syringes (see item 5 above).</td>
</tr>
</tbody>
</table>
diverse assemblage in an otherwise pristine context, and we speculate that it may have been abandoned rapidly or surreptitiously (see de Montigny et al. 2011 for an analysis of the spatial distribution of discarded needles).

The basis of the assemblage depicted in Figure 1 is a brown paper-wrapped package distributed to people who inject drugs by a harm reduction organisation. We have speculated that it might be from an organisation called Turning Point Oxford, a regional drugs and alcohol service provider based approximately 200 m from the garden where the assemblage was found, although there is some uncertainty. The individual artefacts listed in Table 1 have been identified as follows, based on the numbering in Figure 1.

The brown paper wrapper has a label with a blue stripe. According to the leaflet included in the package, Turning Point distribute four different types of pack: orange, green, blue and red. The blue pack contains the following:

- 7 × 2 ml identifiable coloured syringes, mixed colours
- 1 × sharps container
- 7 × long orange needles 25 g × 1”
- 7 × long blue needles 23 g × 1¼”
- 1 × condom
- 7 × citric acid sachets (SWOP n.d.)

This matches the elements of the assemblage including the syringes, needles, citric packets and condom. The sharps container (a black plastic box) is not present and may have already been used to dispose of some of the needles and syringes. The list does not account for the cookers and filters or the foil, although it is unclear if the latter is associated with the pack. It is possible that these were provided separately, or that the makeup of the pack has changed since the leaflet was first produced.

However, in subsequent correspondence with the staff of Turning Point Oxford, they have suggested that they may not have been the suppliers of the pack, as similar materials are available from a number of sources in the area. Nevertheless, they were keen to cooperate in promoting the safe disposal of equipment by their service users, emphasising that harm reduction around injecting drug use is a principle that
applies at a community level as well as an individual one (personal communication 2018).

The most unusual part of the assemblage is the used cooker (2), which contained a thick layer of pale brown residue, apparently bubbled up before it dried and subsequently crumbling out of the cooker and onto the booklet below. As the assemblage was removed before we could collect or analyse any samples, we were unable to assess the makeup of this residue.

How should we interpret this assemblage? First, on a technical level there is a sequence of events that appears, at least initially, fairly straightforward. The empty citric packet (7), the foil (3) and the used cooker (2) indicate that the owner of the works acquired a foil packet of what may or may not have been heroin, then dissolved it in the cooker with the contents of a packet of citric acid and began to cook it. In preparation for injecting the substance, they removed the needle (6) from one of the syringes (5) and prepared the filter (4) for filling the syringe with the cooked mixture.

From the spatial arrangement of the individual artefacts we speculate that this activity area is the result of a single person, most likely sitting on the two shirts on the top left of Figure 1, or else kneeling or squatting further to the right, but in either case facing towards the bottom of Figure 1 with the cooker, the filter and the needleless syringe close to hand, and the other items from the pack spread out in front of them.

There are at least two possible interpretations of what happened next. In the first scenario the brown residue is heroin, but for some reason the user was disturbed or interrupted during cooking – most likely by the police who maintain a strong visible presence in the area – and abandoned the works to avoid being caught in possession of any of it. In the second scenario the substance in the cooker is not heroin, or it contained enough contaminants to make it impossible to cook. The bubbled appearance of the material in the cooker would tend towards this interpretation. The failure of the cook may have led the user to abandon the entire works in frustration, although why they would have thrown away unused needles, syringes and cookers is unclear.

The limited spread of the dried residue from the cooker (2) onto the cover of the booklet (1) suggests that it was placed there when
the works were abandoned: there is no indication of spillage or further spread that would indicate that the cooker was thrown or dropped. From this we speculate that the works were left in or close to the position in which they were being used.

On a follow-up visit to the site four months later the assemblage had been removed, although the cotton filter (4) was still present. In studying the deposition and removal of drug paraphernalia it is worth noting that many local councils in the UK employ cleaning teams specifically dedicated to the rapid and safe removal of ‘sex and drugs’ related materials such as used condoms and syringes dumped in public places. In Oxford this service is outsourced by the local council to a private contractor, who charges homeowners for the removal of materials found on their property. A ‘critical garbology’ perspective on drug paraphernalia (building on Rathje 2001; Lucas 2002 and similar) might consider the interactions of different forms of hazard in these instances: physical, social and moral.

**Emotional contexts**

At this point it is worth briefly considering the emotional context of the assemblage of paraphernalia. In the discussions that led to our analysis of the assemblage we touched on the likely emotional trajectory of the person who discarded the pack: the rattle and the imminence of relief, and then either the panicked throwing away of the works midway through the cook, or the frustrated and disappointed discarding of a failed cook.

There is a tension in the emotional archaeology of the assemblage between the individual artefacts and the context of their discovery and recording. The clean syringes, needles and cookers in their sterile, medical-quality packaging are an expression of the philosophy of harm reduction, as opposed to simple objects in a vacuum, divorced from meaning and association. Harm reduction philosophy is not only a public health approach that promotes strategies such as needle services to reduce the negative consequences or ‘harms’ associated with drug use, such as HIV and hepatitis C transmission, but is also understood as a philosophy and a social movement aimed at
dispassionately and neutrally promoting the wellbeing, dignity and human rights of people who use drugs. The pack of clean works is a material manifestation of these beliefs, even as the context of its discovery is a manifestation of the far more powerful opposing forces that socially exclude, marginalise and dehumanise people who use drugs. This is the tension and the struggle encoded in this micro-archaeology, which we could simplify to one of love versus hate.

The place of emotion in archaeology, its relation with meaning and its co-creation of material cultures and spaces have been questioned and prodded productively by Tarlow (2000, 729; 2012) and others, but emotion has a particular saliency for an archaeology of the margins. It connects to the notions of the abject and the uncanny raised by Buchli and Lucas and discussed above, and the feelings of disgust and fear of contamination which accompanied the initial discovery of the assemblage of paraphernalia (see also Moshenska 2006). Abjection in the sense of marginalisation and stigmatisation informed our emotional responses of sadness and pity as we discussed the assemblage and shaped our interpretation of it. Reflecting on these responses we can see both a strong social conditioning into a stigmatising, pathologising view of people who use drugs, and our shared commitment to a humanising perspective that prioritises their dignity and wellbeing.

What is to be done?

This article has outlined arguments and frameworks for considering drug paraphernalia and people who use drugs as parts of a socially engaged archaeology of a marginalised community, against efforts (or lack thereof) in archaeology that have served to render invisible and exclude these already sidelined communities. To illustrate some of these aims and principles we have presented and analysed an assemblage of drug paraphernalia and attempted to unpick the processes and emotions that it encodes. To combat better the social exclusion and marginalisation of people who use drugs, it is important to understand their archaeological heritage within the context of spaces, sites and landscapes with multiple stakeholders and
numerous interwoven narratives. The wider contexts of global and national drug policy, imperialist wars, the prison-industrial complex and the pharmaceutical industry are beyond the scope of this article, but critical approaches to these and other structural dimensions of drugs and drug use can and should be brought to bear in future scholarship.

In the contexts of extensive and ongoing urban gentrification and development in contexts like those discussed in this article – and internationally – where archaeologists are most likely to encounter drug paraphernalia, they are also likely to encounter the most vigorous resistance to the visible presence of people who use drugs, whether physically, materially or intellectually. It is these circumstances that necessitates a prickly, radical archaeology of the margins, and the practice of ‘making manifest’, and ‘unveiling what the supermodern power machine does not want to be shown’ (González-Ruibal 2008, 262). Some of the resistance can also be intensely personal, based on individuals’ complex and negative experiences of drugs, drug use and drug users.

González-Ruibal (2018, 53) has called into question the radicalism of some archaeologies of marginalised communities, suggesting that they valorise ‘otherness’ while eliding structural inequalities. This is a valid critique of both the politics and the ethics of contemporary archaeology (fields that González-Ruibal suggests are too intertwined), but overemphasising the responsibilities of archaeologists also risks negating the agency of the source communities themselves. In practice there are numerous strategies and tactics to overcome this disparity, most based on dialogue and collaboration between archaeologists and the activists and advocates for the communities we work with. This principle is the basis of much of Kiddey’s work, to which we are notably indebted, and one that we have also attempted to model in the research presented here and in the preparation of this article.

With these principles and cautions in mind, in promoting an archaeology of people who use drugs we recognise the importance of building a wider-ranging, interdisciplinary study of the archaeology of marginalised communities. The overlaps that Kiddey’s work recognised between homelessness and drug use also exist between other marginalised communities such as sex workers, prisoners and refugees and migrants (see, for example, De León 2012; Zimmerman, Singleton and
Welch 2010). Any ethical intellectual engagements with the heritage of marginalised communities must be grounded in a collaborative relationship that critically challenges and avoids reinforcing their structural oppressions. What this might look like in practice is fertile ground for further discussion.

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Conflict of interests

The authors declare no conflict of interests with this work.

Notes

1 During the preparation of this paper we invited comments on an earlier draft. A few of the responses included personal reflections on drug use or being affected by drug use. We acknowledge the complexity and difficulty of our subject matter, while remaining committed to a harm reduction approach and to respecting the human rights of people who use drugs.

2 Co-author Shaun Shelly is founder and Chairperson of the South African Network of People Who Use Drugs.


