

Background Psychostimulant use has increased over the past two decades, notably in North America, referring to pharmaceuticals such as Adderall, Ritalin, and Vyvanse. While these medications are prescribed for Attention Deficit/Hyperactivity Disorder, an accrued non-medical use is reported. Current understandings of this phenomenon focus on epidemiological or bioethical perspectives and interventions aimed at reducing non-medical use are largely prohibitive. However, there is a dearth of data concerning the underlying logics related to psychostimulant use within the socio-cultural context of Western societies. To shed light on this, we present a qualitative analysis of one online discussion forum, r/Adderall, part of the website Reddit.

Objectives Describe practices related to psychostimulant use among members of one online forum and examine how these contribute to shaping contemporary subjectivities.

Methods We utilize a web-based ethnographic approach, netnography, allowing access to accounts of use that would otherwise remain below the radar and bringing to light elements that are difficult to grasp through epidemiological approaches, such as the complexities related to mental and physical health. We also call upon Actor-Network Theory, envisaging psychostimulants as agentive entities contributing to socio-cultural transformations. We performed non-participant observation of r/Adderall over an 18 month period, observing exchanges between members, interactions with moderators, and collected 149 key posts for qualitative analysis.

Results Members share experiences, fostering a sense of belonging. Some offer guidance, sometimes contrary to prescribers' directives. Members often discuss drug effects, and experiential knowledge related to potential harms, notably, is circulated. Some describe a complex relationship with psychostimulants, at times positive, negative, or somewhere in between, underscoring their transformative power on subjectivities.

Conclusions Our findings contribute to shaping relevant harm reduction interventions and open the discussion to a wider debate regarding public health's understanding of psychostimulant use and how this may contrast with how it is being put into practice.

031 THERAPEUTIC ITINERARIES AND CHILDHOOD CANCER IN ARGENTINA: PERIPHERAL PERSPECTIVES

Eugenia Brage. *University of Buenos Aires, Buenos Aires, Argentina*

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Content In Argentina the attention of some childhood diseases, such as cancer, is centralized in Buenos Aires. About half of the children who fall ill with cancer must migrate to another city in search of diagnosis or medical treatment for this disease. This gives rise to different forms of territorial mobility for access to health services, a topic that has not received much attention in medical anthropology.

The aim of this presentation is to share the results of a doctoral research work about the therapeutic itineraries and care practices carried out by parents of children affected by cancer.

The ethnographic fieldwork was carried out during May 2013 to December 2015 at a public Hospital located in Buenos Aires, as well as a non-governmental organization created to support low-income families who are suffering from this

disease and, finally, a hotel where some families stay when they arrive to Buenos Aires during the period of the medical treatment and controls. The methodology consisted on observations and semi-structured interviews to child's parents and primary carers.

I will try to bring to discussion some theoretical and methodological implications about the notion of therapeutic itinerary, a category that has gained strength due to its enormous explanatory and analytical potential. Based on analyzing the reality of our health services, the work aims to expose the potential of 'peripheral perspectives'¹ to cope with a highly changing and uneven world.

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032 EVOLVING ETHNOGRAPHIC SENSIBILITIES: USING ACTOR-NETWORK THEORY IN HEALTH SERVICES RESEARCH

Amit Desai, Sara Donetto. *King's College London, London, UK*

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Background In a recent editorial,¹ discuss the use of ethnography and the 'ethnographic label' in health services research. Commenting on Vindrola-Padros & Vindrola-Padros² review of 'rapid ethnographies', the authors encourage further debate around the use of the ethnographic label in this scholarly field.

Aim and objectives We wish to contribute to this debate by discussing our experience of carrying out ethnographic observations informed by anthropological and Actor-Network Theory (ANT) sensibilities. To illustrate the methodological challenges and possibilities of ethnographic work in health care we use examples from our recent study of the collection and impact of patient experience data.³

Methods This paper draws upon a study which comprised two main phases: 1) a one-year long ANT-informed ethnographic study of five participating NHS Trusts in England, and 2) a series of workshops (one cross-site and five local workshops) in the format of Joint Interpretive Forums (JIFs).

Results We focus here in particular on how the researchers in our team – mainly trained anthropologists - worked through ANT 'sensibilities' throughout the duration of ethnographic observation and the further analytical work following data generation. We also discuss how interacting with NHS staff and patients in the context of the JIFs required adaptation and re-calibration of these sensibilities. We explore how these sensibilities are refined and challenged through engagement with the field in different ways to develop a particular amalgam of anthropological, 'ANTy' and health services approaches.

Conclusions We suggest that the use of the 'ethnographic label' should be reserved for studies which provide,⁴ words, 'thick description coupled with theoretical interrogation'. We suspect this process is unlikely to be 'rapid' but also that – as our experience demonstrates - it can still lead to applicable, generalisable and timely evidence for health policy and practice.