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In Her Words

Women's Accounts of Managing Drug-related Risk, Pleasure, and Stigma in Sweden

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In Her Words

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Women's Accounts of Managing Drug-related Risk, Pleasure, and Stigma in Sweden

Oriana Quaglietta Bernal

DOCTORAL DISSERTATION

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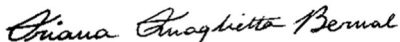Lund University, Sweden.

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When it comes to the field of drug studies, researchers have tended to privilege men's perspectives and experiences, assuming women to be mostly marginal, as primarily victims and accomplices. Further, when women's experiences *are* taken into account, a view of them as *only* women has tended to be pushed to the forefront. As such, we are sorely lacking research departing from women's own recollections of their involvement with drugs that also considers how social location from the intersection of multiple categories of being (e.g. gender, class, type of drug involvement, etc.) characterises these experiences.

This dissertation contributes to the literature on drugs and drug involvement by drawing on the accounts of a group of twenty-six women who have, at some point in their lives, used, bought, shared, and/or sold drugs in Sweden. The overarching objective has been to understand why participants started, continued, and sometimes stopped being active with drugs and how they managed drug-related risk, pleasure, and stigma in the contexts in which they were located. Participants' accounts were analysed through a theoretical lens developed from a synthesis of social constructionism, intersectionality, and symbolic interactionism, thus making it possible to see how their experiences were embedded in specific contexts and how respondents described navigating and managing the challenges these posed.

It emerged that respondents discussed their involvement with drugs as being considerably pleasurable and meaningful, but also heavily tinged by the risk of violence and stigma experienced in the illicit drugs market and in conventional society. Participants described developing numerous tactics to attempt to counter some of these risks and stigmatisation processes and, consequently, meanings because of and despite the circumstances they faced. Drugs and drug involvement gave respondents an opportunity to feel alternatively (dis)empowered, (in)capable, and (un)worthy of respect. These practices and meanings were necessarily mediated through participants' social location, but resourcefulness and creativity also played an important role. Ultimately, respondents' accounts show that they were simply doing what they could to create meaningful lives for themselves with the resources available to them.

Key words: Drugs, women, Sweden, feminist criminology, social constructionism, intersectionality, symbolic interactionism.
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Cover photo by Roberto Carlos Román Don, accessed through Unsplash. It depicts a group of potted cacti, of varying shapes and types, in front of a grated window. Both the grates and the stone relief around the window are painted a vivid teal.

Much like the participants in this study, cacti tend to live through quite tough circumstances, which is why it is important that they be treated thoughtfully.

The potted cacti on the cover have been invited in, if you will. They were photographed in Queretaro, Mexico, a place I'm very fond of and where part of my family lives.

To you,
To me,
To us.

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are. Isabella Clough-Marinaro has similarly been a role model in academia: your generosity and your guidance have meant the world to me. Thank you for seeing in me what I could not yet see myself.

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I stand on the shoulders of giants, that is, my family in R(h)ome and in Mexico; what I have and have accomplished is all due to you and your sacrifices. I am eternally in your debt. I particularly dedicate this achievement to my parents, Cristina Bernal Larios and Riccardo Ettore Quaglietta, and to my sister, Angela Quaglietta. Without your love and support, I am quite nothing. Los amo.

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INTRODUCTION

Women, and more generally human beings, have always sought consciousness-altering substances for a variety of reasons, ranging from the religious (Doering-Silveira et al., 2005; Garrett, 2006; Guerra-Doce, 2015) to the medicinal (Castaño-Peñuela & Carvalho Gonçalves, 2014; Mandagará de Oliveira et al., 2014), through to the recreational (Power, 2019).

Sweden, however, has had a complicated history with psychoactive substances and those who are involved with them. While the introduction of restrictive drug laws has not been an uncontested process (Edman & Olsson, 2014), they have nonetheless contributed to the establishment of an underground illicit drugs market. Like most other sectors of the shadow economy, this market can provide individuals with the goods and services they require, but involvement is often characterised by risk, uncertainty, and stigma.

The scientific literature on drugs has in the past privileged men's understandings of the phenomenon. There is now, however, a growing awareness that women may also be significant actors in this environment, and several researchers have begun to call attention to the topic of women's involvement with drugs (e.g. Maher, 1997; Anderson, 2005; Campbell & Herzberg, 2017; Fleetwood et al., 2020).

The focus has historically tended to be on particularly socially marginalised women and this tendency is replicated to a certain extent in research covering the Nordic countries (e.g. Richert, 2014; Lander, 2018). Studies looking at the experiences of socially integrated women in this part of the world are still relatively scarce, with few notable exceptions (e.g. Grundetjern, 2017; Eleonorasdotter, 2021). Further, research that explicitly centres participants' voices and opinions is similarly uncommon.

In this dissertation I detail the accounts of twenty-six women, both socially integrated and socially marginalised, on their experiences of being involved with illicit drugs in Sweden as users, buyers, sharers, and sellers. The

overarching aim of this work has been to understand why some women in this context began, continued, and sometimes stopped consuming and providing illicit drugs, using respondents' accounts as the main departure point of analysis. In so doing, I help to shed some light on the push and pull factors towards drug involvement as well as the challenges that this may pose.

This doctoral dissertation highlights how participants had to navigate risky and stigmatising environments to be involved with drugs and the focus is therefore on their discussions of managing these challenging circumstances. At the same time, participants also described drug involvement as being considerably meaningful and as a vehicle for pleasure, broadly defined. This complicates the more established assumption that women are motivated to participate in the drug economy because of experiencing drug-related compulsions (Anderson, 2005). I will show how respondents attempted to negotiate some leeway in their involvement with drugs given their relative social location. Ultimately, I suggest that participants did what they could with the resources available to them, in contrast to the 'pathology and powerlessness' perspective often employed in drug studies (Anderson, 2005: 374).

This introductory chapter will discuss why I chose to focus on drug-involved women in the Swedish context and the assumptions and interests that have guided this project. I conclude this chapter by providing an overview of this manuscript.

The Swedish Puzzle

The issue of women's deviancy remains controversial within criminology, especially in the context of drug involvement. Several scholars have focused on women as victims and helpers rather than offenders, as a result of which women are seen as 'accommodating the interests and desires of men' rather than agents in their own right (Connell, 1987: 184; Anderson, 2005). In drug research, more specifically, women's roles have been summarised as 'providing housing and other sustenance needs, purchasing drugs, subsidizing male

dependency and participating in drug sales' (Anderson, 2005: 371). This comparative marginality is often attributed to the entrenched sexism and women's precarious socioeconomic positions in the illicit drugs market and in the wider conventional society (Maher, 1997).[1] This has led researchers to mostly focus on men, assuming them to be relatively more volitional and intentional actors (Schemenauer, 2012).

At the same time, there seems to be a worldwide trend that sees women as 'disproportionately represented in prisons for drug offences' (Urquiza-Haas, 2017: 311; Anderson & Kavanaugh, 2017). Reynolds (2008) considers this development a consequence of the feminisation and criminalisation of poverty, such that women in precarious socioeconomic positions are pushed into becoming involved with drugs. Similar carceral patterns can also be traced in Sweden, where drug-related crimes are the primary cause of women's imprisonment, accounting for 35% of convictions for women who began serving their sentences between 2019 and 2021, followed by acquisitive crimes (17%), and violent crimes (14%) (Kriminalvården, 2022: 112).

As such, the Swedish context is an interesting case for two reasons: first, Sweden has long enjoyed a reputation abroad for a strong welfare system and a high quality of life for its denizens. While living standards have comparatively fallen in recent years, and there is a concerning increase in income inequalities (Regeringskansliet, 2019), explanatory models on women's involvement with drugs based on poverty-related push factors may not be as relevant here as in other contexts. Second, I consider Sweden to be a significantly drug-restrictive country. Briefly put, Sweden's anti-drug policies hinge on the idea that the illicit consumption of psychoactive substances is always problematic (Goldberg, 2005): drug use in Sweden is criminalised and can be punished with fines and up to 6 months in prison (EMCDDA, 2019). The overarching aim of these policies is for Sweden to

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[1] Similarly to Pedersen et al. (2015), I employ the term conventional society to indicate the generally drug-sober Swedish society, including, but not limited to, Swedish social institutions and government agencies and drug-sober individuals living in Sweden.

become a 'drug-free society' (Goldberg, 2005: 19; Regeringskansliet, 2016a).[2] It is therefore interesting to explore the reasons why some women have begun, continued, and sometimes stopped their involvement with drugs in a welfare-oriented but significantly drug-averse context.

Theoretical Orientations

While I give a fuller account of the theoretical assumptions underpinning this dissertation in Chapter 3, it is worth outlining here the overarching perspectives that have guided this study.

Feminist intersectional criminology has guided me in my choice to study women's involvement with drugs in Sweden. Quoting Gelsthorpe (2002), Daly (2010: 5) explains that feminist criminological research is characterised by an understanding of 'sex/gender as a central organizing principle in social life', 'recognition of the importance of power in shaping social relations, and 'sensitivity to the influence of social context on behaviour'. Because gender is a fundamental organising principle of daily life, we can say that gender is something people do in interaction with self and others (West & Zimmerman, 1987) at different levels: the intersubjective, the micro, the meso, and the macro. However, the doing of gender has achieved such a degree of naturalness that people often see themselves and others as *being of*, rather than *doing*, a specific gender.[3] Thus, the cumulative weight of these patterned interactions help to not only constitute gendered structures in social life, but also to perpetuate them in historically and culturally contingent ways (Miller, 2014).

An intersectional perspective within this intellectual tradition rejects the notion of a single, unitary experience for all women and instead considers that human experience is shaped by positioning at the intersection of different and

[2] For an English version of this governmental pamphlet, refer to Regeringskansliet (2016b).

[3] Special thanks to Marie Larsson for this insight.

interlocking dimensions of inequality, such as sexism, classism, racism, and so forth (Mattsson, 2010; Hill Collins & Bilge, 2020). This has profound implications for criminology because social location becomes extremely significant in understanding both offending and criminalisation processes within specific contexts (Burgess-Proctor, 2006; Healy & Colliver, 2022). Finally, feminist criminologists recognise 'that social reality is a process and that research methods need to reflect this' by committing to exemplifying 'personal and theoretical reflexivity on epistemological, methodological, and ethical choices and commitments' (Gelsthorpe, 2002; in Daly, 2010: 5). The reader will see that this commitment to transparency has been a particularly guiding notion in Chapter 2.

This feminist criminological sensibility is anchored within the wider sociological intellectual tradition, which is why my study departs from a synthesis of social constructionism, intersectionality, and symbolic interactionism. I believe that this lens allows me to recognise the importance of social discourses and processes in everyday life. Symbolic interactionism assumes that human beings are social and interacting creatures and that '[h]uman action is not only interaction among individuals but also *interaction within the individual*' (Charon, 2010: 28; emphasis in original). Through these interactions we create social reality, by developing common tenets that we hold true and live by and that are therefore contingent on the contexts in which we are embedded (Burr, 1996 [1995]). Thus, social constructionism assumes that we interact in historically contingent ways and that our conceptualisations and subsequent actions are similarly contingent (ibid). This interactive process is not, however, completely straightforward: different groups of people, and here an intersectional orientation becomes particularly relevant, will relate to these ideas differently and will therefore think and act differently.

Ultimately, a feminist sensibility inspired by intersectionality has led me to study why some women in Sweden became involved with drugs and realise that considering social position is fundamental to understand this

phenomenon. A theoretical perspective inspired by the synthesis of social constructionism, intersectionality, and symbolic interactionism helped understand how there seem to be distinct ideas about drugs and drug-involved women and that these discursive constructions may have contributed to creating sexist and anti-drug understandings in Sweden. These, in turn, can be said to have significantly characterised the experiences of drug-involved women in this context. For these reasons, I focused on how participants described their involvement with drugs in sexist and anti-drug contexts in Sweden and how the experience of these contexts affected respondents' self-conceptualisations and self-presentations in the 'research setting' (Goffman, 1956; Bhattacharya, 2008: 788).

Research Questions and Methods

Based on the theoretical premises above, this study aimed to understand why some women in Sweden started, continued, and sometimes stopped being involved with drugs in Sweden, and how they managed drug-related risk, pleasure, and stigma. I have thus asked the following questions:

   i.   How did participants account for their experiences with drugs in Sweden and the meanings they attributed to them?

  ii.   How did participants discuss their experiences in relation to drug-related risk, pleasure, and stigma?

 iii.   How did participants describe navigating the contexts in which they found themselves?

 iv.   How can we make sense of these accounts through an intersectional lens?

The study involved collecting the accounts of twenty-six women who have, at some point in their lives, been active with drugs in Sweden as users, buyers, sharers, and/or sellers. I conducted semi-structured interviews with twenty-two of these women to privilege insight into how participants recollected and described their experiences. The remaining four women shared their accounts

through written correspondence; their experiences also contributed to inform my analysis.

Participants were recruited through a gatekeeper, through Kriminalvården (the Swedish Prison and Probation Service), and social media. Most were white, ethnic Swedes in non-precarious economic situations, who did not necessarily experience downward socioeconomic trajectories in conjunction with their drug involvement. This represents a departure from many of the works in this field, which have tended to focus on socioeconomically marginalised individuals (e.g. Richert, 2014; Lander, 2018). This study draws on the accounts of women who, at the time of our meeting, were undergoing several stages of offending and desistance, thus providing a rich tapestry of different experiences.

This study aimed to prioritise participants' experiences, considerations, and positionings throughout the research process. I therefore presented excerpts from the collected material throughout this doctoral dissertation and not only in the empirical chapters. It may perhaps appear as an unorthodox choice, but I did so to remain consistent with the feminist principles that underpinned this study, aiming to disrupt hierarchies of knowledge and acknowledging participants as valued co-creators of this knowledge (Ramazanoğlu & Holland, 2002).

Outline

The first part of the dissertation, containing Chapters 1 through 3, focuses on the research process underpinning this study. Chapter 1 briefly describes the Swedish anti-drug context and provides an overview of the literature on women and drugs in the Anglophone and Swedish literature. I show how some of the research on the topic has been hampered by a decided androcentric perspective that has led to rather essentialist understandings of women as marginal in the illicit drugs market.

Building on the conclusions developed in this first chapter, Chapter 2 outlines the methodology used to carry out this study. I start by explaining my rationale for using interviews as the main data collection method and the process of targeting, recruiting, and interviewing participants. After discussing the implications of these choices for the study, I conclude by explaining the analytical tactics used to process, analyse, and present the material.

Chapter 3 outlines the theoretical framework that has informed this study. I first synthesise social constructionism, intersectionality, and symbolic interactionism to form the basis of my discussion. I then present some theoretical lenses through which we can read respondents' attempts to negotiate risk, pleasure, and stigma as they sought to create meaningful lives for themselves as drug-involved women.

Building on this discussion, the three following chapters focus specifically on the empirical contributions of this dissertation, which centre on the analysis of three 'facets' of participants' experiences with drugs (Mason, 2011: 75): risk, pleasure, and stigma. As it will become clear, these are rather schematic typologies, as there often was considerable risk in stigma and stigma in pleasure, for example. I therefore decided to impose some kind of order on my analysis to facilitate the reading of this doctoral dissertation, even though the material itself often transcended such neat characterisations.

The second part of this dissertation focuses on the empirical findings of this study. Given the ways in which the relevant literature has highlighted the salience of risk for women's involvement with drugs, Chapter 4 examines how participants described these risks in the Swedish context. Here I focus both on the risks incurred in the Swedish illicit drugs market and the ones presented by conventional society. This is to illuminate both the risky and stigmatising contexts in which respondents were located as well as the tactics they described using to navigate such circumstances.

I then turn my attention to studying participants' meaning-making processes in relation to beginning, continuing, and sometimes stopping this involvement with drugs. Chapter 5 outlines the meanings respondents

attributed to specific drug-related practices, in relation to procuring, sharing, or selling, and consuming drugs, to explain some of the reasons why drug involvement became meaningful to participants.

Chapter 6 analyses how participants made sense of their experiences within the Swedish context. I look at how respondents discursively positioned themselves and their accounts in the research setting and how these appeared to reflect and also oppose dominant sexist and anti-drug understandings in Sweden.

The final chapter concludes this doctoral dissertation with some reflections on the study's findings and their contribution to the literature on women and drugs in Sweden.

Beyond that, I also provide some additional reading material: Appendix A gives a brief overview of respondents and the most common illicit drugs consumed by them, thus demystifying the substances they found meaningful to use. Appendix B discusses in more detail the process of collaborating with Kriminalvården. In Appendix C, the reader will find the informational material used to recruit participants. Appendixes D and E show the interviewing and coding guides, respectively.

CHAPTER I:
UNDERSTANDINGS ABOUT WOMEN AND DRUGS IN SWEDEN AND BEYOND

One of the strongest reasons why respondents chose to participate in the project was to correct understandings of women's involvement with drugs in Sweden (Quaglietta Bernal, 2022a). For example, Mikaela S, who had gone on to research the topic herself, reasoned that:

> Mikaela: I think it's important that women's [experiences] are considered in all contexts, and it has annoyed me so much [that] […] when one looks at the research and things like that, it looks like women are never considered.

Others, instead, disliked women's portrayal as subalternate to men. As Ebba G explained,

> Ebba: I do think that there's this stereotype that… like, girls, girls don't do drugs, or girls are always accessories to drug use, like, the objectification, the woman next to the cocaine pile in a bikini or something […].

These two accounts suggest, as Grundetjern (2017) and Lander (2018) do, that the scholarly literature has tended to privilege an androcentric perspective, often to the exclusion of women's experiences.

In this chapter, I will provide a brief overview of the Swedish anti-drug context. I will then discuss how women have been positioned in the illicit drugs market by the relevant scholarship. Finally, I will look specifically at how women's drug use has been discussed in the literature.

The Swedish Anti-Drug Context

Sweden, like other Nordic countries, enjoys an international reputation for a humane, rehabilitation-centred approach to crime and punishment (Pratt, 2008), starkly at odds with the systems in other countries. Criminologists tend to call this approach Scandinavian Exceptionalism, shorthand for low incarceration rates, 'prison conditions' that attempt to 'approximate […] life outside […]', as well as an incarceration culture that draws its roots from 'the *highly* egalitarian cultural values and social structures' of the Scandinavian countries (Pratt, 2008: 120; emphasis in original). However, Sweden currently has rather restrictive drug-laws given that its stated aim is to become a 'drug-free society' (Goldberg, 2005: 19; Regeringskansliet, 2016a 2016b). This is an interesting contrast worth investigating further.

It is difficult to provide a comprehensive history of the development of anti-drug sentiments in the country. As Edman and Stenius (2014) point out, drugs and drug consumption have been framed differently over the years, and this process cannot be thought of as consensus-based and uncomplicated. Indeed, it has been 'a continuous struggle between conceptualising the problem as a vice, a disease, or an unfortunate consequence of unjust societal conditions' (ibid: 321). I will not attempt here an in-depth description of Swedish drug policies over the course of almost a century.[4] Rather, I highlight those moments in history that signal a shift in the discourse on drugs and drug users in order to make sense of its current incarnation and its effects.

The discourse on drug misuse (*narkotikamissbruk* in Swedish) between the ends of the nineteenth century and the first half of the twentieth century focused mostly on those who had first obtained doctor-prescribed medication but had then begun to use substances in '[non]-medically prescribed ways' (Edman & Olsson, 2014: 506). Medical practitioners acknowledged that the substances they had been prescribing were, to a certain extent, potentially dangerous: nonetheless, the misuse of these drugs was mainly framed as a

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[4] See, however, Lindgren (1993), for example.

disease and attributed to the moral and physical failings of the individuals who used them (Bjerge et al., 2016). As one researcher argued in 1896, 'the cause of the disease is mainly, and often only, nourished by a *weak and deteriorated willpower*' (Wetterstrand, 1896, as quoted in Edman & Olsson, 2014: 506; emphasis in original). Still, doctors were the main framers of the issue and thus the phenomenon was generally considered in medical terms: as one medical publication in 1958 stressed, '[a]ll categories of drug abusers must be treated as patients, not criminals' (Edman & Olsson, 2014: 508).

Hardly any changes in this stance were recorded between the beginning of the twentieth century and the late 1950s. The following decade, however, began to see the first shifts in the discourse on drugs and drug use: the counterculture movement had reached Sweden and drug consumption had become more visible. Increased cannabis and amphetamine use caused great concern about the disintegration of the social fabric as young people engaged in behaviours their elders would not or could not recognise (Lenke & Olsson, 2002). Amphetamine use had begun to spread in the country already in the 1930s, but their use became much more visible among the youth and the nonconformist in these years (Edman & Olsson, 2014). Public pressure thus started to mount to frame this issue as a social phenomenon rather than a strictly medical one. Multiple professional groups, 'such as psychologists, social workers and not least police', as well as moral entrepreneurs, began to publicly call for a change in policy (Olsson, 2017: 32; Johnson, 2021).

The first government inquiries established to respond to these concerns entrusted first the Mental Health Legislation Committee first and later the Drug Rehabilitation Committee with the task of providing the theoretical framework necessary to develop effective legislation on the topic (Edman & Olsson, 2014). These early reports had attempted to distinguish between those whose dependence had originated from mental or physical illnesses and those whose dependence had emerged from a recreational use of drugs (Edman & Olsson, 2014; Bjerge et al., 2016). The resulting set of laws, however, made both categories of users subject to psychiatric treatment: because the official definition espoused by the government 'was not very sharp

[…], [it] expanded the type of drug users who could be subject to the legislation' (Edman & Stenius, 2014: 325). Additionally, the drug policy programme established by the government in 1968 strengthened the penalties against the production, smuggling, and sale of drugs; penalties that increased over the following years to also include mandatory sentencing thresholds, although still falling short, for the moment, of criminalising consumption (Hakkarainen et al., 1996; Bjerge et al., 2016).

The implicit understanding, at this point, appears to be that push factors towards drug consumption might be medical and individual, but the solution ought to be of a social nature. Thus, 'combating addiction epidemics […] [became] a political question as much as a medical problem' (Bejerot, 1970: xiii). Changes in the parliamentary majorities in the 1970s consolidated these pressures further: in 1976, a centre-right coalition was voted in, breaking the hegemonic rule of the Social Democrats (Tham, 2001).

The 1970s can be considered a transition period between two very different approaches to the drug question: the period up to the 1960s had approached drugs in a liberal manner, as it was hoped that drug users could be rehabilitated with the right provisions (Laursen, 1996). The 1980s, instead, saw the development of more restrictive drug policies: even when the Social Democrats regained the parliamentary majority in 1982, their attitude had shifted towards a more expansionary penal policy (Tham, 2001). Edman (2013: 469), among others, suggests that the drug question became a way for political parties 'to pick holes in political opponents and to highlight one's own ideological stance' despite the relative consensus among parties about the seriousness of the issue and that prohibition was the way forward. However, one can also connect this to the larger historical context: the polarisation of the economy, growing social and economic inequalities, concerns about social status, and so forth, were all forces that directed this shift (Tham, 2001).

These processes culminated in legislation that required individuals to undergo forcible treatment if they were considered a danger to themselves or others (Edman & Stenius, 2014). In 1982 the compulsory treatment law (known in

Swedish by the acronym LVM, *Lagen om vård av missbrukare*) and the Social Services Act came into effect. These together formalised the convergence of two very different types of substance misusers, alcoholics and drug addicts, into one single and treatable category (Edman & Stenius, 2014; Bjerge et al., 2016). These laws, which are in effect to this day, have allowed the involuntary commitment people identified as drug misusers to mandatory rehabilitation (*tvångsvård* in Swedish).[5]

However, as penalties for the possession, smuggling, and sale of drugs increased over the years, these policies seemingly had no appreciable effect on the number of active drug users, or at least not to an extent that could satisfy the proponents of stricter measures. Consequently, drug users came to be understood as the crucial linchpin in the trafficking chain, 'the central precondition of the market, and practically the only unreplaceable link in the chain of actors within drug traffic' (Laursen, 1996: 52). Dissuading, or coercing, these individuals away from purchasing drugs became imperative, as it was thought that it would lead criminal organisations selling these substances to eventually desist (ibid; Olsson, 2017).

At the same time, drug consumption became associated with widely perceived public ills, 'like criminal careers, prostitution, HIV, and so forth' (Lenke & Olsson, 2002: 69). This made it even more important to dissuade or coerce 'as many as possible from starting to use drugs' by 'applying effective pressure on drug users' milieu' (Laursen, 1996: 52). Indeed, polls in 1980 and 1984 underscored that a significant proportion of the population was concerned about the extent of the drug question and thought that consumption ought to be criminalised, which occurred in 1988 (Hakkarainen et al., 1996; Lenke & Olsson, 2002). Originally, the only penalty for drug use was to be a fine. However, this did not satisfy the police, who 'had declared that the law would be toothless', or the opposition parties (Tham, 2009: 433): when the latter gained power in 1991, they set in motion the process that would enable the incarceration of people on drug consumption charges for up to 6 months.

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[5] See Sveriges Domstolar (2021) for an overview of this process.

Further, this amendment allowed authorities to coerce suspected users into taking drug tests (ibid).

The criminalisation of drug consumption has since become a cornerstone of Swedish anti-drug policy. In 2022, the centre-left government set-up an official government inquiry to examine the country's drug policy (Regeringskansliet, 2022). However, the possibility of decriminalising drug consumption will not be investigated, as the Minister for Health and Social Affairs, Lena Hallengren, and the Minister of Justice and Home Affairs, Morgan Johansson, explained to reporters (TT, 2022). This position has alarmed, to say the least, several prominent researchers, who all point to how Swedish drug policy has led to 'intrusions into privacy, violations of traditional legal standards, [greater] financial costs for law enforcement, suffering for those punished, and possibly also increases in levels of illness and even death' (Tham, 2005: 65; Johnson & Karlsson, 2020).

Women's Positioning in the Illicit Drugs Market

Having discussed the Swedish context, I will now turn to how the literature has portrayed women's involvement with drugs. According to Steffensmeier (1983: 1025), the 'criminal subcultural worlds' are characterised to such an extent by '[i]nstitutional sexism' that 'female access is likely to be limited to those circumstances in which male members of the underworld find females to be useful'. The works considered in the meta-analysis of the literature carried out by Maher and Hudson (2007) similarly underscore the gendered stratification of the illicit drugs market. For these reasons, while recent works have begun to tackle the topic of drug-involved women through more of an explicitly intersectional lens, gender is still often understood as the most crucial category of being (Miller & Carbone-Lopez, 2015).

Inspired by Maher's schematisation (1997: 17), this section will discuss the two main frames of understanding visible in the literature on women's presence in the illicit drugs market.

As Victims

Women's entrance into the illicit drugs market is often considered to be mediated through their relationship with men already active in the field: as such, their involvement is often framed as sexualised and conditional on their being of use to their more powerful male counterparts (Steffensmeier, 1983). This narrative appears particularly clear when considering the drug-trafficking chain. Popular culture tends to portray women as mostly involved as drug smugglers, despite the fact that an estimated 70% of smugglers and traffickers are men (United Nations Commission on Narcotic Drugs 2011, in Fleetwood, 2015b). While the terms smugglers and mules are often used interchangeably, they denote quite different understandings of the same phenomenon. As Carey (2014: 55) explains, 'one moves goods for her own enrichment or benefit, while the other is merely a vessel for transportation controlled by others'. This characterisation implies an either/or dichotomy that does not capture well the variety of women's experiences in this context, as we will see below.

Schemenauer (2012: 88) identifies 'risk of death, violence, and intimidation', 'poverty', and 'naïveté' as the three crucial push factors for women's drug smuggling, according to the literature. She argues that women are perceived as merely 'pawn[s] of the "real" [male] drug traffickers' (ibid: 88). Similarly, Fleetwood (2014a: 3) notes that understandings of the drug-trafficking chain 'have been conceptualised according to a gendered binary in which men are knowing and threatening and women are threatened and victimised […] – men as the brains of the business, and women as mere bodies' (see also Fleetwood, 2015b).

Similar understandings are employed within the criminal justice system. Urquiza-Haas (2017) argues that these women are perennially placed within a discursive framework of vulnerability that underscores their exploitation at the hands of organised crime. Nonetheless, she also highlights how there is a latent perception of their involvement as an inability 'to "manage" their personal circumstances' (Urquiza-Haas, 2017: 310). Consequently, while

many are acknowledged as victims (Fleetwood, 2015a), their imprisonment is also justified and functional to dissuade others from imitating them.

This narrative is particularly applicable to women of colour, who are arrested at a higher rate than their white counterparts, partially as a warning to others who might follow their example, partially because they 'have left their families and […] neglected their responsibilities to their dependants' (Chigwada-Bailey, 2004: 194; Reynolds, 2008). Even though the need to financially support their families spurred their actions, transnational drug smuggling is often understood as a form of wilful abandonment, and some of the smugglers themselves see it that way. As a respondent in Giacomello (2014: 40) notes,

> When you sentence a woman you don't just punish the person who committed the crime, but you sentence her family and her children. This encourages the children who are left alone to become the criminals of the future.

This, as Lloyd (1995) argues, leads women to often be judged twice as harshly for departing from established notions of femininity and motherhood.

We can trace similar narratives in the literature on women's activities in the illicit drugs market. Anderson (2005: 371; 2008) sees women participating in this economy by 'providing housing and other sustenance needs, purchasing drugs, subsidizing male dependency and participating in drug sales'. The focus here appears to be on the traditional roles women may perform on behalf of their partners and families. Even when the global boom of the cocaine trade in the 1980s saw more female drug dealers, Maher and Daly (1996: 483) explain that these:

> [W]ere [only] temporary opportunities […], irregular and short-lived and did not alter male employers' perceptions of women as unreliable, untrustworthy, and incapable of demonstrating an effective capacity for violence.

These findings appear to be confirmed by a metasynthesis of the Anglophone literature carried out by Maher and Hudson (2007) that highlights how research shows that women tend to occupy peripheral roles in the illicit drugs

market. While there have been reports of successful women drug dealers, such as the cases recorded by Denton and O'Malley (1999) and Campbell (2008), the majority of the women involved are considered to be subordinate to more powerful men.

Other scholars have focused on the sexualised nature of women's involvement with drugs, particularly when it comes to women who use drugs. The 'pathology and powerlessness narrative' is a particularly potent theme (Anderson, 2005: 374) as it emphasises women's presumed structural subordination in the illicit drugs market and women's supposed biological frailty (Keane, 2017).

Maher et al. (1996: 198) report that some women, because of socioeconomic vulnerabilities and problematic forms of drug use, often resort to 'short-lived associations with older males during which they exchanged drugs, sex, cash, or services (or some combination thereof) for shelter'. Others, instead, would resort to sex work to either generate income for their drug use or to directly obtain drugs (so-called 'sex-for-drugs exchanges') (ibid: 199). The authors pointedly note that this leaves them in vulnerable and exploitable positions that can further exacerbate pre-existing issues, as these women could plunge into '*new depths of sexual degradation* and new forms of indentured labor' (ibid: 201; my own emphasis). Miller and Decker (2001) also note that being close to gangs can be deadly for young women, particularly young women of colour. They explain that they are often caught in the crossfire of rivalling gangs and may become objects of abuse by their fellow gang members or by other groups for retaliatory and intimidatory purposes (see also Miller, 2001).

The type of marginal roles described above, as primarily victims and trophy partners, have been interpreted to mean that women's activities are only tangential in the illicit drugs market and have thus provided justification for the marginalisation of women in the relevant scholarship (Fleetwood et al., 2020). However, one of the problems associated with the idea of women as solely victims in the illicit drugs market is that it fails to capture the variety of

experiences individuals may undergo in this or other milieus. As Walklate (2006: 27) explains,

> [I]t is possible that an individual at different points in time in relation to different events could be an active victim, a passive victim, an active survivor, a passive survivor, and all the experiential possibilities in between these. From this viewpoint the label "victim" seems quite sterile.

Even in considerably straitened circumstances, women in this context may still be capable of '[making] demands, calculat[ing] costs and benefits, negotiat[ing], reason[ing], resist[ing], […] and [feeling] compelled' (Schemenauer, 2012: 97). Women's activities in the illicit drugs market are thus perceived through a distorting lens, a 'social authoring' that imposes a skewed reading of actions and meanings in the media, government policies, and research (Bierria, 2014: 130).

Further, there is reason to believe that, while many women may have become active in the illicit drugs market because of their difficult financial situations, this need not apply to all. Their location on the axes of inequality may constrain women and their possibilities, but we should not automatically assume that all women are victimised nor that they are all victimised in the same ways. Indeed, Campbell (2008: 233) concludes that drug smuggling can be both a vehicle for victimisation and for empowerment, depending on '[e]conomic and cultural factors [that may] strongly shape women's involvement in drug smuggling and the effects of smuggling on their lives', as well as their 'social class position and place within drug organizations'. We may apply similar considerations to other women in the illicit drugs market.

Further, Anderson (2005: 376) explains that women's contribution in these activities is invaluable as 'women play important roles in facilitating drug deals [and] making the market thrive', and this leads men and women to become interdependent. She argues that women's lesser visibility should not discount the importance of their contributions. Indeed, some claim that women's supposed marginality can actually be a winning tactic to avoid detection.

Studies by Hutton (2005) and Fleetwood (2014b) offer an interesting explanation. Given the vulnerability of women to physical violence and the inherent risks of the illicit drugs market, some respondents claimed to pose as a mere partner to shield themselves from unwanted scrutiny, both from police and possible competitors. A respondent in Baskin and Sommers (1998: 120) claimed that:

> Usually women don't like to be known selling drugs so sometimes they have a male front. There are a lot of women drug dealers. They have males to front for them, to keep the attention off of them. You have to have some type of protection over yourself. A man who they believe is the boss.

Gender stereotypes can therefore be a powerful tool for women to evade police scrutiny and sidestep competition, as highlighted by Campbell (2008) and Ludwick et al. (2015). In Campbell (2008: 254), alcohol smugglers 'distracted the agents by flirting' and convinced them to attend the party where the smuggled alcohol was going to be served. Several respondents in Ludwick et al. (2015: 712) 'saw their gender as being an advantage in the underground drug economy, particularly regarding utilizing their femininity to remain inconspicuous as sellers'.

At the same time, other respondents in the same study felt that they were more visible and exposed both to police harassment and male clients *because* of their gender. We can surmise that the difference in experiences may depend in part on the social location of the women but also because of the competing themes of victimisation versus volition identified by Maher (1997) in criminology. Seemingly gender-conforming women may be understood as victims and marginal players in this field, whereas those who seem to deviate from the canon may be doubly punished (Lloyd, 1995).

Racialisation and ethnic background, however, also play an important role in dealings with the police: many in the Ludwick et al. (2015: 716) study remarked that certain 'racial appearances served as an added benefit'. White and Asian-American women reported feeling overlooked by police, the former

because they were thought to be innocent bystanders and the latter due 'to the notion of the "model minority", wherein Asian-Americans are thought to be higher achieving and more conventional than other ethnic minorities' (ibid: 716). This is not an option for Black and Latino people in the US, who are most often over-policed due to the link between these communities and drugs (Rios, 2011).

Ultimately, while there is reason to believe that women in the illicit drugs market are at a particular disadvantage, it would be misleading to consider all equally at risk of victimisation and in the same ways because social location is crucial.

As Volitional Actors

A much less established branch of the literature emphasises women as volitional actors in the illicit drugs market. Here there are two crucial aspects of the illicit drugs market that must be considered: the nature of the drugs being sold and the internal organisation of the market.

First, Ludwick et al. (2015: 709) note that the nature of the drugs sold can affect the experience of selling drugs given that '[p]rescription drugs [are] not stigmatized as street drugs, [are] safer to transport, and for those in possession of a prescription, prescription drug sales [afford] a large profit margin'. The literature on the topic tends to focus more on the sale of illicit drugs, but even here some distinctions must be made, specifically in terms of the types of clientele certain drugs can attract. Respondents in Ludwick et al. (2015: 717) note that 'selling crack or speed, or heroin, it's a completely different ballgame because the people that want to buy those kind of drugs […] [will] do everything and anything to get them'. To counter such demands, women may adopt specific tactics or prefer to deal certain types of drugs over others (see also Fleetwood, 2014b).

Second, Anderson and Kavanaugh (2017) explain that the organisational structures of the illicit drugs market may condition to a certain extent

women's participation. They offer two explanatory models: the first, the so-called 'business model' tends to be 'hierarchical, publicly visible, corporate-like in structure and operations, male-dominated, ruthless, and violent, […] mak[ing] them frequent police targets' (ibid: 342). The other, which they call the 'independent model', tends to be more scaled down in comparison and 'each "man/woman" seller works for himself/herself in less visible endeavors […] supplying friends, family, and themselves with drugs in addition to accumulating modest profits' (Anderson and Kavanaugh, 2017: 342).

It is in this latter type of market that women may be seen as thriving more given that the independent model centres comparatively more on the use of soft power over hard power and interpersonal and communicative skills (Anderson and Kavanaugh, 2017). Baskin and Sommers (1998: 32) seem to ascribe to the latter model when discussing women dealers as they explain their entry into the field was facilitated by the worldwide explosion of cocaine and heroin in the 1980s and the 'combined effects of the expansion, decentralization, and deregulation of drug markets'. Ultimately, the structure of the illicit drugs market generally appears to be more fragmented than monopolistic, and people cannot be barred from entering as there is usually no single figurehead that can act as a gatekeeper (Denton & O'Malley, 1999; Anderson & Kavanaugh, 2017). Some markets are exceptions to this to varying degrees: for example, in Italy, mafia organisations are considered to be extremely powerful drug-trafficking actors and are thus understood to have a monopoly over the illicit drugs market (Vincenzi, 2017).

Again, women's experiences in this environment are considerably gendered. Grundetjern (2017), for example, focuses on relatively well-off women active with drugs in Norway. As part of her doctoral thesis, she interviewed 32 women from the 'upper echelons of the drug market, […] a scarcely investigated topic in sociological and criminological scholarship' (ibid: 7). She asserts, writing with Sandberg (2012), that gender is still an important organising characteristic in the Norwegian illicit drugs market, despite the 'high levels of gender equality' characterising Norway and other Scandinavian countries (Grundetjern, 2017: 30). Women may thus have to manage their

otherness in the illicit drugs market by deploying different gender performances as the situation requires (Grundetjern, 2015: 253).

Whether they may be as successful as men has also been debated in the literature. Maher and Hudson (2007) report that women generally earn less than men from selling drugs, partly because of the structural disadvantage they experience in the illicit drugs market. At the same time, earnings can take 'the form of other drugs, goods and services rather than money, the value of which [is] almost impossible to assess – especially because each might be traded in their turn for other drugs, services or goods' (Denton & O'Malley, 1999: 516). This might be significant because drug-dealing activities may be conducted to earn money for the benefit of loved ones – not because women are innately giving, but because they are most often tasked with care duties. It can be interpreted as a strictly financial need but not necessarily victimising, especially if we consider that drug dealing may be more profitable, materially or otherwise, and more suited to their needs in comparison to conventional employment. Nonetheless, high-earning women are not rare, as Carey and Cisneros Guzmán (2011), Cisneros Guzmán (2014), and Grundetjern and Miller (2019) all suggest.

It has been argued that women's activities in this environment may be facilitated by kinship lines, both blood-based and not, because a criminal enterprise that can count on close emotional ties may enjoy comparatively greater stability (von Lampe, 2011). Families and close friends can 'be relied upon to sustain [women dealers] through thick and thin – a vital resource, as to successfully set up a network and keep it operating [requires] a stable and reliable operational base' (Denton & O'Malley, 1999: 517). These 'ties [are] bound even more tightly together by norms of reciprocity, expectations of personal gain and perceived moral duty to support blood relations' (ibid: 519). Tacit support may also be granted by the wider community as drug dealing can 'actually provide social benefits for the community' (Johnson & Bennett, 2017: 5).

Further, one ought not to discount the importance of associates in this environment. As Denton and O'Malley (1999) note, respondents employed workers, often drug users, to advertise their products and act as couriers in exchange for drugs and other services. It is in this vein that Anderson (2005: 376) highlights the 'vital "behind-the-scenes" action where women [may] play important roles in facilitating drug deals or making the market thrive'. At the same time, given the workers' drug use, dealers considered them to be more unreliable as 'they were vulnerable to coercion and intimidation by police, and as such were regarded with suspicion' (Denton & O'Malley, 1999: 524).

Of course, not all women reach leadership or managerial positions in the illicit drugs market: while Steffensmeier (1983) and others would argue that this is because of the institutional sexism pervading the market, Denton and O'Malley (1999) disagree. They contend that 'such failures' cannot 'be attributed simply to gender – or to sexism', but they may also be related to individuals' unreliability, poor resource management, bad reputation, and so forth, in addition to a lack of enabling resources (ibid: 523).

It is suggested that online markets and spaces may be particularly well-suited for women, both as buyers and sellers, as it allows them to sidestep some of the issues presented above. In a trenchant critique of the literature, Fleetwood et al. (2020) dismiss claims about the marginality of women in this environment by pointing out the androcentric biases underpinning most research on this topic. Instead, they suggest that the field of drug studies would be best served by a serious investigation into how gendered, classed, and racialised structures characterise the experiences of actors in the illicit drugs market, both online and offline (ibid). Further, they reject an 'add women and stir' approach (Chesney-Lind, 1986: 84) and instead embrace Campbell's and Herzberg's exhortation (2017) that 'attending to gender […] has the potential to radically challenge our understanding' of the topic (Fleetwood et al., 2020: 461). Finally, Fleetwood et al. (2020: 461) note that 'when researchers do actually look for women involved in drug markets, they have found them'.

Indeed, what they find is that drug involvement may very well represent a meaningful activity for women. Despite the fact that women were considered as structurally disadvantaged, Grundetjern also concludes with Miller (2019) that women's empowerment through drug involvement is also a distinct possibility and may even make persistence attractive. They draw on Zimmerman's concept (1995) of psychological empowerment to argue that the illicit drugs market may present women with material and intangible benefits that may make it unattractive for them to stop (Grundetjern & Miller, 2019). The women interviewed drew empowerment from controlling their 'drug use, sexual autonomy and independence in relationships with men, [their] independence and […] [their business]', together with their 'lifestyles at odds with traditional gendered constraints and […] other tangible rewards of drug dealing' (ibid: 422). What is particularly refreshing about Grundetjern's and Miller's approach (2019: 421) is the acknowledgement that empowerment 'is both an outcome and a process', and as part of their analysis, women appear both empowered and disempowered in different ways and at different moments in their lives. This further underscores the need for research that considers how empowerment and disempowerment in the illicit drugs market may be relational and contingent on social location.

Studies undertaken by Denton and O'Malley (1999: 520) and Baskin and Sommers (1998) show that many of their respondents took pride in their drug dealing, explaining that:

> It's like any business really. If you have a successful business, it's the integrity of the business that keeps the business afloat. It's word of mouth that sells the product. It's your reputation and your business acumen that keeps people coming back to you. [...] It all goes back to my integrity.

Moreover, gender performances can be a useful resource for success in this field. For example, some of the respondents in Ludwick et al. (2015: 719) reported that they 'played up their femininity to hide themselves from police detection', whereas others 'deviated from gender norms by displaying more traditionally masculine traits to protect themselves from male threats'. Finally,

others switched from one set of schemes to the other depending on the situation – the authors note that 'these women were especially savvy and had experience selling multiple drugs or selling in more challenging settings' (ibid: 719). Similarly, the respondents in Grundetjern and Miller (2019: 422) benefited 'from their particularly high level of cultural competence in navigating the drug market'. Accordingly, some chose to 'organize their business around an ethic of integrity and care for their clients', whereas others adopted tactics more similar to 'the dominant masculine model of drug dealing that [values] violence and retaliation' (ibid: 422; see also Grundetjern, 2015).

While business acumen and tactical gender performances are often emphasised as crucial to these women's success, it does not mean that they eschew violence completely, particularly when their trustworthiness is called into question (Cisneros Guzmán, 2014). As such,

> [Their violent] conduct may be a result of open and direct provocation; it may be the outcome of an opportunity produced by the existence of the victim; or it may emerge in relation to the demands of the victim (Baskin & Sommers 1998: 123).

Researchers believe that women may employ violence themselves or outsource this function to others, although both approaches present some difficulties. As one respondent in Grundetjern and Sandberg (2012: 621) explains,

> When you're a woman, they charge you double price [sic] – right? 'Cause they know they can do this, since we do not have that same frightening physical appearance. Of course, I can hire a couple of torpedoes to counterbalance this, but those torpedoes also would charge me double price [sic] because I'm a woman, so then I'm back at square one again.

On the other hand, not all women are comfortable using violence themselves as they are concerned that they would not be able to defend themselves in a physical fight. Instead, some could develop 'an intimidating reputation for themselves […] thereby circumventing danger […]' (Ludwick et al., 2015: 713). Finally, some try to build a happy medium between using gender-

conforming personas, particularly when dealing with the police, and a more gender-deviating persona when dealing with customers (ibid).

It has been argued that violence is a necessary precondition for an illicit drugs market. Johnson and Bennet (2017: 1) contend, instead, that violence is contingent on 'socioeconomic conditions' such as underserved neighbourhoods, high unemployment rates, and racial stratification, which undermine informal mechanisms of social control. Ultimately, Johnson and Bennet (2017: 7) conclude that:

> [D]rug-related violence persists not because of urban "street culture" but because of (a) largely defunct urban educational and employment infrastructures that fail to prepare disenfranchised residents with legal options of upward mobility; and (b) a criminal justice system that demonstrates low levels of legitimacy by, at times, rendering injurious treatment in lieu of justice.

The scholarship outlined above has generally posited that women's comparative physical frailness can be a serious obstacle to drug involvement. It could be useful to keep in mind Johnson's and Bennett's arguments (2017) to parse out whether violence can actually be a deterrent for women's activities in the illicit drugs market or whether it is a fixture in their lives regardless of their involvement in this environment.

Understandings about Women and Drug Use

As the two sections above have implicitly shown, drug use may often presuppose involvement in the illicit drugs market. Until the 1980s, women's drug use tended to be conceptualised according to a 'pathology and powerlessness' framework that underscored their fragility (Anderson, 2005: 372; Keane, 2017), their otherness from other non-using women (Laanemets & Arne, 2008), as well as their need to be adequately socialised. This facet is particularly related to their perceived risky intimate practices and their perceived inadequacy to perform their care duties (Ettorre, 1992; Campbell, 2000; Measham, 2002, 2004). We can thus see a degree of continuity with

the literature outlined above, in that women are assumed to be fundamentally "other" from the rest of society.

However, some feminist researchers have since then begun to question and undermine these assumptions, in search of more-nuanced understandings of this phenomenon. Drug use has come to be considered neither a straightforward process, nor one that can be only ascribable to addiction or dependence. Rather, as Measham (2002) explains, drug use may be understood as inextricable from the social location of the user within a specific sociocultural context (see also Ettorre, 1992). Drugs may allow women to work towards and obtain specific situational accomplishments, such as, for example, being perceived as '"club babes", mothers, professionals, "good girls", "badass" street-wise women, and so forth' (Measham, 2002: 364). At the same time, women who use drugs must carefully navigate the ways in which drug use exposes them to both external and internalised charges of inadequate performances of femininity. For this reason, Measham (2002: 360) argues that:

> [D]rugs consciously consumed to increase pleasure, reward oneself, induce relaxation, or reduce stress might also result in perceived or actual damage to health, finances, relationships or reputation, leading to ambiguous or negative feelings toward drugs.

As such, women, more than men, are called upon to strictly manage their drug use (Campbell, 2000), leading them to seek comparatively more-controlled forms of loss of control (Measham, 2002). This is to say that women may use drugs to:

> Relax, unwind, have fun, but never get into a state that results in total loss of control, because that could risk personal safety, ill health, embarrassment, or social disapproval (Measham, 2002: 356-357).

Further, we must also keep in mind that differently located women will be able in different ways to source and consume drugs and that both the rewards and punishments for using drugs are heavily contingent upon social location. For this reason, 'we must remember that what is "out there to take" as

pleasure, in the forms of substances or otherwise, varies amongst women' (Ettorre, 1992: 149). Moreover, the biochemical effects of ingesting psychoactive substances may also vary among users.[6]

In Sweden, only a few researchers have focused on the daily lives of drug-using women. Lander (2018) chronicles the lives of eight drug-using women in the Stockholm area and how their experiences of social exclusion reflect Swedish societal constructions of normative femininity. She explains that her respondents consumed drugs for two purposes relating to their social location and their lived experiences. Drugs were, first, used to 'improve [their] quality of life' by, for example, giving them energy to conduct their pursuits or to create a more fun existence (ibid: 183; my own translation). Secondly, drugs enabled respondents to make their lives more 'bearable' by allowing them to 'endure' their difficult life circumstances (ibid: 188; my own translation).

Richert (2014), instead, adopts a more traditional social health perspective by researching how drug-injecting women in the Malmö area deal with social exclusion and vulnerability vis-à-vis men in the illicit drugs market. Even though both scholars question Sweden's assumption that all use is inherently problematic, their research focuses on socially marginalised women living in positions of precarity, and this may inadvertently risk reinforcing hegemonic narratives of drugs as inherently problematic (O'Malley & Valverde, 2004). Nonetheless, both also show the ways in which their participants tried to make sense of their experiences, considering the constant stigma and risks to which they were exposed, as well as how they tried to create meaningful lives for themselves within relatively constrained, but not determining, social positions (Crossley, 2013).

Eleonorasdotter (2021) appears to be one of the few Swedish researchers in this field who focused specifically on how drug use could be a meaningful and positive activity for respondents. This, together with her focus on socially integrated women, represents a considerable departure from the rest of the

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[6] For reasons of space, this doctoral dissertation will not explicitly focus on this facet of drug-taking, although some of these effects are illustrated in Appendix A.

literature. She notes that the Swedish literature is particularly lacking understanding of the pleasures that drug involvement may provide women. Based on a desire to uncover these meaning-making processes, Eleonorasdotter's work (2021) shows that drug use does not necessarily lead to downward social trajectories. Rather, her respondents highlighted drug use as a meaningful activity that both enabled them to function within normative frameworks of respectability as well as to take controlled breaks from these imperatives.

It is in this vein that Eleonorasdotter (2021: 368) outlines three different types of drug-related pleasure or, as she terms it, 'happiness': '*almost normative happiness*', '*forbidden happiness*', and '*instead of the right kind of happiness*'. In the first typology, drugs are conceptualised by respondents as (almost) legitimate means of relaxation, similar to alcohol and other legal pursuits, that 'not only [bring] happiness but also [take] the role of an aid in keeping up a stressful participation in a neoliberal working market' (Eleonorasdotter, 2021: 183). In contrast to this conceptualisation, in the second type of happiness 'drug use is accounted for as a rebellious breaking of the rules' (ibid: 183). Finally, according to the third typology, 'drugs are used to soothe the pain of lacking reachable solutions' (ibid: 183).

The above suggests two important considerations: first, that drug use may represent for women a meaningful way to process their lived experiences and, second, that drug use reveals users' contextual gendered, classed, and racialised concerns.

The intersection of gender and class is a particularly salient aspect investigated by the literature on women undergoing mandatory and voluntary forms of drug rehabilitation treatment in Sweden. It emerges that these programmes consistently encourage the reproduction of hegemonic gender and class norms and depart from the assumption that drug-involved women are to be somehow set apart from both other non-using women and drug-using men (Laanemets, 2002; Mattsson, 2005; Laanemets & Arne, 2008). Thus, these programmes 'tend to underscore an understanding of [drug-using] women as

different from other women and who must be socialised into a more traditional form of femininity by the care system' (Laanemets & Arne, 2008: 14; my own translation). This is, of course, consistent with the hegemonic assumption in Sweden that all drug use is inherently problematic (Goldberg, 2005), but it also shows that drug-involved women may be doubly stigmatised in this context, *as* drug-using women, instead of drug users who happen to be women.

However, while most institutional settings understand drug use as something that must be eliminated, or even cured, participants' retrospective accounts in these studies show that it could also lead them towards the achievement of situational accomplishments. Building upon the understanding that drugs *do* something to and for women, we can then appreciate how women who use drugs are caught within a complex web of power and social structures. Drugs become attractive because they enable the accomplishment of otherwise unattainable forms of femininity, but those who do become involved with drugs are heavily punished. As Laanemets (2002: 202) explains, drugs became attractive to her respondents because they became empowered:

> [T]o disavow a more traditionally gendered role, to take up space and dare to think for themselves, increase their self-confidence, be more feminine, establish contact with men, but also move away from the established ideals of femininity (my own translation).

Later, however, respondents explained that drug use became necessary 'to create a space of their own and cope', by either 'being [more] feminine and living up to the traditional gendered norms or to simply cope with life' (Laanemets, 2002: 203; my own translation). This again suggests that drugs may facilitate the achievement of both oppositional and conforming forms of femininity in multiple ways and at different moments in women's lives. However, because of the stigma attached to drugs and drug users in Sweden, drug use under certain conditions may lead to worse life outcomes that increasingly turn drugs into a coping tactic, rather than a vehicle for pleasure (Lander, 2018; Gålnander, 2020b). Further, Laanemets (2002) notes that treatment encouraged women to find their femininity from within, rather

than within drugs. This led her respondents to, first, disavow the positive aspects of drugs, and second, to:

> [D]isavow their previous lives and open themselves up to treatment.
> In other words, they were disciplined into becoming (real) women
> (Laanemets, 2002: 256; my own translation).

Lander (2018) also underscores how these acceptable forms of femininity, promoted by treatment programmes and government authorities, are very much tied into classed concerns. Drawing upon the work of Skeggs (2002 [1997]) and Halberstam (2005), Lander (2018) argues that notions of acceptable femininity imbuing Swedish society are necessarily contingent upon heteronormative middle-class ideals (ibid; for an analysis of heteronormative ideals, see also Mattsson, 2005). As such, I would argue that it is not only gendered concerns about the 'fallen woman' that drive the stigmatisation of drug-using women (Lander, 2018: 34) but also classed concerns about how femininity ought to be done. This femininity, Mattsson (2005: 31) suggests also building on Skeggs's work, is predicated upon the idea that women ought to be 'clean, hygienic, caring, passive, asexual and altruistic' (my own translation).

For this reason, I see an implicit conflation in how drug-using women and working-class women are conceptualised, both being understood as 'dirty, pathological, sexual, dangerous and threatening' (Mattsson, 2005: 32; my own translation). At the same time, the type of ideal femininity proposed within these treatment facilities also includes notions of working-class housewifeliness as they seek, for example, to teach women how to cook and take care of their hygiene (Mattsson, 2005: 204).

However, while the Swedish literature outlined above emphasises the gendered and classed dimensions of drug use, its racialised dimensions are significantly under-theorised. This may be because most participants in the studies outlined above are white, as are those in my own project. This is striking for two reasons: first, Northern Europe has been the destination for many asylum seekers and economic migrants over the course of several

decades (Schierup, 2006), which, one could surmise, would be cause for a more diverse respondent population. Secondly, ethnicity in these works is often not discussed in explicit terms. When it does become an analytical point, the literature tends to focus on the involvement of *men* from ethnic minority backgrounds (see, for example, Lalander, 2009; Sandberg & Pedersen, 2009; Sandberg, 2010a; Uhnoo, 2015; Tutenges & Sandberg, 2021). This is absolutely important work, but it may inadvertently lead to ethnicity being discussed most often in terms of non-whiteness. Thus, whiteness is afforded a character of 'everydayness', as Shome (2000: 366) terms it, that makes it difficult to interrogate (Bradby et al., 2019). We may surmise that this is partly due to the link authorities have drawn between men from ethnic minority backgrounds and crime (Schlarek Mulinari, 2017; Heber, 2018; Solhjell et al., 2018; Wästerfors & Burcar Alm, 2019; Haller et al., 2020; Branteryd et al., 2021). The experiences of women of colour in Sweden with both drugs and the criminal justice system therefore represent a major gap in our knowledge that future research must fill. It must also investigate the ways in which whiteness intersects with gender and class to produce context-specific difference (for an example of this type of analysis, albeit within the US context, see Miller & Carbone-Lopez, 2015).

Concluding Remarks

The literature outlined in this chapter shows several features of note: first, the field of drug studies presents a decided androcentric focus that marginalises women's contributions and activities in the illicit drugs market (Anderson, 2005; Fleetwood et al., 2020), something that Mikaela S, Ebba G, and other participants in my study found particularly problematic. When women's experiences *are* considered, these are often understood through a lens of victimisation and powerlessness that tends to obscure the ways in which drug-involved women attempted to create meaningful lives for themselves despite and because of risky and stigmatising life circumstances (Maher et al., 1996; Maher, 1997). Finally, these frames of understanding also tend to be applied

to women's drug consumption patterns, which contributes to obscuring the reasons why drugs could appear attractive and purposeful to women (Measham, 2002; Eleonorasdotter, 2021).

Similarly to other Swedish studies on this topic, my respondents' lives may be considered as particularly risky and stigmatised because they appeared as especially vulnerable in the illicit drugs market (Richert, 2014) and they seemed to contravene established norms of respectable femininity within conventional society (Lander, 2018), given hegemonic understandings of drug use as inherently problematic (Goldberg, 2005; Regeringskansliet, 2016a, 2016b). Nonetheless, their accounts also show how drug involvement can become a meaningful pursuit that, in some cases, provides considerable pleasure, broadly defined (Eleonorasdotter, 2021). This is a less established focus in the literature, both in Sweden and internationally, which hampers our understanding of how and why some women become involved with drugs.

As such, I locate my study within the field of feminist drug studies in seeing how drugs and drug involvement *do* something for participants (Ettorre, 1992; Measham, 2002; Du Rose, 2017). Further working within this tradition, I reject *a priori* assumptions about women's marginality and incapability (Anderson, 2005). Rather, I attempt to examine the complex interplay of structure and agency as this emerges from respondents' accounts.

I do so methodologically by centring interviewees' experiences in my study and by reading them through a theoretical framework sensitive to how participants sought to create meaningful lives for themselves, despite and because of the sexist and anti-drug contexts in which they were located. The next two chapters will explain in more detail what this approach entailed.

FIELDWORK IN THE SWEDISH CONTEXT

This chapter will discuss how the project was developed and implemented, and how I made sense of my experiences throughout its course. Fieldwork is perhaps a misnomer: most of the data collection process, including negotiations around prison access, occurred during the corona pandemic, and was conducted remotely. I will keep the nomenclature, however, for the sake of convenience.

Some of the phases outlined here actually occurred concurrently, if not back to front, but I have chosen to order my experiences according to their relation to fieldwork, i.e. if they occurred as I was preparing to undertake the data collection process, as a response to events in the field, or as I made sense of them afterwards.

Feminist Methodologies

As mentioned in the Introduction, this work has been developed as an explicitly feminist undertaking. While we cannot consider feminist methodologies as a unified current, it is nonetheless possible to discern some common underpinning principles. Feminist methodologies are generally 'engaged as counter-narratives to dominant traditional models of research and science, as well as through foregrounding the experiential and embodied nature of doing research' (Dupuis et al., 2022: 4). This usually entails a focus on previously marginalised experiences and voices, often for the purpose of generating new knowledge that might serve these communities and thus bring about transformative social change (Chesney-Lind & Morash, 2013).

Another underpinning principle common to most feminists, but of course not exclusively so, centres on opening the 'black box' of research (Daly, 2010; Miller & Palacios, 2015: 3). This is done by laying out clearly the assumptions

and methods that have guided the research process, from the ideation of the project to the presentation of its results. This requires a capacity for self-reflection and examination that is commonly known as reflexivity (Griffin, 2017). Proponents of this approach encourage reflection 'to unpack what knowledge is contingent upon, how the researcher is socially situated, and how the research agenda/process has been constituted' (Ramazanoğlu & Holland, 2002: n.p.).

Clarifying one's positionality leads to understanding 'the stance or positioning of the researcher in relation to the social and political context of the study — the community, the organization or the participant group' (Rowe, 2014: n.p.). This positioning, Rowe (2014: n.p.) explains,

> [A]ffects every phase of the research process, from the way the question or problem is initially constructed, designed, and conducted to how others are invited to participate, the ways in which knowledge is developed and acted on and, finally, the ways in which outcomes are disseminated and published.

Further, this positioning rests on the intersection of multiple categories of being, which leads researchers to often be both insiders and outsiders in relation to the context of research (Lorde, 1984; Skeggs, 2002 [1997]).

As such, one may share a gender identity (or another category of being) with research participants, but this does not automatically entail that complete sameness can be assumed (Kohler Riessman, 1987). Indeed, 'to say that women share "experiences of oppression" is not to say that we share the *same* experiences' of oppression (Stanley & Wise, 1990: 22; emphasis in original). When sexism, for example, intersects with classism, racism, and so forth, this may produce qualitatively different experiences.

Rather than approaching research from a place of objectivity, feminist researchers instead recognise how knowledge development is embedded within a complex web of power relations and asymmetries (Ramazanoğlu & Holland, 2002). Consequently, feminist methodologies recognise the ways in which science and knowledge are traditionally formed upon unequal research

relationships, with the scientists often positioned as the sole knowers and the respondents as bearers of 'raw experience' that must be adequately theorised for it to become intelligible (Stanley & Wise, 1990: 42; Preissle & Han, 2012). Many choose to attempt to disrupt these hierarchies of knowledge by considering research participants as valued partners and co-creators of the knowledge developed during the study (Leavy & Harris, 2019).

While it may be impossible to develop perfectly egalitarian research relationships (see next section), many feminists seek to disrupt and undermine power differentials within the research setting as much as possible. Some invite research participants to join the research process to varying degrees by allowing them to set the agenda, (re)view the material, and influence the analysis (Leavy & Harris, 2019). Others instead aim to consciously attempt a degree of power redistribution in the research setting by choosing flexible set-ups that allow participants to steer the interview according to their wishes and priorities (DeVault & Gross, 2012).

This is because feminist research orientations emphasise 'inclusivity and respecting the dignity of research participants', which leads to the recognition that participants ought to have privileged insight into the study's data generation process (Leavy & Harris, 2019: 114). Further, this falls within the framework of a care orientation in research, according to which researchers ought 'to be emotionally attuned and sensitive to [their] own emotions and the needs of the participants' to both facilitate rapport but also to ensure the continued well-being of participants (Preissle & Han, 2012; Carroll, 2013: 548). In the next sections, I will discuss how my work and I relate to these feminist research principles.

What to Do and Whom to Ask

This section will explore the theoretical considerations guiding my decision to mostly carry out interviews for this project, as well as a brief initial introduction to the participants I sought out. As we will see over the next sections, this choosing process turned out to be more mutual than expected.

Centring Participants' Accounts

Weisheit (2015) notes that participant observation has been historically the most celebrated method for studying people involved with drugs. This, however, involves an astounding amount of personal involvement and commitment: the researchers whose works he describes consumed illicit drugs, ran errands of a dubious legal character, as well as provided material and moral support to their research participants-turned-friends (ibid). This participant observation, in turn, yielded tremendous amounts of rich descriptions of the main actors in the illicit drugs markets under study and important insights into the phenomenon at hand. Famous examples of this approach can be seen in Adler (1985) and Maher (1997), the latter of whom is considered a pioneer among feminist researchers in this field (Miller, 1999; Miller & Carbone-Lopez, 2015).

This study employs, instead, a mostly interview-led approach because it is a method that can offer privileged access to participants' inner thoughts and explanations (Miller & Glassner, 2004). Interviewing also allows researchers 'to collect and rigorously examine narrative accounts of social worlds' (ibid: 137). It can therefore help to both understand the rich internal world of participants and the contexts in which they are located as participants describe experiencing them.

Two additional considerations, both practical and theoretical, guided further my decision. Firstly, as an immigrant, albeit from an EU country, legal entanglements because of fieldwork could have resulted in my dismissal and my deportation from the country. It would also have entailed devoting incredible amounts of both material and intangible resources to the fieldwork that I was not sure I could give.

Secondly, I was inspired by feminist research principles. As noted above, drug studies have tended to privilege researchers' insights over participants' considerations, and this approach has been mirrored to a certain extent within the wider sociological tradition (Tutenges et al., 2015). Further, women's voices and experiences have often been side-lined, because of their assumed

marginality (Fleetwood et al., 2020). I was therefore inspired by feminist research principles in identifying interviews as a good method to attempt to level out power differentials between respondents and me, in order to avoid positioning myself as an expert 'on and over other women's experiences' (Stanley & Wise, 1990: 24).

Power-sharing in the research relationship is not, of course, a straightforward process. Kvale (2006) underscores that interviewers may end up perpetuating power asymmetries, even while ostensibly aiming for the ideals of power redistribution. Ultimately, Kvale (2006: 482) notes that 'a fantasy of democratic relations masks the basic issue of who gains materially and symbolically from the research and where claims of participation disguise the exertion of power'. In short, while researchers may aim to carry out research that respects and recognises participants as valued collaborators in the research process, often the fruits of this labour go on to benefit the researchers' careers rather than participants and their communities. For this reason the title of this dissertation is, somewhat ambiguously, "In Her Words": while I have tried my utmost to present participants' thoughts as these emerged from the research setting, my influence in the co-creation of the material cannot be discounted.

Further, even when the interest in 'egalitarian research', as Gelsthorpe (1990: 92) terms it, is sincere, it does not necessarily follow that the research conditions underpinning the study may make this possible. In some cases, participants such as those in Acker et al. (1983) may prefer a more hierarchical research relationship, since they may identify this with an inherently more scientifically valid result. In other cases, there might instead be 'funding agencies to consider, research committees to appease, financial and time constraints to note': each one may engender difficulties in achieving a more emancipatory framework (Gelsthorpe, 1990: 90). Moreover, the researcher, simply by virtue of being in a position of needing to filter the voices of participants and crystallise them in the analysis, thus having the metaphorical last word, also represents a serious and unremovable obstacle to challenging hierarchies and power asymmetries (Kvale, 2006).

Finally, as England (1994) explains, conducting fieldwork may still represent a form of violence for participants. Stacey (1988: 23) notes that in ethnographic research, 'no matter how welcome, even enjoyable the fieldworker's presence may appear to "natives", fieldwork represents an intrusion and intervention […]'. Consequently, while interviews may be considered less invasive than other qualitative data collection methods, the gap between researcher and respondents can never be completely bridged. At the same time, some respondents might view this "intervention" as necessary to highlight under-researched topics (Copes et al., 2012).

This is certainly a quite bleak view, but it does not follow that any recourse is pointless. Considering these premises, I decided to anchor the data collection and analytical processes in participants' understandings and framings of their experiences with drugs in Sweden. The interviews I conducted employed a semi-structured approach that enabled a relatively great degree of openness and flexibility (see Appendix D). I thus framed the questions in the interview guide in an open and general way to facilitate recollections, considerations, and musings.

Four other considerations underpinned the development of the interview guide. I started with the assumption that the existing literature has studied women's involvement in this field mostly in relation to their gender and to the strictly material circumstances that might have brought about this involvement. Instead, I aimed to understand women's experiences and understandings in a more holistic sense and use their conceptualisations as a starting point. I therefore started the interviews by asking them to tell me a little bit about themselves: most interviewees segued almost immediately in their first experiences with legal and illegal substances, but others instead continued to discuss their background. Thus, it became possible for us to broach the topic in a less jarring way, connect to other questions about their personal lives in a more unobtrusive fashion, as well as let practices, emotions, and recollections emerge more organically.

Another guiding assumption was inspired by narrative criminology in that I privileged greater insights into their perceptions and recollections of happenings (Presser, 2009). I also considered respondents as knowledgeable experts of the contexts they moved in and of their own personal histories (Atkinson, 2015). To this end, I included in the interview guide questions not only about their drug-related activities, but also their views about other countries' approaches to drugs, as well as their thoughts on current and future Swedish drug policies.

A final minor consideration arose from the nature of the questions posed in that these would be all questions I would have been willing to answer myself in the research setting. My relatively privileged background has excluded (so far) the possibility of experiencing first-hand some of the happenings described by respondents. Nonetheless, I planned for the possibility that participants might become curious about my experiences, although that rarely happened.

Ultimately, the concerns of Kvale (2006) and others cannot be entirely obviated. First, while the interview guide and setting were quite flexible, to accommodate participants' interests and priorities, I remained the sole interpreter of their experiences and meaning-making processes. This is what Kvale (2006: 485) means by 'the interviewer's monopoly of interpretation'.

Time-related considerations made it difficult to meaningfully engage participants in later stages of the analysis. In return for gaining approval to recruit participants in prison, I was asked by Kriminalvården to submit a written summary of my findings (see Quaglietta Bernal, 2022b). I shared this report with respondents in June 2022 and encouraged them to contact me with their questions or thoughts about it. I hoped to see whether my interpretation of participants' accounts dovetailed with theirs. However, few responded to my messages, and comments on my results were often no more than 'The report looks good [smiley face]'. This, together with some interpersonal dynamics I observed in the research setting, suggest to me that

respondents, similarly to those in Acker et al. (1983), preferred more traditional research set-ups.

Finally, while it has been my sincere hope to demystify some women's drug involvement in Sweden for a drug-sober audience, this work ultimately benefits me directly as an early-stage researcher to a larger extent than it benefits participants.

I employed four different methods to record the experiences of twenty-six women who had been involved with drugs: twenty-two women were interviewed in person, on the phone, and on video-based platforms. The four remaining respondents shared their experiences via letters. This may seem an unorthodox choice, so it is worth briefly explaining my reasoning in this respect. Burtt (2021: 816) shows that this method holds particular promise for hard-to-reach populations, such as those located in 'the prison estate'. While not completely unproblematic, and I detail below the issues encountered in this study, letter correspondence can allow for a flexible and participant-centric approach consistent with the feminist methodologies outlined above. It also has the potential to generate reflexive and in-depth material: its asynchronous character may enable respondents to deliberate over their accounts for a longer time than what is typically allowed through in-person interviews (Burtt, 2021).

These considerations represent my good faith attempt to partially level power asymmetries between participants and me, even if some of the challenges outlined above remained.

Choosing Respondents

Once I decided to focus mostly on interviewing methods rather than on ethnographic fieldwork, it became important to identify the population with whom I wanted to work. When I first started this project, I was keen on interviewing female drug dealers. I came to realise, after discussions with colleagues and a fair amount of reflection, that this conceptualisation risked

essentialising the women I would interview, magnifying, and possibly distorting, participants' involvement with drugs.[7]

First, the concept of female drug dealers, rather than women who sell drugs, may imply that there are biological connotations to people's approaches to selling drugs. Even if we focused on more sociological explanations, the assumption that there are specifically gendered ways in which women sell drugs may be only partially true.

The second issue with this conceptualisation was that not all participants would recognise themselves in it: some of them saw themselves as *giving* or *sharing* drugs and not selling because they did not seek to make a profit out of it, in contrast to others. A third reason was that the first interviews I carried out underscored that many participants' drug use and giving/sharing practices were often inextricably intertwined. This meant that focusing exclusively on the selling/giving component would have prevented me from seeing the larger context.

For these reasons, I approached fieldwork with a rather open definition: I sought self-identified women who had at least once in their lives been involved with drugs as users, buyers, sharers, and/or sellers. Moreover, I did not put any a priori restrictions on the type of drugs participants ought to have had experience with to be considered eligible for this study. This was in order to lower possible barriers to participation. Consequently, I encountered participants with experience of various types of mind-altering substances, such as cannabis, psychedelics, heroin, and amphetamines (see Appendix A for a more complete overview).

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[7] Special thanks to Veronika Burcar Alm for her help in developing some of these insights.

Overview of Participants

The sensitivity of the topic required a considerable degree of inventiveness and creativity in figuring out ways to reach prospective participants (see next section). Ultimately, I got in touch with almost 200 prospective participants: more than 100 of whom were in prison, whereas approximately seventy women contacted me when I was conducting social media recruitment. Despite the large number of contacts, only twenty-six women eventually agreed to share their experiences with me, for reasons I can only speculate about (see later in the chapter).

I have been lucky enough to recruit these twenty-six respondents through four recruiting tactics: I met four through a gatekeeper, seven through Kriminalvården, and nine through social media. The remaining six women contacted me through other means: they mentioned having heard or read about my project, so I suppose they might have seen my recruiting material on social media or had friends who did. To protect their anonymity, I chose, however, not to inquire further on this point.

The table succinctly categorises my point of contact with participants. Each respondent has a fictitious surname initial (G, K, S, or U), which stands for the source of contact: G for gatekeeper, K for Kriminalvården, S for social media, and U for unknown.

Figure 1: Overview of source of recruitment and resulting participants.

Points of Contact with Participants			
Gatekeeper (G)	Kriminalvården (K)	Social Media (S)	Unknown (U)
Ebba, Helena, Jane, and Sara.	Birgitta, Katja, Linda, Lena, Manuela, Maria, and Sara.	Anna, Asta, Ebba, Emma, Erika, He-Ping, Liv, Mikaela, and Siri.	Felicia, Lisa, Mette, Mia, Nellie, Vera.

Most respondents were well-integrated socially in the formal economy when we met, by which I mean that the vast majority were employed or studying and had a fixed address.

Participants presented different consumption patterns when we met: some were active users, while others were sober. Siri, and other Swedish speakers, often used the word *missbruk*, which encapsulates in English the two concepts of misuse and addiction. Additionally, Goldberg (2005: 21) believes there may also be a slippage between the words *missbruk* and illegal, meaning that some respondents might have used the terms 'misuse' or 'addiction' when they actually meant 'illegal'. In this dissertation, I have chosen to depart from participants' own views on their relationship to mind-altering substances, thus avoiding categorising consumption patterns a priori. Some respondents framed their substance (mis)use as addiction. Others, instead, conceptualised their drug use as something relatively under control, with possibly some periods when their consumption patterns appeared to be relatively more problematic.

It is worth briefly mentioning their experiences in the illicit drugs market. All participants had consumed illicit drugs at some point in their lives. Approximately half of them had also been drug sellers or procurers: here by sellers I mean individuals who sold to friends, acquaintances, and relative strangers, and sought to make some kind of profit from the exchange. I see procurers, instead, as individuals who bought drugs for themselves and others, as a form of collective purchasing. Relatively few participants had engaged in street-level selling and buying. Most respondents, instead, kept contact with their drug providers and recipients through social media and instant messaging applications, in line with the findings of Demant et al. (2019).

A small minority also smuggled drugs across international borders. While smuggling had been mostly episodic for participants, we can distinguish three typologies: smuggling for one's own use (both for retailing purposes as well as own consumption), smuggling on behalf of a romantic partner, and, in one specific case, smuggling on behalf of an external contractor. Contrary to

expectations and the literature on the topic (Schemenauer, 2012), only one person reported resorting to smuggling out of dire economic need. Finally, a couple of participants held and hid packages containing drugs on behalf of others. For reasons of space, this dissertation will not examine these two types of drug-related activities.

Interestingly, less than half of the interviewees had first-hand experience of the Swedish criminal justice system due to their involvement with drugs. Further, those who did experience incarceration (approximately a third of participants) tended to see their consumption patterns as problematic to a larger extent than those who did not come into contact with the Swedish criminal justice system. This suggests two things: first, as Haller et al. (2020) explain, it is possible that precarious socioeconomic backgrounds may make it more likely to attract the attention of criminal justice officials. Second, it is possible that there may be limited opportunities for drug (mis)users in the Swedish context to be redirected towards less coercive treatments once their involvement with drugs is discovered. Alternatively, participants who experienced incarceration may have been encouraged to define their consumption patterns as addiction-like, in accordance with the conceptualisations promoted by traditional rehabilitation programmes (Deding et al., 2013).

My material seems therefore consistent with Anderson's and Kavanaugh's reflections (2017). They explain that a decentralised drugs market would favour women's access to, and permanence in, it more than a centralised environment would. This is not to suggest necessarily that Sweden does not have problems with organised crime, although much also hinges on the definitions of organised crime employed (Pizzini-Gambetta, 2014). However, it is possible to see that most participants did not seem to be formally part of organised criminal groups.

Recruiting Tactics

Kristensen and Ravn (2015) suggest that recruiting tactics may have a material impact on the nature of the relationship between interviewer and interviewees (the so-called rapport), and this also influences the material collected. As the reader will see, this proved to be true in my case as well. I detail here my three main recruitment tactics: a helpful gatekeeper, Kriminalvården, and social media. I will also discuss what these tactics practically entailed and their implications for the collected material.

Interviewing Outside of Prison: Mediated Access

In the autumn of 2019, I met "Louis" who, having heard of my research and imagining my difficulties in recruiting participants, offered to introduce me to some acquaintances of his. Through him, I met Ebba G (whom I interviewed twice), Helena G, Jane G, and Sara G.

At the time of our interview, all were between their late 20s and early 30s and led socially integrated lives, either with high-level professional jobs or studying. All but one had relatively recently emigrated to Sweden from Western countries, which meant that their interviews were conducted in English. The fourth participant was born and raised in Sweden but had partly foreign roots: even though she was fluent in English, she preferred to be interviewed in Swedish. All participants in this group were either white or passed as white.

Further, at the time of our interview, all were active drug users, buyers, and procurers. Their preferred recreational drugs of choice were cannabis, consumed either alone or in group, as well as so-called party drugs, such as ecstasy and ketamine. Additionally, all had experience procuring drugs for their respective circles of friends without profiting materially from it but, rather, as a form of collective purchasing.

Louis acted as a mediator between this group of respondents and me, presumably introducing the study and encouraging them to participate. They all contacted me individually and I made sure not to tell Louis whether they did, but I cannot be sure to what extent they discussed their involvement with him.

I believe three factors were particularly helpful in developing a good rapport with this group of participants. First, Louis' mediation was instrumental because they appeared to regard me as a trusted counterpart and spoke extensively and reflexively of their experiences, with generally little prompting needed. Second, I also assume that my own social location from an intersectional perspective most probably helped to strengthen the rapport (Ramazanoğlu & Holland, 2002) as we all shared several categories of being, along the lines of gender, age, class, and nativity. Participants and I identified as women of about the same age; all but one worked in high-level professions and had relatively recently immigrated from abroad, as did I. Finally, the interviews took place right before the pandemic; hence, we met in person. The material generated was therefore both longer than the project average and provided for 'thick descriptions' of participants' experiences (Ponterotto, 2006: 538).

Literal Gatekeepers: Carrying Out Research in the Swedish Prison System

Sandberg and Copes (2013: 178) suggest that interviews with incarcerated populations are, '[p]robably, the leading method in qualitative drug research today' given 'that data can be collected quicker than when doing fieldwork'. Approaching correctional services, however, may be difficult because gatekeepers can significantly impact a piece of work, depending on the relationship the researcher has established with them (Crowhurst & Kennedy-Macfoy, 2013), even though they are 'seldom considered part of the population under study, but rather someone who grants or denies access to this population' (Kristensen & Ravn, 2015: 725).

First, correctional services may hesitate to allow external researchers to carry out research on their premises (Pogrebin, 2015). In the specific case of Sweden, Kriminalvården (n.d.) boasts a remarkably open disposition towards external researchers, offering research collaborations with researchers and staff at other Swedish government agencies. The bureaucratic process to carry out fieldwork in Swedish prison facilities, however, took considerably longer than expected: from first contact to final permission, this process took almost a full year. It would have probably taken longer, or not occurred at all, had I not had the support of Monika Hjeds Löfmark, one of the research leaders at Kriminalvården's Research and Evaluation unit.

Secondly, access to prisoners may often be conditional and conditioned. Data collection for this study was conducted in two waves and in two settings: these were the largest high-security women's prisons in Sweden, collectively comprising almost 200 prisoners serving sentences ranging from a couple of months to life. Access to prisoners was heavily mediated in the first phase of the research. This can be perhaps understood as to the reason for the relatively low participation rate at this site. I first met the case workers and director of one institution, and I presented my research proposal. In this meeting, which took place in Swedish, I emphasised the need to research this phenomenon as well as my credentials to impress the prison leadership and assure them of my seriousness. While most of those I met in this environment were supportive of this project, I felt that I needed to prove my worth and the worth of this project to gain and maintain access.

After this initial meeting, the case workers took it upon themselves to identify and contact possible research participants, although I would have preferred to personally present my project to prospective participants and let those interested in sharing their stories learn more about me and the project from up close. Given that only one person agreed to be interviewed in this set-up, the prison authorities called me back to present my research project to a small group of pre-selected and potentially interested inmates. Despite some initial interest in this seminar, nobody else decided to participate. The one woman who had decided to participate from the beginning later shared with me that

she reckoned I was perceived to be too close to the prison authorities, and the other inmates did not consider me trustworthy enough.

I was able to leverage this insight in negotiations with Kriminalvården to gain greater access for the second wave of interviews, but by then the coronavirus pandemic had made it impossible for me to personally visit the facility. I therefore chose to send individual information packages to inmates in which I introduced myself and the project. The letters contained an information sheet, an informed consent form, and pre-paid envelopes that the women could use to contact me. This approach ultimately yielded six additional participants. One could speculate that pairing introductory letters with in-person seminars could prove to be a fruitful way for future studies to recruit participants in prison facilities.

The lack of in-person contact, the perception that I was closely collaborating with Kriminalvården, and my perceived extraneousness in terms of social location meant that I was only contacted by those who described a particularly strong interest in sharing their accounts. The material was collected in person (one participant was interviewed twice pre-pandemic), via phone (three interviewees), and via letter (three respondents, five letters).

In this way, I met Birgitta, Katja, Linda, Lena, Manuela, Maria, and Sara K. Generally, participants' ages ranged from their early 20s to early 60s, and most came from relatively socially marginalised backgrounds, with low educational and employment attainments. All but two appeared to be native Swedes. Of the remaining two, one had been born abroad but had migrated to Sweden during childhood and the other came to Sweden as an adult.

Most participants were mainly former users, but several had also had experiences of purchasing and/or selling drugs. Overall, participants described more-problematic relationships to drugs in comparison to other respondents, with most using cannabis, amphetamines, and heroin, mainly for self-medication purposes, although they also shared accounts of recreational drug use. While communication felt a little stilted at some points due to the lack of synchronicity and visual feedback, the generated material was particularly

helpful in shedding light on the experiences of socially marginalised women involved with drugs. This provided therefore an interesting juxtaposition with the experiences of the first group of participants mentioned above.

Recruitment through Social Media: Unmediated Access?

Given the difficulties in contacting participants in the first wave of the prison-based recruitment process, I was fully prepared that the second wave would largely follow the same patterns. I therefore decided to attempt recruitment through social media during the summer of 2020, partially inspired by Demant's and colleagues' work (2019) on how Nordic drug sellers and buyers operate on social media, as well as the arguments of Fleetwood et al. (2020) on the genderedness of these online spaces.

I located drug-friendly online spaces and asked for permission to post a short note on my project as well as a link to my project page on the departmental website. My request was approved, and I received some interest in the form of "likes", comments, and promises to share the post further. I also contacted a social media influencer of Swedish origin living abroad who advocates for the decriminalisation of marijuana use. They shared a post about my research and promised to reach out to potential respondents among their circle of acquaintances. My contact with this online mediator was very brief, and I do not know whether any participants originated from this contact point. As such, it is not possible for me to discuss in more depth how my relationship with this mediator, and their relationship with potential respondents, may have had any bearing on the project.

Completely unexpectedly, I was contacted by almost seventy women interested in hearing more about the project. Several told me they were or had been involved with drugs in some capacity, but communication stopped after I sent them the study's information sheet. I took this to mean that they declined to move forward with the interview, and I therefore did not initiate further contact. This may be for two reasons: they may have felt that their experiences did not make them eligible for the interview despite the open

wording of the recruitment material. Alternatively, they may not have felt comfortable sharing their experiences with me, a virtual stranger, even though I used my personal social media profiles to give a greater sense of reliability.

Interestingly, some men took issue with my recruitment tactic and commented on my social media posts: one, for example, objected to me recruiting participants with drug experiences on a cannabis-friendly space on the basis that cannabis ought not to be considered a real drug. Another called me a 'racist [sic]' for wanting to centre women's experiences in my project. Other men, however, chastised these commentators. To avoid getting mixed up in an unproductive social media discussion, I chose to side-step these contentions and focus instead on those who seemed to be interested in learning more about the project. Given how the majority of posts appeared to be authored by male-presenting users, it was very interesting to see the sheer number of women who contacted me (as mentioned above, close to 70). This, together with the fact that many expressed their interest in participating in the project to recentre women's experiences, suggests to me that even these more drug-friendly spaces tend to be dominated by men.

Through this recruitment tactic I met nine participants, with an additional six possibly having been reached by my online recruitment material: Anna, Asta, Ebba S, Emma, Erika, Felicia, He-Ping, Lisa, Liv, Mette, Mia, Mikaela, Nellie, Siri, and Vera. All but one interview occurred remotely: six on the phone, seven via online-based video applications (i.e. Zoom, Facebook Messenger, and Skype), and one via letter. The remaining interview took place in person.

This group of participants had mostly been drug users, although several also had shared and sold drugs. Some of the participants at the time of the interview were active users, whereas others had left drugs behind: they described both recreational and medicinal drug use, and their drug consumption patterns ranged from occasional to habitual, and from non-problematic to addiction-like. In terms of their backgrounds, most participants could be located between the two groups mentioned above:

several were in skilled jobs, with many having gone on to higher education. While perhaps not as well-off as participants in the first group, all could be said to lead socially well-integrated lives, with only a few having experienced the Swedish criminal justice system. Ages and nativity backgrounds for this group were similar to the other two: as far as I could tell, most were between their late 20s and early 60s and ethnic Swedes. Only one participant from this group was not Swedish, but still from a Nordic country.

Rapport with this group of participants may have been strengthened by the fact that we shared some commonalities in terms of social location, and particularly class and age, since most were socially integrated women in their early 30s. Unlike the second group of participants, who tended to see me as a rather abstract researcher, several respondents in this third group seemed to seek a greater degree of reciprocity during the interview. Some, for example, were interested in hearing my own thoughts on the topics at hand. This mutual interest helped to create a meaningful rapport, much like the one developed with the first group of participants, which partially outweighed the downsides of remote interviewing (see next section).

However, like the second group of participants, the lack of a trusted mediator implied that participants were a little slow to trust me with sensitive information in the research setting. I tried to present myself as non-judgemental and as transparent as possible during the interview in order to reassure them of my reliability, and this seemed to work to a certain extent, with most opening up during our conversation.

Methodological Implications of the Study

This section will discuss my chosen methodology's implications for my study and its results. I will first present the need to take specific measures to safeguard the well-being of participants. Then, I will comment on how different data collection methods impacted the research material. Finally, I will draw on my fieldwork experience to discuss how respondents related to

me as a drug-sober audience because this had important ramifications for the material and its analysis.

Ethical Considerations

Drug-involved women are generally understood to be particularly vulnerable research partners, since they belong to a marginalised, hard to reach, and often maligned population whose backgrounds may be 'characterised by abuse, poverty, substance misuse, below average educational attainment and[/or] […] mental health concerns', particularly if they have experienced imprisonment (Hart, 2014: 106). The concept of vulnerability in itself may be 'a fluid and poorly defined category' (Davies & Peters, 2014: 36), and its clarification goes beyond the scope of this work. Here we may understand it as the possibility that individuals may require additional care and support during the research process because of their having experienced risky life circumstances, stigmatisation, and/or socioeconomic marginalisation. For these reasons, I sought ethical vetting from Lund's Ethical Review Board; the project was approved in August 2018 (Dnr 2018/440).

As Keane (2017: 126) and Urquiza-Haas (2017) note, discourses of female vulnerability are particularly and problematically entrenched within the field of drug studies since they show an understanding of women as intrinsically vulnerable because of their gender and involvement with drugs. In this work, I have departed from the assumption that one may be multiply vulnerable in different and intersecting ways (Kuran et al., 2020). I have tried to understand vulnerability as also influenced by time and context, meaning that I recognised the possibility that the research process may be a vehicle for further vulnerability for participants. At the same time, I have considered vulnerability and agency as able to 'coexist in the same person, in the same context', with little needed 'to shift the balance' (Robinson, 2021: 28). Consequently, I attempted to operate sensitively, seeking to minimise as much as possible the risks of participating whilst acknowledging the impossibility of ever achieving a perfectly safe research process. The risks of

participating centred mainly on two core issues: anonymity and confidentiality, as well as additional vulnerability.

Regarding anonymity and confidentiality, I worried that judicial authorities could use me to identify and prosecute respondents, which necessitated taking some precautions. When meeting participants outside of prison, discreteness was, of course, paramount: after scheduling a time and day for the interview, I left it up to them to choose where it should take place. Two of the participants I met in person chose their workplaces because it was possible for them to book a private room to ensure we would not be overheard. Two others, instead, preferred to be interviewed at home: one of them specifically pointed out that people could be a little judgemental, and she did not want risk passers-by overhearing our conversation. In most of my communications with them, I tried to make sure that my messages could hold up to scrutiny in terms of plausible deniability. I therefore avoided words like "study" and "interview" to ward off the possibility of our conversations being tapped.

Once the corona pandemic reached Sweden in spring 2020, interviews had to be carried out remotely. Surprisingly, most prospective respondents did not seem to be particularly concerned about which medium we used to communicate. I had spent considerable time investigating the most secure messaging and communications applications available for free, but most participants were quite happy to talk on mainstream platforms. I was somewhat apprehensive about this, but I also felt that I should not assume I knew best. I listed several possible communication platforms in my recruitment material and let participants decide which one they preferred.

However, anonymity and confidentiality became much more central issues while interviewing participants from within prison: as mentioned above, it was impossible for me to reach certain participants without a degree of intermediation from Kriminalvården. More specifically, I had to request a meeting with the one participant I met in person as well as the three participants I interviewed by phone, which meant that they unfortunately risked losing their anonymity. However, to preserve as much as confidentiality

as possible, I explained to prospective respondents that I was an external researcher, that participation would not lead to either material benefits or penalties in relation to their sentencing, and that I would not share the content of our conversations with Kriminalvården. Indeed, even the report that I wrote for Kriminalvården presented quotes from participants recruited from both within and outside of prison and I used different aliases to mask further their contributions to the study.

In addition to the above, I always asked for permission to record the interview and noted when the recording device was on or off. Many participants showed continuous awareness of being recorded, so they quite deliberately avoided mentioning potentially revealing details, such as the names of their associates. In those cases where participants nonetheless expressed worry about their anonymity, I offered to share the final version of the transcript with them so that they could review it and ask for further changes to be made. While some accepted, no one asked for the transcript to be changed. Finally, informed consent was collected through the recruitment material and at the beginning of the interview: for example, the women I met in person and through the prison system signed an informed consent form. For others, I instead recorded their verbal consent at the beginning of the interview using a pre-assigned alias.[8]

As I mentioned above, the second crucial issue in interviewing potentially vulnerable individuals concerned the actual research setting. Given my aim to challenge knowledge hierarchies during the research process, I sought ways to disrupt power differentials as much as possible in the research setting. First, in keeping with the underlying rationale of this study, it was important for me to offer participants the possibility of discussing their experiences in the language they felt most comfortable in. They could choose freely between Swedish, English, Italian, and Spanish, as well as switch between one and the

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[8] Many thanks to Erik Hannerz, who suggested this technique.

other should they wish to. As expected, most chose to be interviewed in Swedish.

This was challenging for me, but it also had some advantages. Although I have a decent command of Swedish, or at least good enough to pose questions and immediately understand most of the answers, it was a constant source of frustration to me that I could not express myself in a particularly nuanced way. Fortunately, participants were considerably understanding of my less than stellar language skills. Additionally, the fact that participants spoke in their native languages, while I spoke in my fourth, may have also positively contributed to the study. Speaking in their native language allowed respondents to share their recollections more comfortably and it helped to slightly erode the power differentials between us.

Further, contrary to what I did in my meetings with representatives from Kriminalvården, I avoided flexing my credentials as an armour when meeting participants. Instead, I deliberately emphasised that I was *studying* to become a researcher, and I took the time to explain to prospective respondents the thought processes underpinning this study. Some participants seemed to appreciate my attempts to reduce asymmetries, and we spent some time reflecting together on the interview topics. Other participants, instead, like those in Acker et al. (1983), seemed to prefer more traditional research setting and were a little nonplussed by my efforts.

Relatedly, as accounts of victimisation emerged quite organically from the interviews, I chose not to inquire about more detailed accounts of this victimisation beyond what participants chose to share. It has been my impression that some researchers have provided extensive portrayals of women's victimisation within the illicit drugs market to illustrate to a drug-sober audience the risky and stigmatising circumstances they endured. While I have no doubt that it is generally well-meant, I personally worried about invoking painful memories and perpetuating narratives about women's dereliction in this environment if that was not how participants saw themselves. Indeed, other researchers have noted how these portrayals end up

strengthening hegemonic discourses of 'desperation and degradation' (Maher & Hudson, 2007: 817) and 'pathology and powerlessness' (Anderson, 2005: 373). I therefore chose to provide latitude for participants to share these experiences so that each shared exactly as much as she wished to share. This was an effort to be as tactful as possible. Some participants spoke at length of their traumatic experiences, whereas others mentioned them only tangentially, as far as these were relevant to the topic at hand.

Nonetheless, I readily admit I feel I could have done more to ensure the psychological well-being of respondents. Although I made sure there were psychological support services within the prison facilities, it was difficult for me to do so for those women I interviewed outside of prison given that I did not always know where they were based. As a silver lining, I recall few participants becoming upset during the interview to the point that a short pause was necessary. Pausing and checking with them both during and after the interview helped to understand whether I should be treading more carefully, but many respondents generally discussed the research setting in positive terms, which is in line with the views of interviewees in Copes et al. (2012). I take this to mean that while describing certain experiences was upsetting, participants considered that the benefits of participating outweighed its risks. Still, this illustrates how even well-meaning research designs may fall short.

Fieldwork in the Time of Corona: Different Media, Different Voices?[9]

By the time I had obtained permission to begin the second phase of fieldwork in prison in May 2020, the first wave of coronavirus had already hit Sweden, so I could not visit the facilities in person. This situation led me to try new recruiting and data collection methods, but these, of course, had implications

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[9] During the pandemic, Lupton (2020) collected ideas for carrying out fieldwork remotely, which inspired this section. Many thanks to Jaleh Taheri, who shared this resource.

for the process. In this section, I will discuss how each mode of remote interviewing presented some distinct challenges and were sometimes an inferior substitute for in-person interactions, although they did allow me to conduct a greater number of interviews with women all over Sweden than what would have otherwise been possible.

I interviewed participants via video-messaging platforms, such as Zoom, Skype, and Facebook Messenger (seven), via phone (nine), in addition to the six respondents I met in person pre-pandemic. Letter correspondence was initiated with the remaining four respondents. Meeting participants on video-messaging platforms was the mode of interviewing that best approximated in-person interviews. For example, both verbal and non-verbal communication feedback were instantaneous, so both the participant and I could tell when the other was following what was being said. Unlike in-person meetings, however, the audio quality was sometimes an issue because I occasionally used a device to record sound from the computer's speakers during the interview. However, this difficulty should not be overstated, as comparable problems may occur in in-person interviews, e.g. device malfunctions, loud environments, poor enunciation by the speakers, etc.

Phone interviews were the next-best option to video-based communication as this preserved synchronicity. This meant that both parties could ask straightaway for clarifications, and we could freely explore topics as they emerged from our conversation. Although Lobe et al. (2020: 1) argue that '[a]s a general rule, computer-mediated communication offers greater flexibility in time and location of data collection', I would say that phone-mediated communication was actually comparatively better in this respect. Indeed, participants were freer to choose where they answered the phone. One interviewee, for example, preferred to be interviewed while taking a walk in the countryside with her dog. I, instead, traversed approximately a thousand times the hallway between my living room and my bedroom. However, video-based communication made both parties sit in one place for the duration of the conversation.

Furthermore, synchronicity enabled participants to request more information about the study and, albeit rarely, about me. However, the absence of visual feedback presented some problems, such as, for example, not being able to gauge non-verbal communication. Phone interviews also cause privacy issues, as it was difficult for me to know where participants were at the time of the call. As such, before starting the interview, I always made sure to ask participants if they were in a private setting and felt comfortable.

Finally, written correspondence had some of the biggest disadvantages when it came to execution, although this method also had some minor upsides. Asynchrony required me to be particularly mindful of what questions to ask and their phrasing, as I had to make sure that these were immediately understandable to the respondent, thus partially lowering participation thresholds. It also meant that there was limited room for creativity, as all communication was in writing and thus very limited. Although I also tried to allow space for new topics in the letter/email, written correspondence may be burdensome for respondents because the onus of maintaining correspondence lies with them. By the same token, however, Burtt (2021: 815) notes that:

> A particularly advantageous aspect of letter writing in this context is that there was no pressure to respond – participants could simply choose not to reply.

Unfortunately, the content of some of the letters tended to be comparatively shallow: an in-person interview would have allowed me to pose follow-up questions or ask the respondent to expand on their thoughts. Despite these limitations, written accounts represented the easiest mode of communicating to overcome the language barrier, the reason being the only practical difficulty lay in deciphering different handwritings. They also seemed comparatively easier because they were very short: even the most verbose correspondent wrote at most one and a half A4 pages per answer, which roughly equates to less than a page of computer text. Further, it gave participants greater possibilities to choose the writing location and the timing, as well as the extent of their accounts, so that power differentials were more equally shared between the participants and me.

It is not easy to identify the consequences of these different data collection methods for the voices of the respondents. Irvine (2011: 212) discusses the differences between in-person and phone interviews: she suggests that the interviewing 'mode [may] have at least a partial influence on the duration and depth of participant talk', noting that phone interviews may see the researcher speaking comparably longer than during in-person interviews. Similar considerations may be applied to considering the differences between in-person and most types of remote interviews. As such, Irvine (2011: 211) considers that the interview medium may influence the quality of data, as she further suggests that remote interviews may induce a more pragmatic approach to the interview, leading to a 'more succinct and somewhat more brisk data generation process'.

I agree that remote data collection methods may provide less opportunity to build rapport: in this specific case, however, I would also argue that personal rapport has been relatively difficult to establish in many cases because of the episodic nature of the contact between the participants and me, rather than because of the data collection methods in themselves. Further, the sensitivity of the topic and my perceived extraneousness to the field may have also been compounding factors. Given these circumstances, and in the absence of in-person opportunities, video-messaging and phone interviews provided the best opportunities for developing meaningful rapport with participants.

The Research Setting: Interactional Accounts

As mentioned above, the large number of women who contacted me as a result of my social media recruitment process took me by surprise and sensitised me to the idea that they might be approaching the 'research setting' with a specific agenda in mind (Bhattacharya, 2008: 788; Jacobsson & Åkerström, 2012). I thus added two questions to my interview guide on respondents' motivations for participating (see Appendix D). The first, posed early on in the interview, focused explicitly on what had made respondents interested in participating in this study. The second, at the end of the interview, centred on what they

thought ought to be the most important takeaways from this doctoral dissertation.

Many of the women I spoke with highlighted the importance of research centred on their experiences. Some had gone on to study or reflect on the topic, and they were dismayed to find how much of the narrative tended to focus, first and foremost, on men's experiences with drugs. Others, instead, seemed to hope that increased awareness about women's experiences with drugs could eventually lead to policy changes. For example, one participant who described having self-medicated with cannabis for some years had finally started to get psychological support from the healthcare system and could 'see an improvement [in her condition] on the horizon'. However, Erika S told me:

> Erika: But *I still want to tell the world* that our healthcare system does not work [my own emphasis], and that people today are taking illegal drugs because they can't get legal ones. I'm not a bad person, I'm maybe just a little broken.

For this specific participant the research setting thus allowed her to highlight her opinion on the inadequacy of the Swedish healthcare system and even the crime-inducing ramifications of Swedish anti-drug policies.

Finally, countering drug-related stigma appeared to be the third, important priority for several participants. This was done partly by offering information about themselves in the belief that Swedish anti-drug attitudes derived from people being either ignorant or misinformed about drugs and drug-involved people. Countering drug-related stigma, however, was also revealed as a priority in how participants discussed their experiences. Indeed, presenting themselves as capable and competent in the illicit drugs market could also be interpreted as a challenge to predominant assumptions about women in this environment. Similarly, some participants chose to emphasise the ways in which their existence could be perceived as conventional and respectable as a direct response to hegemonic understandings of drugs and drug users in society. Such interviewees described themselves as 'light users' at times,

implicitly contrasting their consumption patterns to those of the 'heavier' drug users that might not appear as 'well-functioning'. Completely unprompted, a prospective participant, for example, noted during our email exchange, that:

> Prospective participant: I would characterise myself as a functioning light drug user. […] We [drug users] are healthy, highly educated, homeowners.

I had been careful to frame my recruiting material in an open way so as to make space for a variety of experiences with drugs. This insistence on portraying themselves as respectable was widespread enough to appear significant. I have considered carefully whether I had revealed in any way some judgemental approach in how I treated prospective participants, but here I drew a blank. I have therefore come to wonder if prospective participants were perhaps reacting to societal understandings of women and drugs, and they attempted to counteract these views in our meeting by emphasising their conformity. They might have therefore understood me as representing societal judgements, perhaps owing to my position as a drug-sober academic.

At the same time, once they met me and hopefully realised I was not as judgemental as they imagined, this positioning did not really disappear. *Throughout* the interview, many participants continued to position themselves as accountable, capable, and respectable, whilst often dealing with me and my questions in a friendly and confiding manner. This has suggested to me that these dynamics were not entirely due to my own positionality and presence in the interview. Rather, it felt as if participants were using the research setting to broadcast their positionings to the wider Swedish society, with my research and I serving as a conduit through which to assert their respectability.

This leads me to reflect on how my research topic may have impacted recruitment and the resulting empirical material (Kristensen & Ravn, 2015). I believe that I may have been approached in most cases by respondents who considered themselves as "success" stories and therefore made a point of sharing their experiences, hoping to influence and counteract the hegemonic

narratives about drugs and drug users in Sweden. While they did not shy away from describing difficult life experiences, they also underscored the ways in which drug involvement had made sense to them at the time. As several participants explained, it was extraordinarily difficult to be a woman in the illicit drugs market, but it also allowed them to use drugs in a way that made them feel 'good' and 'whole'. This was true for both those respondents involved with drugs at the time of the interview and those who had desisted, which points to the nuance and complexity of participants' accounts and problematises neat categorisations.

As mentioned above, regardless of whether they continued to use drugs or not, most participants seemed eager to develop and transmit specific and valued identities in the research setting. Given this, an analytical lens partially inspired by narrative criminology appeared to be the most well-suited to understand respondents' accounts.

Organising, Analysing, and Presenting the Material

This section will describe the analytical processes on which this doctoral dissertation rests in order to open 'the "black box" of qualitative data analysis processes' and to contribute to the advancement of socio-criminological theory in increments (Miller & Palacios, 2015: 3; Eakin & Gladstone, 2020). First, I clarify my analytical points of departure and arrival and then I reflect on how I presented my empirical results.

Analytical Leads

Here I outline the analytical process underpinning this study. I transcribed almost verbatim all interviews, and I started the coding process as I produced the first transcripts. I did so by noting the most emergent themes in a separate document to remind myself about them after completing the transcription. I then placed specific excerpts in the generated outlines, partly to give me a more visual view of the themes but also to centre respondents' own

recollections, in keeping with the theoretical premises of this study. Examples of these first themes and subthemes were 'drugs', 'identity', 'background', 'tactics to give drugs', 'motivations and feelings in relation to using drugs', and so forth. In going over each transcript, I further refined these themes and used them to develop new sections and sub-sections in the manuscript.

This type of 'generative coding' helped me to better understand the key themes emerging from the material in a bottom-up process (Eakin & Gladstone, 2020: 8). In this way, I ensured that the preliminary analysis of the material supported the creation of coding themes which, in turn, further developed the analysis of the material. A summary of all the themes and sub-themes used to code the texts is in Appendix E, but this, of course, is simply the last version. I went through various phases of creating and deleting themes as well as reorganising them as I developed a better grasp of the material.

I tried to pay specific attention to how participants' accounts revealed positions of privilege and disadvantage. Thus, it has been possible to capture how gender and social class characterised respondents' experiences, in accordance with an intersectional perspective. It has been more difficult to detect in their accounts the ways in which racialisation as white characterised their experiences. Racialisation appears as a crucial 'absence' in these stories (Presser, 2022: n.p.) and, as such, it becomes much more difficult to name, given that most respondents were ethnic Swedes. This, unfortunately, represents a significant gap that future research must fill. I also tried to pay attention to other categories of being, such as nativity, ability, and age, as these emerged from the material. Nonetheless, the main focus has remained on how gender, class, and type of drug-involvement characterised respondents' experiences.

Finally, in keeping with feminist praxis and the 'value-adding' analytical approach espoused by Eakin and Gladstone (2020: 4), I have attempted to see 'everything as data'. This is to say that I have aimed to 'observ[e] the informal, subtle social and material facts, circumstances and meanings embedded in the research context' (ibid: 6). This has allowed me to 'use such

"data" to deepen and enhance the interpretation of the formally structured and collected data' (ibid: 6). I have done so by exercising reflexivity and scrutinising all parts of the data collection and analytical processes to understand how my positionality may have impacted the research setting as well as by considering the wider context in which the study took place.

In the final stage of writing this doctoral dissertation, I chose to focus on the ways in which participants described managing drug-related risk, pleasure, and stigma. These were far from the only analytical leads discernible in the material. Rather, I echoed Mason's intention (2011: 75) to delve into the research material by focusing on specific 'facets' of respondents' experiences with drugs in Sweden. I have done so by zooming in on their practices, their recollections, and the meanings they have attributed to their experiences within the wider context of the Swedish illicit drugs market and the country's anti-drug attitudes.

This approach reflects specific preoccupations I have had within the field of drug studies. The prevalence of the topics of risk and victimisation in the literature on women and drugs encouraged me to understand how they described managing these challenging circumstances. Here I particularly credit the different forms of power outlined by Allen (1998) and Anderson (2005) as a sensitising and enabling lens through which I could read respondents' managing and coping practices and tactics (Blumer, 1954). Further, the literature's tendency to emphasise the pathological facets of drug involvement similarly pushed me to search for more-nuanced takes on pleasure and pleasure-seeking, which I found in Ettorre (1992), Measham (2002), and Du Rose (2017).

Finally, my decision to focus on how respondents discursively managed gender-based and drug-related stigma derived from observing the ways in which participants presented themselves during the research process (see previous section). Here a crucial influence has been the field of narrative criminology, pioneered by Lois Presser (2009) and Sveinung Sandberg (2010b), and further developed by Jennifer Fleetwood (2014a, 2015a, 2022).

My analysis cannot be said to be particularly narrative-centric. Nonetheless, a major source of inspiration for this study has been their attention to the ways in which '[n]arratives undergird power as well as resistance' and how societal narratives influence people's self-conceptualisations (Fleetwood et al., 2019: 1).

As such, this dissertation is meant to be understood as a contingent and partial investigation, 'creating flashes of depth and colour as well as patches of shadow' (Mason, 2011: 75), both because of the material constraints of this doctoral dissertation and the limitations imposed by my specific methodological and theoretical choices.

Balancing Crystallisation and Dynamism

As Maher (1997: 29) notes in her context-setting chapter, 'the positivist nightmare that research participants, individually or collectively, may not be "representative" […] runs deep', particularly when it comes to qualitative research in sociology and criminology. My recruitment processes did not rely on finding and interviewing a "representative" sample of drug-involved women. This is because it is not known how many populate the Swedish illicit drugs market. Rather, I sought to contribute to the advancement of socio-criminological theory by highlighting the experiences of a group of women whose one unifying characteristic was their interest in discussing their involvement with drugs with me.

Despite the diversity of recruitment channels, the material seems to show that some experiences were common across participants. This suggests that this doctoral dissertation may have succeeded in locating relatively widespread cultural logics of drug involvement.[10] I attempted to exemplify these general trends without sacrificing the heterogeneity of experience that my intersectional perspective highlights.

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[10] Thanks to Sébastien Tutenges for this insight.

In presenting the material, however, the inherent dynamism of participants' voices and recollections, both as individuals and as a group, became crystallised and filtered through my own consciousness. While I aimed to provide space for participants' voices, the ways in which I have translated and presented the quotes inevitably have a bearing on their meaning and on how the reader will perceive respondents. I detail here some of the implications.

First, I attempted to balance the strictures of a literal translation from Swedish to English with a relatively more flowing form. I am fairly confident about my language skills, but I am no native speaker. Therefore, I also sometimes put the original Swedish expressions in parenthesis when analysing specific excerpts. This is because certain constructions are difficult to translate perfectly into English: while I hope to have been faithful to the original meaning of participants' words, presenting the Swedish original can help to make these even clearer.

Further, although I tried to use a person-first approach in the interviews, most participants' accounts tended almost exclusively to focus on their drug-related experiences. As such, I chose to use the nomenclatures "drug-involved women" and "drug-using women" instead of "women who are involved with drugs" (WWIWD) or "women who use drugs" (WWUD), as it is perhaps the current convention (see, for example, Buxton et al., 2021). This reflects the nature of the recruitment process, which put drug involvement as the main eligibility requirement.

Aside from the strictly linguistic choices I have made in discussing the material, it is worth discussing how I presented respondents and their experiences. I attempted to be sensitive to how participants sought to portray themselves in their accounts by centring their thoughts and recollections, as well as the identity projects they mobilised during the interviews.

Moreover, I tried to emphasise the commonalities between this group of participants and the wider Swedish context. This was done to undermine hegemonic ideas about drug-involved women as exceptional Others. I believe there is value in highlighting those continuities that exist between

conventional society and the illicit drugs market (Maher, 1997), as well as those between drug-sober individuals and participants (Lander, 2018). At the same time, I have also tried to underscore the ways in which difference is created and policed to show how respondents had to constantly come to terms with a "spoilt" identity within the sexist and anti-drug environments in which they found themselves.

Additionally, I have tried to represent to the best of my abilities the ways in which participants described their experiences. I thus kept in the text some of the filler words used ('ehh', 'ehmm'), as well as the hesitations and pauses in their speech. These have been stylistically rendered with two dots ("..") for short pauses and three for longer pauses ("…"). As the reader will see, however, several participants had reflected on their experiences prior to the interview and were therefore seemingly less hesitant in their speech.

Finally, it is worth clarifying how I chose which excerpts to present and analyse in the text. I made a conscious effort to present all participants' voices in this text, but some factors prevented me from being completely effective in this sense. First, time-related constraints were a concern, particularly in the final stages of writing. I unfortunately did not have as much time as needed to go back to the material to ensure equal coverage of respondents' accounts. Second, some transcripts were harder to produce than others due to audio issues, which made it difficult to identify and present suitable excerpts. Thirdly, I found it easier to approach some interviewees than others, and the resulting rapport proved to be beneficial to the content of the interview. This was because we had either compatible personality traits or similar socioeconomic backgrounds. As such, these interviews tended to be more memorable than others, which inevitably guided my choice of excerpts. Finally, at some places in the text I have not explicitly mentioned some participants' accounts due to the sensitivity of their situations, but they have nonetheless informed the overall analysis.

Concluding Remarks

This chapter outlined the methodological framework that made this study possible. I explained that hegemonic assumptions about women's marginality in the illicit drugs market, as outlined in Chapter 1, guided my decision to carry out a respondent-led study. This is because a mostly interview-based methodology promised to centre participants' accounts and provide a more nuanced understanding of their experiences.

I suggested that, given my concerns about drug-involved women as a hidden and hard-to-reach population, it made sense to employ a relatively wide recruitment process. This resulted in recording the experiences of twenty-six women who had, at some point in their lives, been involved with drugs and were willing to describe their experiences to me.

These respondents were located through three different recruitment channels, thus providing a rich tapestry of different backgrounds and experiences. The four participants contacted through a mediator were socially integrated women who had been recreational drug users and drug providers. The mutual acquaintance who introduced us helped to create a strong rapport that greatly facilitated the interview process.

The seven participants I recruited through Kriminalvården had experienced considerably worse life outcomes than the first group, partly because of their involvement with drugs and their experience of the Swedish criminal justice system, but not exclusively so. It was considerably more difficult to establish rapport with them, as respondents were a little suspicious of my closeness to Kriminalvården. Nonetheless, their experiences as recreational and medicinal drug users, buyers, sharers, and sellers provided a useful counter to the first group by highlighting the importance of class in my analysis of their accounts.

Finally, the remaining fifteen respondents were recruited without a direct mediator but rather through social media. This group had considerable similarities to the two mentioned above in terms of socioeconomic position and involvement with drugs. This allowed for additional nuance in my

analysis, as their experiences helped to understand how gender and class, together and in connection to other categories of being, could characterise women's experiences in the illicit drugs market.

Given the strong interest the recruitment process generated, but the limited number of participants, it is possible that the majority of respondents saw themselves as "success stories", which motivated them to participate in this study. This inspired me to also consider how participants presented themselves and their experiences in the research setting beyond the themes of risk and pleasure that had originally animated this study.

To adequately grasp the nuance of participants' experiences, it becomes necessary to outline the theoretical lens through which we will read and interpret their accounts, the subject of the next chapter.

CHAPTER III:
THEORETICAL FRAMEWORK

In this chapter, I will present the theoretical assumptions that have guided my analysis of how participants sought to create meaningful lives for themselves within sexist and anti-drug contexts. As we will see in the empirical chapters, these efforts can be understood as a form of negotiation because it involved respondents 'bargain[ing] for privileges and resources', or at least attempting to do so (Gerson & Peiss, 1985: 322). Regardless of whether this bargaining came to any appreciable fruition, this conceptualisation allows us to provide an account of agentic beings within constraining, but not determining, social structures (Crossley, 2013).

I will start by outlining the ontological and epistemological assumptions underpinning this work and briefly present the different theoretical perspectives that have inspired me in this study. I will then present some 'sensitising concepts' that have helped to illuminate how respondents sought to manage drug-related risk, pleasure, and stigma as this emerged from their accounts (Blumer, 1954: 7). I treat these as 'sensitising concepts', which offer 'a general sense of reference and guidance in approaching empirical instances', as per Blumer's conceptualisation (ibid: 7).

Ontological and Epistemological Considerations

This study is anchored with a sociological intellectual tradition that sees social reality as a contingent and constructed process and society as constituted by a complex web of power relations. I depart from the assumption that individuals co-constitute this social reality through language and interaction and, in doing so, both perpetuate and challenge these power structures. Finally, I argue that social location at the intersection of different categories of being (gender, racialisation/ethnicity, class, etc.) both supports and constrains interpretation and action.

The theoretical framework underpinning this dissertation has been inspired by a synthesis of three theoretical perspectives: social constructionism, intersectionality, and symbolic interactionism. I will first briefly outline the main facets of these three theoretical perspectives, as they specifically relate to this study. While they have much in common, there are nonetheless some internal tensions that must be addressed, which I will cover in the final part of this section.

Social Constructionism

While there is some diversity in the finer points of social constructionist perspectives (Brickell, 2006), Burr (1996 [1995]: 3) outlines some common features: social constructionism 'insists that we take a critical stance towards our taken-for-granted ways of understanding the world (including ourselves)'. This is because social constructionism departs from the assumption that '[t]he ways in which we commonly understand the world, the categories and concepts we use, are historically and culturally specific' (ibid: 3).

Accordingly, all categorisations and labels such as "crime", "criminal", and "normal" can be interpreted as contingent conceptualisations that say as much about the speaker as they do about the context in which these are developed, but they say relatively little about the content itself. As we saw in the previous chapter, drugs went from being conceptualised as a solution to psychophysical ailments at the end of the 1800s to being a cause of medical conditions in the first half of the 1900s to becoming a social problem in the second half of that same century. This shows that we cannot take for granted the meaning of drugs; instead, we must be constantly aware that it may change depending on the context and the individual(s) articulating this meaning.

Burr (1996 [1995]: 4-5) further points out that 'knowledge is sustained by social processes' and developed through interaction, which in turn spurs 'social action'. This is to say that once specific ideas or constructions about drugs, for example, are developed, these may spur people into acting in some ways over others. As we saw above, conceptualisations of drugs as dangerous

spurred Sweden, among other countries, to criminalise their use, and this has had significant ramifications for the lives of those involved with drugs. Specific ways of understanding the world have therefore a material impact on how we interact with it.

Intersectionality

Intersectionality is a theoretical perspective rooted in Black feminist thought that sees society as organised according to a set of power structures (e.g. Combahee River Collective, 1978; Lorde, 1984). These societal structures are 'systems of oppression' articulated on a number of different axes (Combahee River Collective, 1978: n.p.): some of the most emergent are gender, class, and racialisation/ethnicity, but there are also many others, such as age, physical and mental dis/capabilities, and nativity (Grillo, 1995). These categories of being are not only organising features of society, but they also entail a hierarchy so that specific identities will be valued more than others (Mattsson, 2010).

For example, in certain contexts, 'femininity [has been] defined in contrast [to masculinity] as emotionality, dependency, passivity and nurturance', and this has to a certain extent legitimised the exclusion of women from the 'public sphere' (Patil, 2011: 250). Similarly, conceptualisations of class have been weaponised to allow for the 'relating to, and intervening in, in the lives of people defined as working-class' (Finch, 1993 in, Skeggs, 2002 [1997]: 2). These power structures therefore not only justify oppression but also perpetuate themselves through it.

However, individuals cannot be reduced to simply one category of being. Rather, each person sits at the intersection of multiple dimensions (Crenshaw, 1989, 1991). Grillo (1995: 17) explains:

> Each of us in the world sits at the intersection of many categories […]. At any one moment in time and in space, some of these categories are central to [our] being and [our] ability to act in the world. Others matter not at all. Some categories, such as race, gender, class, and sexual orientation, are important most of the time. Others are rarely important. When something or someone highlights one of [our] categories and brings it to the fore, [we] may be a dominant person, an oppressor of others. Other times, even most of the time, [we] may be oppressed [ourselves].

As such, 'in every set of categories there is not only subordination, but also its counterpart, privilege' (Grillo, 1995: 18).

The concept of intersectionality was born out of the need for Black feminists to explain how their experiences are affected by how these categories of being work and interact with one another. The Combahee River Collective (1978: n.p.) explain that, as young Black girls,

> [W]e realized that we were different from boys and that we were treated differently. For example, we were told in the same breath to be quiet *both* for the sake of being "ladylike" *and* to make us less objectionable in the eyes of white people [my own emphasis].

The Combahee River Collective (1978) believes that is not possible to tease out the ways in which sexism and racism work separately, but we must consider how these work in tandem. As such, an intersectional perspective considers the effects that 'interlocking' 'systems of oppression' have on individuals' experiences (Combahee River Collective, 1978: n.p.).[11]

Both social constructionism and intersectionality have some affinities with poststructuralism, which has been a minor influence on this study. While

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[11] It has been argued that intersectionality should only be used as a theoretical framework to analyse the experiences of women of colour in order to counteract the 'further (neo)colonization of this term' (Alexander-Floyd, 2012: 19). I believe that intersectionality can help to make visible 'the structural inequality and power relations that shape crime and social harm in society' (Healy, 2022: 25). However, this tension must be investigated further and addressed, although the scope of this dissertation prevents me from doing so here.

poststructuralism is an umbrella term for a variety of approaches, Leavy and Harris (2019: 77) suggest that in order to trace some common features, we view these through a rhizomatic lens 'that understands them all working together and co-evolving at the same time'. Denzin (1993: 204) explains that poststructuralism 'is a theoretical position which asks how the human subject is constructed in and through the structures of language and ideology'. This understanding of social reality highlights the importance of language and power in its construction. This is because it analyses how language enables the designation and qualification of social phenomena (Burr, 1996 [1995]), how the power to do so is not equally distributed across society, and how individuals may attempt to discursively resist these constraints (Heller, 1996). I will borrow this conceptualisation to capture the stigmatisation processes respondents experienced and their attempts to counter them by portraying themselves as individuals worthy of respect.

We can say, therefore, that society is shaped by different power relations along the lines of gender, racialisation/ethnicity, class, and other categories of being (Mattsson, 2010; Hill Collins & Bilge, 2020). Certain identities at the intersection of these different dimensions of being, because of specific historical, cultural, and societal processes, become more valued than others (Mattsson, 2010), and this allows them to formulate understandings of the world that are comparatively more influential. Further, 'microrelations of power in late capitalist societies continually reproduce situated systems of discourse (i.e. social science articles, the law, religion, art, literature), which create particular versions of the human subject (male, female, and child), the family, the state, science, and social control' (Denzin, 1993: 204). These conceptualisations, while dominant, can be discursively resisted (Heller, 1996), although the ability to do so credibly is often limited by a relatively disadvantaged social location (Fleetwood, 2015a).

For example, doctors and politicians have historically had a strong say in the conceptualisation of drugs in Sweden (see Chapter 1). Their position has granted them greater discursive power than socially marginalised drug users, even though the latter have a closer knowledge of drugs than the former. At

the same time, while doctors and politicians may have had the upper hand in defining drugs as a problem, these claims cannot be interpreted as totalising, unquestioned, and unquestionable. Rather, there may also be room for contestation and resistance. Power differentials, however, have tangible effects on what can be said, when, by whom, and how. Consequently, if we see these conceptualisations as stories, we can say that 'the discursive landscape' is fundamental 'in supporting some kinds of narratives but not others – and indeed some narrators more than others' (Fleetwood, 2015a: 62).

Symbolic Interactionism

Constructing and communicating world views cannot be understood as a straightforward and uncontested practice, but rather one that occurs in constant interaction with others. Symbolic interactionism assumes that human beings perceive 'social objects', which may be 'as concrete as paper and pencils, as abstract as religious systems of thought, or as cultural as the meanings brought to the terms male and female' (Denzin, 1993: 203). '[P]eople interact and interpret the objects they act toward' and develop specific meanings in connection with these social objects (ibid: 203), depending on their social location at the intersection of specific categories of being, as well as in interaction with others in the specific context in which they move.

Blumer (1969: 2), building particularly on the work of Mead, argues that 'human beings act toward things on the basis of the meanings that the things have for them'. Thus, individuals engage with others, as well as within themselves, through the use of symbols such as language and concepts. These meanings are 'social products', that is, 'creations that are formed in and through the defining activities of people as they interact' and that are then subject to an individual's process of interpretation (Blumer, 1969: 5).

Thus, the ensuing actions can be seen as resulting from interactive and iterative, as well as external and internal, processes of reflection and interpretation. Our thoughts on drugs may draw from legal, social, and

cultural understandings around us, but these are also selected and interpreted through our consciousness, which, in turn, largely depends on our lived experiences and social location. They are therefore interactional both externally and internally because we need to make sense of them vis-à-vis others as well as within ourselves, and they are iterative since our conceptualisations tend to be developed across times and contexts. Our conceptualisation of drugs has been therefore developed and honed through interaction with others and ourselves across a variety of contexts at different times of our lives.

Again, social location is of paramount importance here. Charon (2010: 37) cites Shibutani's work (1995) on reference groups to understand how we as individuals see and interpret the world, arguing that 'what we see as reality is really a result of perspectives we take on through social interaction, and the groups whose perspective we use are called our reference groups'. These reference groups 'can be groups the individual belongs to ("membership groups"), but social categories such as social class, ethnic group, community, or society may also act as reference groups' (Charon, 2010: 36). This means that our view of the world is influenced by our location at the intersection of different categories of being (gender, class, ethnicity/racialisation, etc.). At the same time, as Flaherty (2022) notes, there is a degree of agency and creativity in how we relate to the world. This is to say that even if our social location may suggest certain framings, we may decide to adopt others upon further reflection and interaction with others. For example, as drug-sober individuals we may have come to think of drugs as unquestionably bad but, after reading this doctoral dissertation, we may arrive at different conclusions.

This leads us to develop terms of reference and tactics that we may call 'cultural repertoires' (Swidler, 1986), which are influenced, but not determined, by our social location. These cultural repertoires can be understood as a '"toolkit" of habits, skills, and styles from which people construct "strategies of action"' (Swidler, 1986: 273). They may also be narratives and frames of reference to interpret the world around us (Goffman, 1986 [1974]; Lamont et al., 2018). Cultural repertoires are 'produced,

experienced and practiced through performances' and in interaction with others (Lindegaard & Zimmermann, 2017: 195). Depending on the situation, they may also be manipulated and modified to enable situational accomplishments. Lindegaard et al. (2013) highlight the flexibility of cultural repertoires and, in doing so, also the skill of all individuals who have the 'metalinguistic awareness' to realise what can be said and when to produce the best possible outcome for themselves (Carr, 2011: 19). The ability to manipulate cultural repertoires and "switch" from one to the other, as the situation requires, is called 'code-switching' (Lindegaard et al., 2013; Lindegaard & Zimmermann, 2017: 971). While all, in principle, may be capable to do so, Lindeegard and colleagues (2013; 2017) highlight that this is a particularly useful skill that must be honed iteratively and interactively. As such, some people might become proficient because they find themselves in situations where they might be required to do so more frequently than others.

Bridging Differences

A crucial problem in using these three theoretical approaches derives from the assumption that social constructionism does not recognise the existence of 'essential structures within society' (Houston, 2001: 846), which problematises the intersectional approach that sees society as hierarchically organised according to a web of different power relations and structures (Denzin, 1993; Mattsson, 2010). Further, by centring language, poststructuralism risks decentring human beings and their lived experiences (Houston, 2001), which is instead a crucial concern of both feminist research and symbolic interactionism (Eldén, 2005; Charon, 2010). Finally, feminist researchers investigating the oppression of women within patriarchal societies, for example, may find their departure points similarly imperilled by a perspective trained to question everything (Allen & Baber, 1992).

This study has been inspired by social constructionism to the extent that I am cautious about naturalising assumptions about the social world. This

perspective has encouraged me to maintain a critical and reflexive approach to researching social phenomena, which is also compatible with a feminist mode of research (Gelsthorpe, 1990; Denzin, 1993; Brickell, 2006). Social constructionism thus allows us to consider seemingly immutable social structures and modes of thinking as products of a specific time and/or cultural context.

Thus, I reaffirm the structuring power of sexism, racism, classism, and so forth that underpin societies by acknowledging how these are reflected in participants' accounts in historically contingent ways. Further, I underscore that women experience oppression because of their gender within a specific context in specific ways and that this oppression is also conditioned by other dimensions of being, such as racialisation/ethnicity and class (Crenshaw, 1989, 1991; Hill Collins & Bilge, 2020). I see these structures are reiterated across time: they are not inevitable, but we simultaneously are influenced by them and reproduce them, which therefore contributes to their permanence (West & Zimmerman, 1987; West & Fenstermaker, 1995; Miller, 2014). At the same time, I acknowledge that gender, in particular, has acquired such a degree of 'naturalness' (West & Zimmerman, 1987: 147) that respondents and others might see themselves as *being* of a specific gender, rather than *enacting* one.

In so doing, I remain within an intersectional framework that highlights the importance of power structures in everyday experiences, a perspective sometimes found lacking in symbolic interactionism (Brickell, 2006). Language and knowledge production become sites for domination but also resistance because it is through these that we can discursively "make" and "unmake" ourselves, as well as social reality (Scott, 2015). Symbolic interactionism thus allows us to follow how respondents made sense of their experiences and the meanings they attributed to them in the specific contexts in which they were embedded.

Understanding Risk-Management[12]

As we saw in Chapter 1, drugs and illicit drugs markets are thought to be dangerous, particularly for women. My study shows how participants had to learn how to manage drug-related risk, by which I mean physically, mentally, or emotionally dangerous situations that occurred due to their involvement with drugs. I argue that respondents had to find tactics to minimise these.[13] The sensitising concepts of power and edgework, elaborated through an intersectional lens, will help to understand this process.

Different Facets of Power

We have seen in Chapter 1 how drug-involved women are often depicted in the literature as powerless in various ways. I believe that the work of Allen (1998, 2016) and other feminist scholars can help develop a more nuanced understanding of the ways in which one may be powerful and powerless in different ways and in different moments in one's life. Allen (2016: n.p.) notes that 'the literature on power is marked by deep, widespread, and seemingly intractable disagreements over how the term power should be understood'. This section does not intend to give a full literature review on the concept of power but, rather, a brief outline of different conceptualisations of power that can help frame and understand respondents' experiences and tactics in managing risk. A guiding assumption has been to develop lenses of power that can 'theorize the power that women have *regardless of* the power that men have over [them]' (Allen, 1998: 32; emphasis in original). This has allowed for the identification of four facets of power: *power within*, *power to*, *power with*, and

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[12] Special thanks to Erik Hannerz and the Cultural Space research environment at Lund University's Department of Sociology for inspiring this framing.

[13] It is worth noting here that I use the term 'tactics', rather than 'strategies', following de Certeau's distinction between strategies as 'goal-oriented calculation[s] carried out by a subject "with will and power," such as a scientific institution', and tactics as a 'set of isolated practices through which the actors in the strategic field resist and take distance from it' (in Oncini, 2018: 644).

power over. This section is heavily indebted to Allen's conceptualisation (1998: 21) of power, but it will also become clear that our conceptualisations diverge in some specific ways.

Power within and Power to

Power appears to have been understood at times as the ability to achieve objectives, and this, in turn, has been considered as a measure of individuals' *power within* or agency. However, this understanding is ill-adapted to capture the ways in which individuals may attempt to achieve objectives but ultimately fail because of structural constraints. I instead am inspired by Kabeer's understanding (1999: 437) that '[t]he ability to exercise choice can be thought of in terms of three interrelated facets: resources [as preconditions], agency [as process], and achievements [as outcomes]'. Agency is accordingly understood as 'the ability to define one's goals and act upon them' (Kabeer, 1999: 438).

Kabeer (1999) seems to suggest that these three facets are set along a temporal perspective, such that achievements are presupposed by agency, which, in turn, is presupposed by resources. I would suggest instead that agency ought to presuppose resources. So it is the presence or lack of both material and non-material resources that condition the achievement of proposed outcomes. This conceptualisation would consequently decouple women's agency (or *power within*) from its manifestations (*power to*) as well as locate women within a wider context of power relations that constrain the availability of resources.

Kabeer (1999: 438) further explains that:

> Agency is about more than observable action; it also encompasses the meaning, motivation and purpose which individuals bring to their activity, their *sense* of agency, or "the power within" (emphasis in original).

She notes that 'agency tends to be operationalized as "decision-making" in the social science literature', but this can be a little reductive (ibid: 438). Instead,

Kabeer (1999: 438) considers that agency 'can take the form of bargaining and negotiation, deception and manipulation, subversion and resistance as well as more intangible, cognitive processes of reflection and analysis'.

In short, agency is the will to engage with one's surroundings to bring about, but not necessarily achieve, an outcome. Intention is difficult to discern, but interviews may potentially provide insight into individuals' intentions by giving them space to explain their reasonings and reflections. In so doing, we can avoid the imposition of extraneous meanings on their experiences so that individuals' failure to achieve change may be attributed to structural constraints, rather than simply 'a "failure of agency" [of] actors who are disenfranchised' (Bierria, 2014: 135).

Bierria (2014) suggests that disenfranchised people often experience constrained agency because of their specific social location and that, consequently, social scientists tend to ascribe little agency to them. This is the case, for example, with children. Sirkko et al. (2019) interviewed a group of young schoolchildren in Finland. They note that their participants felt their agency was constrained by the adult structures in which they found themselves because of, for example, rules and value systems that felt arbitrary or alien. However, it does not seem as if the interviewed children experienced themselves as non-agentic, *tout court*. Rather, learning and exercising 'new skills increased children's experiences of their agency and abilities to operate in a world largely structured by adults' (Sirkko et al., 2019: 295). I take this to mean that agency can be understood as a 'life-long process' of development (Showden, 2011: 2) in that individuals' creativity in attempting to effect change will be buttressed by its continuous use. Success, however the agent defines it, may help in supporting this exercise of agency but cannot be considered the ultimate proxy for proof of its existence.[14] This, I believe, is

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[14] One could also note that success in the illicit drugs market appears to be often predicated on rather masculinist ideals (money, control, etc.) and this in turn may condition researchers' appraisals of who can be considered successful.

because '[if] the only options available are "bad ones", choosing under such conditions does not negate the [agency] of the actor' (Showden, 2011: 4).

Once we uncouple *power within* from *power to*, it becomes easier to understand the latter as less problematic for the aims of this doctoral dissertation as it can be quite simply summarised as the ability to achieve outcomes. Whereas *power within* or agency is the intention to achieve change, *power to* is the actual capability of individuals to effect change but, as suggested above, this capability must be mediated through social location. Given the feminist potential of this characterisation (Allen, 1998), Anderson (2005: 372) understands *power to* as both 'transformative and relational'. She explains that:

> Power [to] is transformative when it is oriented toward accomplishment and change; its relational nature pertains to usefulness for the self as well as others (e.g. for children, loved ones or a more communal entity).

Anderson (2005: 372) thus defines power as 'the sense of competency and ability to achieve desired ends'. It is useful to note, however, that this 'sense of competency' and authorship Anderson mentions can also be identified as empowerment. Grundetjern and Miller (2019: 417) depart from Zimmerman's (1995) work, arguing for conceptualising 'empowerment as both process and outcome': this entails that,

> [A]lthough success as an outcome can be part of psychological empowerment, individuals may experience empowerment without fully achieving their ambitions.

Thus, they reason that individuals may feel (dis)empowered at different times, as they 'experience empowering and disempowering processes' (Zimmerman, 1995, in Grundetjern & Miller, 2019: 417). As such, they position themselves in contrast to Anderson (2005), whom I would argue is hindered by this outcome-oriented approach.

Consequently, we can understand *power within*, empowerment, and *power to* as theoretically distinct but interrelated, in contrast to Allen (1998: 34), who

sees *power within* as subsumed into *power to*, and empowerment and *power to* as 'roughly synonymous'. As such, I see p*ower within* or agency as the *intention* to devise pathways to success. The achievement of success (*power to*) may, in turn, lead to feelings of empowerment that ultimately may buttress agency. Outcomes are conditioned, but not determined, by social location, which also limits but cannot determine agency.

Power with and Power over

Having uncoupled *power within* from *power to*, I now move on to deconstruct power in two other facets, *power with* and *power over*. While they may be presented as antagonistic in meaning, it can be argued that both may also be understood as having an enabling potential, albeit in different senses. Allen (1998: 35) departs from Arendt's work (1969) to define *power with* as 'the ability of a collectivity to act together for the attainment of a common or shared end or series of ends'. Again, in contrast to Allen (1998), it is worth pointing out that the actual attainment of these common objectives can be understood as a separate endeavour connected to *power to*. The activity of women in the illicit drugs market is recognised as fundamental by some scholars, even if their work is perceived as stereotypically gender-conforming (e.g. Longrigg, 1997). Anderson (2005: 373) highlights the interdependency of women and men in this field:

> [W]omen's more relational power assists males' accumulation of structural power and is, therefore, fundamental to "successful" (i.e. stable and lasting) illicit drug world organization [emphasis in original].

We can see this reflected even in my own material, where one of the participants, Anna S, made the switch from being a drug seller to also becoming a drug broker, bridging demand and supply. She told me:

> Anna: If *I* don't have something home, but I know a [male] friend does, it has sometimes been the case that I get a text from someone who asks, "Hi, can you help me get some hash?" or something along those lines. And then I can help them by putting them in touch with each other.

As such, instances of *power with* need not necessarily be only gendered: *power with* can also speak to the capability of individuals, regardless of their gender, to create meaningful ties to others and, with them, to establish groups, institutions, and organisations that can provide them with tangible and intangible benefits.

Whilst still enabling, we can instead see *power over* in a more destructive light. Allen (1998: 36) defines it as 'the ability or capacity to act in such a way as to constrain the choices available to another actor or set of actors'. To this conceptualisation I would add that *power over* often serves to prepare the conditions for the individual(s) exercising this power to obtain something. It is in this sense that *power over* can be as enabling as *power with* but in a way that entails subjugation, oppression, and abuse of others. Oppression is by no means the exclusive purview of men, as this conceptualisation of power is not only reliant on a physical dimension. Rather, *power over* can be articulated along both material and intangible lines, such as physical and economic forms of subjugation.

At the same time, *power over* can also be exercised over oneself, and this understanding can bring an interesting complication within the context of drugs. On the one hand, drugs can be used to acquire some type of mastery over oneself: this, as we will see in Chapter 5, may be in the form of either controlled or uncontrolled losses of control (Measham, 2002), in response to normative femininity constraints (Lander, 2018). On the other hand, this mastery may have a more explicit destructive element of self-destruction, although this facet was not as emergent in the material.

Edgework

The second guiding concept I employ is edgework, which Lyng (1990: 857) defines as engaging in activities that present 'a clearly observable threat to one's physical or mental well-being or one's sense of an ordered existence'. Gailey (2009) notes that edgework tends to be under-theorised in women as they are generally considered to be risk-avoidant. This view seems to have

been echoed in the literature on drugs, which tends to emphasise narratives of compulsion and desperation, over narratives of volition in relatively constrained circumstances (Anderson, 2005; Du Rose, 2017).

Gailey (2009) underscores the importance of social location in analysing practices of edgework, as both motivations and preconditions may vary considerably across individuals. She cites Rajah's work (2007) when explaining how 'socially marginalized people must negotiate a space *away* from the edge as a part of their everyday lives' (Gailey, 2009: 96; my own emphasis). To this, I add that the converse may be true, that is that more-privileged women might attempt to negotiate a space *towards* the edge as a break from their conventional lives.

Further, both Du Rose (2017: 45) and Gailey (2009) argue that edgework 'is the voluntary courting of risks for the thrill, not for any anticipated rewards or to achieve some end, but for the experience of risk itself'. I contend instead that among participants, this sense of risk, while potentially heightening the rewards of being involved with drugs, was perceived as a necessary step towards the sought-after pleasure, widely meant. It did not appear to be an end in and of itself but, rather, as 'a means to exercise control and autonomy by both symbolically and physically confronting those sources that seemingly [attempt to] deprive the actor of control over his or her own fate' (Naegler & Salman, 2016: 361). Moreover, edgework 'entails courting […] harm […]. It requires context-specific expertise', and 'when carried out successfully, it delivers embodied rewards' (Rajah, 2007: 201).

This interpretation allows us to see how drug-related activities can lead to meaningful situational accomplishments for respondents. What is more, the feelings of authorship and capability, or empowerment, developed during and after practising edgework can also be understood as situational rewards worth seeking out time and time again that may then end up bolstering *power within* and, indirectly, *power to*.

Understanding Pleasure-Seeking and Meaning-Making

The topic of pleasure in the field of drug studies is relatively marginalised (Holt & Treloar, 2008). As we saw in Chapter 1, explanations of 'pathology and powerlessness' (Anderson, 2005: 374) tend to dominate discussions about women's involvement with drugs, which becomes particularly true when it relates to socioeconomically marginalised individuals. However, a perspective uniting social constructionism, intersectionality, and symbolic interactionism has the potential to offer different and more-nuanced takes.

Du Rose (2017: 42), building on the work of Ettorre (1992), suggests that pleasure ought to be 'understood not in the narrow sense of a drug "high" but in its broader social context to include the pleasures a drug culture may offer such as a sense of adventure, belonging, comfort, or the thrill of risk'. This allows us to better understand why some would choose to begin, continue, and remain involved with drugs.

It must be noted that Du Rose (2017: 42) emphasises 'drug culture', which implicitly suggests that those who enjoy using drugs inhabit a different cultural sphere than the rest of conventional society. This may be true for those who see a special kind of meaning in committing crimes, à la Katz's *Seductions of Crime* (in Ferrell, 1992). Indeed, Lena K, a former drug user and seller, explained that at some points of her life, she experienced that drug-involvement supported her desire to lead a nonconformist life:

> Lena: And then it's not as if I sold drugs to *earn* money. [*O: No*] You wouldn't be able to, at the scale at which I did it. And I knew that, of course, it was more that… It gave me a kick… It was a bit like.. it was illegal and exciting…

However, there is a risk that Du Rose's emphasis (2017: 42) on 'drug culture' may lend itself to perpetuating understandings of drug-involved women as outside the realms of normalcy because this understanding may not apply to other participants. As we will see in Chapter 5, several respondents used drugs

to reproduce conventionality, which problematises readings of drug involvement as purely expressions of anti-conformism.

Nonetheless, Du Rose (2017) presents a compelling argument to consider a broader conceptualisation of pleasure that does not see interest in drugs as inherently pathological, whilst accounting for the constraints of social location. She does so by outlining three crucial domains in which her participants' experiences pointed to new understandings of pleasure. First, she 'explores how the women embraced both the comfort and oblivion of drugs and the excitement and unpredictability of a drug-using lifestyle' (2017: 47). Second, she 'explores the pleasure and autonomy that women gained from the wealth and status they found in their drug cultures' (Du Rose, 2017: 47). Third, she 'examines the ways the women used their skills and prowess to survive while creating and maintaining a positive identity for themselves by taking and staying in control and resisting gendered violence and social control' (Du Rose, 2017: 47). Accordingly, Du Rose (2017) argues that drugs may allow for the accomplishment of situational objectives, which may have then a positive impact on women's self-identifications during their life course, in addition to providing embodied rewards in the form of biochemical processes.

This understanding of pleasure allows for the acknowledgement that drugs can be pleasurable, not only in relation to the so-called "drug highs" but also in terms of comfort and ease from or management of pain (Du Rose, 2017). This is because dichotomous classifications of drug use as either recreational or medicinal, in practice, obscure the ways in which consumption patterns may include both facets (see, for example, Holt, 2009). Further, drug involvement, also through the carrying out of edgework, may allow for the development of an agentic identity, which may fuel feelings of empowerment (Du Rose, 2017). Finally, drug involvement may engender feelings of belonging within like-minded individuals and/or communities. As such, I depart from the notion that pleasure-seeking, more-broadly defined, is an important motivator for women's involvement with drugs, thus moving beyond an addiction-only perspective.

I also find that this wider conceptualisation of pleasure can be used to better understand practices of pleasure-seeking and meaning-making. Ettorre (1992: 18) posits that drug use can be seen 'as a "gender illuminating notion" that reveals the gendered dynamics underpinning the consumption of both licit and illicit substances. This leads me to consider that drug use and drug involvement may be understood through an intersectional lens not only in terms of how practices reveal social location but also situational and situated concerns.

Thus, push and pull factors towards drug involvement may reveal both respondents' ways of doing gender, class, racialisation, etc. but also how social position may be enabled by drug involvement. Foucault's concept (1988: 18) of 'technologies of the self' can be of use here: drugs and drug involvement become the medium through which individuals can produce 'a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves […]'. In this sense, drugs may be used to feel 'whole' and 'happy' as much as they can be used to achieve situational and situated accomplishments, like being 'social' and being perceived as appropriately feminine, respectively (see also Lander, 2018).

At the same time, as much as pleasure-seeking can help to highlight the push and pull factors towards drug involvement, we also need a phenomenological account that does justice to the sometimes-ambivalent meanings participants attributed to their experiences. This is because, as we will see in the empirical chapters, respondents often perceived drug involvement as both risky and stigmatised. Thus, we need a theoretical account of the significance of drugs and drug involvement attributed by participants that also considers these facets.

Viik (2016: 157) explains that '[a social] object that we are conscious *of* is always experienced *as* having a certain meaning or sense' that is not intrinsic but rather attributed by the individual experiencing it (emphasis in original). This process of sense-making has its origins in the wider cultural context, but it is important to note that through the process of interpretation highlighted

by symbolic interactionism above, this meaning-making process ends at the individual. This is to say that the cultural context may have strong influence on how we perceive something, but we ultimately decide the meaning it has for us, specifically. As such, society may have concluded that drugs are, generally speaking, all illicitly consumed psychoactive substances, but we decide whether this is a meaning we share.

The meanings we attribute to social objects are therefore inevitably influenced and negotiated within a specific cultural context and this facet must also be accounted for. As Viik (2016: 162) observes, 'the more a cultural form is socially normalized by the repeated intersubjective usage of it, the more difficult and out of place it feels to contradict it'. The concept of negotiation becomes useful here as well because participants developed meanings not only in relation to the risks that drugs and drug involvement posed, but also to the stigma attached to them. Consequently, the meanings they attributed to their experiences were not, and could not, be separated from the material circumstances in which they found themselves. This conceptualisation therefore allows for 'the phenomenology of *collectively structured*, or what is the same – communally constituted, and yet individual experiences […]' (Viik, 2016: 164; emphasis in original). For this reason, I titled Chapter 5 as "*Negotiating* Pleasure and Meaning" because, as pleasurable as drugs and drug involvement could be, respondents' accounts were often tinged with ambivalence and negativity. This does not take away from the fact that participants often found drugs and drug involvement pleasurable and meaningful, but it does warn us against painting a too rosy picture.

Finally, as symbolic interactionism notes, 'human beings act toward things on the basis of the meanings that the things have for them' (Blumer, 1969: 2). As such, I believe that it is important to understand the meanings ascribed by participants because it is these meanings that have largely propelled and motivated their subsequent actions and accounts.

Understanding "Spoilt" Identities[15] and Stigma-Management

I now turn to discuss the final sensitising concepts I used to understand how participants developed specific discursive identities because of the stigmatising contexts in which they were embedded. Here I intend stigmatisation as 'a cultural process of negatively qualifying identities and differences' (Lamont, 2018: 423), which is undergirded by power relations (Link and Phelan, 2001 in Flaherty, 2022: 75). I provide a fairly streamlined account of how identities become constituted, and sometimes spoilt, in social interaction. Here a symbolic interactionism perspective can provide a theoretical account to capture how and why respondents sought to present themselves as people worthy of respect, an interest that culminated in the performance of accountability, capability, and respectability in the research setting.

Developing Social Identities

Scott (2015: 8) explains that '[w]e think, feel and behave not as isolated individuals, but as social actors with a relational consciousness'. Our sense of self is therefore influenced by the way we relate to social reality, although, again, there is also a degree of agency and creativity in the development of a social identity (Flaherty, 2022). This 'identity can be defined as a set of integrated ideas about the self, the roles we play and the qualities that make us unique' (Scott, 2015: 8). While we may think of it as stable over time, it is something we construct in and across multiple situations. This leads us to develop an overall sense of self, even though we enact it somewhat differently depending on the situation and our interlocutor(s) (ibid). I make no pronouncements on whether identity is pre-discursive or not; suffice to say

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[15] Special thanks to Uzma Kazi (forthcoming) with whom this framing of spoilt identities was first discussed.

that respondents generally depart from the idea that they have a somewhat stable self (Presser & Sandberg, 2015a).

Here symbolic interactionism can be particularly helpful as it 'describes and analyses the social processes of interaction through which identities can be created, shaped, maintained, communicated, presented, negotiated, challenged, reproduced, reinvented and narrated' (Scott, 2015: 16). Thus, '[i]dentity can be viewed not as something that we have, but as something that we do, or that is made and bestowed upon us' (ibid: 14).

This leads me to two suppositions. First, we can argue that identity may be understood as a series of situated accomplishments. Second, this identity is developed and negotiated within a wider context than the more straightforward one-to-one encounter theorised by symbolic interactionism, thus requiring an intersectional elaboration. Let us turn to the material implications of this argument.

As mentioned above, an intersectional lens assumes we are all placed within a web of power relations and inequalities (Denzin, 1993; Mattsson, 2010). Feminist thinkers suggest that one particularly influential structuring power runs along the lines of sexism or gender differentiation. West and Zimmerman (1987) explain that Western societies have, for a very long time, departed from the assumption that human beings may be divided into male and female. What started as sexual differentiation, based on 'the application of socially agreed upon biological criteria for classifying persons as females or male', led over time to the attribution of specific characteristics to each (West & Zimmerman, 1987: 127).

We have consequently developed a whole corpus of 'conceptions of attitudes and activities appropriate for one's [sex]', or gendered practices, which have acquired a sense of naturalness and inevitability that is socially constructed (West & Zimmerman, 1987: 127).[16] To be seen as belonging to one category

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[16] West and Zimmerman (1987: 127, 132-134) originally used the term 'sex category' here, by which they meant 'the ongoing identification of persons as girls or boys and women or men

or the other, we learn how to behave appropriately in a variety of different settings as we perceive that the situation requires. It is in this sense that we say that 'doing' or performing 'gender' adequately requires 'engag[ing] in gendered practices – in response to situated expectations about masculinity and femininity' (Miller, 2014: 19). Consequently, 'individuals are held accountable for their gendered performances in light of the gender order that patterns social life unequally on the basis of gender' (ibid: 21). However, it is also important to note that while gender theorists assume that gender is something one *does*, many individuals see themselves and others as *being* of a specific gender.

While gender is understood as one of the main categories of being and a fundamental structuring force in society, it is not the only one. As West and Fenstermaker (1995) later explain, incorporating criticism by Black feminist thought (Combahee River Collective, 1978; Lorde, 1984; Crenshaw, 1989, 1991), racialisation/ethnicity and class, as well as other categories of being are similarly important (Hill Collins & Bilge, 2020). This allows us to see that how we interact with the world is 'varied, changing, situationally constructed in interaction, and embedded within social structures' (Connell, 1993, in Miller, 2014: 21). Further, '[v]iewing gender as situated action means recognizing there are multiple masculinities and femininities across situational contexts and social structural positions', at the same time as it reveals 'hierarchies not just across but also within gender along these and other dimensions' (Miller, 2014: 21).

This provides an account of identity that is interactional on the micro and macro levels so that we can locate the development of social identities within wider social processes. We will use this to understand how and why respondents came to develop "spoilt" identities, the subject of the next section.

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in everyday' (West & Fenstermaker, 1995: 20). To streamline my account, I have excluded this facet.

Developing "Spoilt" Identities

As mentioned above, identity is 'something that we do, or that is made and bestowed upon us' (Scott, 2015: 14; Mattsson, 2010). There I discussed the ways in which one may do identity through situational accomplishments, whereas here we see what happens when an identity is 'bestowed upon us'. Indeed, Asta S, one of the participants, remarked, 'There is a double stigma in being a drug user as well as a woman'. I have interpreted this, and similar statements made by other respondents, to mean that participants have had to grapple with a stigmatised identity *as* drug-involved women in Sweden. For this reason, it is worth discussing how identities become "spoilt", and here the works of Smart (1992), Scott (2015), and Goffman (1990 [1963]) are particularly relevant.

Smart (1992: 36) sees social processes constructing, first, 'an idea of Woman in contradistinction to Man' that 'always collapses or ignores differences within categories of Woman and Man in order to give weight to a supposedly prior differentiation' between them. As we saw in Chapter 1, this is a framing considerably influential in the literature on the illicit drugs market owing also to the fact that many men in this environment see women as marginal and exploitable by virtue of their gender (Maher & Daly, 1996; Maher, 1997; Maher & Hudson, 2007). It becomes clear here that gender is often understood as something people *are*, rather than something people *do*, which makes the stigma attached to femininity, or identifying as a woman in this context, "sticky". That is to say that my participants could never completely neutralise the stigma attached to being a woman in the illicit drugs market because their gender was assumed to be an inescapable and essential facet of their *being* rather than of their *doing*.

Smart (1992: 36) further argues that this distinction between 'Woman' and 'Man' has led to the development 'of a *type* of Woman' within legal discourses (emphasis in original). This conceptualisation 'might refer to the female criminal, the prostitute, the unmarried mother, the infanticidal mother' or the drug-involved woman (ibid: 36). Accordingly, specific notions about

drugs and drug-involved 'Women' become inscribed within legal discourses (Smart, 1992). These, in turn, permeate Swedish society (Goldberg, 2005; Lander, 2018) because, as Burman (2010: 183) notes for the Swedish context,

> Criminal law is a powerful social and moral discourse, constituting what is right or wrong by distributing responsibility and blame for actions that are damaging for individuals and unwanted in society.

But how do these processes translate into a stigmatised identity for this study's respondents? Here symbolic interactionism and the concept of a moral career can be of help. Scott (2015: 118) explains that a moral career is 'a sequence of roles or status positions that unfolds successively and cumulatively to create an emergent sense of self' with a 'moral dimension', as it 'involve[s] normative judgements about the person's character or actions' (see also Goffman, 1990 [1963]). Furthermore, citing Goffman (1961), Scott (2015: 118) explains that this moral career has 'a threefold nature, combining objective movements through social status positions, subjective experiences of these and the resultant, reflectively redefined self'.

In conjunction with the sexist assumptions that underpin Western societies, I therefore argue that the criminalisation of drug use and involvement in Sweden has led to the development of a context in which women who are involved with drugs are seen with suspicion and societal opprobrium (Goldberg, 2005; Mattsson, 2005). The respondents have then had to grapple with these understandings and develop a sense of self that takes into account some of this stigma. This is not to say that all respondents accepted these framings unquestioningly. Rather, they have had to acknowledge that I, as their drug-sober audience in the research setting, might have shared these negative understandings about drug-involved women. Their description of their drug-related experiences, thus, was conditioned by the context in which they were embedded, because they were made to feel *accountable* for them, in the West and Zimmerman (1987) sense. This means that participants had to craft accounts 'with an eye to their accountability, that is, how they might look and how they might be characterized' (West & Zimmerman, 1987: 136).

They also had to ensure that these were to a certain extent 'in accord with culturally approved standards' (ibid: 136). Indeed, Sandberg et al. (2015: 1171) explain that:

> Storytellers speak in 'borrowed words' (Frank 2012: 35), and each of these words may be considered dialogical and polemical because they are expressed with a 'sideward glance' to an audience (Bakhtin 1984: 196).

For these reasons, I posit that the meanings participants attributed to their experiences were partially conditioned by more dominant societal understandings of drugs. Ultimately, we can understand these as "spoilt identities" in the Goffmanian sense: he suggests that stigma has a 'deeply discrediting' effect on identity and that individuals are called upon to manage this stigma, through interaction with the 'normals', or conventional society (Goffman, 1990 [1963]: 13).[17] Thus, I argue that participants worked hard to undermine negative societal understandings of drugs and drug-involved people during our interviews, at the same time as they sought to represent their experiences and, by extension themselves, in the best possible light. This is to say that many respondents sought to articulate oppositional understandings of drugs whilst also at pains to come across as accountable, capable, and respectable women.

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[17] Goffman (1990 [1963]: 44, 57) originally distinguished between three types of stigma: 'discrediting', or stigma that can be immediately attributable based upon appearance; 'discreditable', or stigma that can be more coverable or hidden; and 'courtesy stigma', which can be extended to people close to the stigmatised individual. I streamlined this account of stigma here because the point of the study was to recruit participants based on their "stigma", thus making Goffman's original distinction unsuited for this analysis.

Self-Presentations and Identity Projects: Accountability, Capability, and Respectability

In this section, I discuss the theoretical approach that allows us to understand the processes by which respondents sought to constitute and represent a more valued identity in the research setting due to the stigma they experienced as drug-involved women. Goffman's work (1956: 49; 1972 [1961]) on 'impression management' can help to understand this form of image control. In short, he suggests that individuals play out a role in interaction with others by choosing to present themselves and their activities to others in specific ways (ibid). Scott (2015: 74) further explains that 'there may be an idea of what a role entails, but there are an infinite number of possible ways of performing it, depending on actors' different interpretation'. While the number of possible performances may be potentially infinite, Sandberg (2010b: 455) notes that 'participants cannot choose from an infinite pool of language and meaning' but rather must 'rely on ways of self-presenting and thinking that they have learned and used elsewhere'.

Consequently, this form of image control must be understood as influenced by the context in which this interaction takes place as well as the individuals' specific backgrounds that may suggest some positionings over others. This conceptualisation allows for an understanding of these roles as:

> [A]ctively made and performed, suggesting agency, creativity and skilful identity work. They are negotiated, emergent, and adaptable, as actors navigate a careful path between the demands of the occasion and their own personal agendas of self-presentation (Scott, 2015: 74).

In this dissertation, I call these self-presentations "identity projects" to highlight their boundedness as they emerged in the research setting.

As Rødner (2005) explains, drug users and drug-involved people are often moved to differentiate themselves from others who may be perceived as relatively more deviant, seeking to avoid harsher forms of stigmatisation (see also Goffman, 1990 [1963]). They do so by drawing 'symbolic boundaries' between their conduct and others (Järvinen & Demant, 2011: 165; Edland-

Gryt et al., 2017: 1), such as through the use of (dis)identifications (Skeggs, 2002 [1997]: 74). Thus, drug-involved individuals may carefully choose to delineate their experiences by using expressions similar to '*I* am like *this*', or '*I* am not like *that*', depending on the context in which they find themselves (see also Copes, 2016).

I posit that this study's respondents experienced '"institutionalised patterns of evaluation that constitute [them] as comparatively unworthy of respect or esteem"' (Fraser, 1995, as quoted in Fleetwood, 2015a: 50). The three most emergent identity projects participants used to counter this form of institutional disrespect centred on the performance of *accountability*, *capability*, and *respectability* in the research setting.

Accountability in this study 'denotes the exchange of reasons for conduct, that is, to give an account means to provide reasons for one's behaviour, to explain and justify what one did or did not do' (Arbin et al., 2021: 3). To this I also add a sense of responsibility for oneself and one's circumstances, which I derive from the idea of the Swedish 'dutiful worker' outlined by Carlsted (2017: 12), following Ambjörnsson's conceptualisation (2017 [1988]):

> [The expectation is] […] that you manage yourself (*att du sköter dig*): that you take care of your health, your family, your hygiene, your work, and your interests. That you keep yourself clean, knowledgeable, sober, and honourable. Dutifulness becomes an ideal and a way to reach your goals, small and big alike: you can, with its help, get yourself the right life-partner at the pub, a better home, a better job, a better position, and a better future for your children. Those who [cannot] manage this, [are] lost. (My own translation)

Carlsted (2017) and Ambjörnsson (2017) explicitly connect this idea of dutifulness to a working-class identity. However, I would posit that it is a valued identity project for respondents that transcends to a certain extent class. Because drug-involved people have often been portrayed as irresponsible hedonists in Sweden (Lindgren, 1993), I would argue that participants sought to counter these dominant understandings by underscoring, instead, their sense of dutiful responsibility, or accountability. This further suggests that

accountability is a cultural repertoire with particular importance in the Swedish context.

A second emergent identity project centred on the performance of *capability*. Accordingly, participants sought to portray themselves as capable drug users and sellers, and as capable social actors, in contrast to the dominant expectations outlined in Chapter 1. This capability derived from having developed considerable knowledge of drugs and their effects. Further, respondents displayed capability by deploying the necessary cultural repertoires to make sense of individuals and contexts and formulating appropriate ways forward. Such displays of proficiency drew symbolic boundaries between respondents and other drug-involved people by, for example, underscoring the knowledgeable consumption of drugs, as well as their capacity to deal with risky and stigmatising circumstances. Moreover, capability could also be showcased when dealing appropriately with expectations of normative femininity in conventional society, as the situation required.

These two positionings culminated in the third emergent identity project discerned in respondents' self-presentations, centring on the notion of *respectability*. I am heavily indebted to Skeggs (2002 [1997]) for this conceptualisation, but, as we will see, the lens I will be using also presupposes a change in focus. Skeggs describes respectability, that is to say, social acceptability, as 'a central mechanism through which the concept class emerged' and as 'a marker and a burden of class, a standard to which to aspire' (ibid: 2-3). What is more, it 'embodies moral authority: those who are respectable have it, those who are not do not' (ibid: 3). For this reason, as Skeggs (2002 [1997]: 1) explains further,

> [Respectability] would not be something to desire, to prove and to achieve, if it had not been seen to be a property of 'others', those who were valued and legitimated. If respectability had not been one of the key mechanisms by which some groups were 'othered' and pathologized it would not be the subject of this study.

We can link this to Goffman's concepts (1990 [1963]) of spoilt identities and moral careers (Scott, 2015), whereupon individuals, on the basis of the stigmatisation processes they experienced, find themselves disrespected and seeking to counter this stigmatisation.

While Skeggs' primary concern is how women *did* gendered and classed respectability in England, I believe this lens has promise for this study in that it can illuminate the ways in which respondents *did* gendered and classed drug involvement in Sweden. Because participants were thought to be disreputable, I argue that they sought to undermine these understandings by portraying themselves as relatively conventional and, thus, respectable and worthy of respect. They did so by presenting their involvement with drugs as socially acceptable as possible, discussing their experiences through a process termed by Goffman (1990 [1963]: 44) as 'normification'. As such, we can think of this process as 'the effort on the part of a stigmatized individual to present [her]self as an ordinary person, although not necessarily making a secret of [her] failing' (ibid: 44). Ordinariness and apparent conformism, in this sense, can be likened to Skeggs' conceptualisation of respectability, such that participants seek to counter the stigma that they experienced the drugs created.

It becomes clear, then, that these three identity projects are intimately connected to popular understandings of women and drugs, as outlined in Chapter 1. As mentioned above, respondents showed considerable awareness of the hegemonic narratives on this topic, which motivated many to actively counter them in the research setting. I therefore argue that they sought to frame their experiences in the best possible lights in direct response and opposition to the frames of understanding they saw as prevalent. It is important to note, however, that these conceptualisations are also stylised. As we will see in chapter 6, respondents adapted these identity projects depending on the context, seeking to portray themselves as alternatively accountable/unaccountable, capable/incapable, and worthy of respect, as the situation required. As such, we can also see respondents as codeswitching between these different identity projects, thus leveraging narrative ambiguity

to achieve specific situational outcomes within the context of our conversations (Sandberg et al., 2015). At the same time, one must consider the interactional aspect of this identity work and the role of the researcher in the co-constitution of these identity projects (Wesely, 2018). Consequently, one should keep in mind the emergent and contingent character of these identity projects, such that a differently positioned and intentioned researcher might have been cause for the emergence of different ones.

Concluding Remarks

In this chapter, I provided a theoretical lens to understand the processes through which respondents sought to create meaningful lives for themselves, despite and because of the risk and stigma drug involvement posed.

I started by synthesising three theoretical perspectives (social constructionism, intersectionality, and symbolic interactionism) to develop a lens that considers how individuals seek to create meaningful lives for themselves whilst located within a web of constraining, but not determining, social structures. Intersectionality was a significant inspiration here to provide additional depth to social constructionism and symbolic interactionism, which otherwise are insufficient to grasp the structuring force of power inequalities and asymmetries at the micro level (Crenshaw, 1989, 1991; Brickell, 2006).

I then proposed some 'sensitising concepts' to capture how participants attempted to manage risk, negotiate pleasure, and navigate stigma due to their involvement with drugs (Blumer, 1954: 7). I showed that considering 'the relational and transformative character of power' (Allen, 1999, in Anderson, 2005: 372) allows for a nuanced take on the agency vs structure debate. I argued that a broader understanding of pleasure can lead to a less pathologising view of pleasure-seeking and meaning-making for drug-involved women. Finally, an approach sensitive to respondents' self-presentations offers a window onto contextual processes of stigmatisation.

I posit that these three facets of risk-, pleasure-, and stigma-management can be understood as part of respondents' processes to negotiate some "leeway", or room for manoeuvring, vis-à-vis structural constraints as drug-involved women. I borrow this concept, inspired by Lander (2018), from Lipsky (1969), who studied street-level bureaucrats. In his work, leeway, or discretion as he calls it, is generally understood in this context as the room for discretionary action that, for instance, police or social workers may count upon given the constraints within which they must work (see also Svensson et al., 2021 [2008]).

Similarly to Lander (2018), I adapt this conceptualisation so that I, first, use the term leeway and, second, I mean individuals' capacity to assess the situation they are in and try to act in a way that either accrues advantages or minimises disadvantages (or both) given the material and intangible resources they can count on. I thus suggest that these three facets of investigation centring on the management of risk, pleasure, and stigma can help us understand how and why respondents attempted to negotiate leeway in their involvement with drugs as women in sexist and anti-drug contexts.

It is important to underscore here that I have developed this conceptualisation of leeway based exclusively upon the most emergent themes arising from participants' accounts. It is therefore possible that accounts recorded by other researchers with other respondents might generate different insights, privileging other facets of negotiating leeway. As such, I invite the reader to consider this as a contingent and heuristic conceptualisation through which to give some sense of unitary understanding to participants' experiences with drugs. We will see each of the three facets I discussed here in more detail in the next three empirical chapters.

MANAGING RISK: BEYOND THE VICTIMISATION VS VOLITION DICHOTOMY

We saw in Chapter 1 how the literature has tended to paint with the broad brush of victimisation the various experiences of differently located women. In this chapter, I present the first facet of respondents' experiences with drugs under study, namely the risks that drugs and drug involvement could present, but also how respondents sought to manage them. I therefore highlight some of the risks that were most prominent in their accounts, namely *risks in the illicit drugs market and in conventional society*. I draw attention to the multiple and intersecting ways in which participants could be advantaged or disadvantaged, powerful and powerless, depending on the context. I also show how they attempted to negotiate leeway for themselves, given their circumstances and the contexts in which they were located, even though this negotiation may not always have been successful.

Here the sensitising concepts of power and edgework presented in Chapter 3 will be useful to underscore the importance of social location, as well as personal resourcefulness and resilience, to face the challenges inherent in being involved with drugs. Thus, we go beyond the victimisation vs volition dichotomy criticised by Maher (1997) to show that a more nuanced understanding is possible and, indeed, necessary.

Risky Situations When Involved with Drugs

The literature on women's involvement with drugs has explained at length that women tend to be exposed to greater victimising circumstances than their male peers. Maher (1997), however, points out that these risks are not distributed equally across women and that it is fundamental to consider how their particular social location may affect the incidence of risk and the responsive tactics women may employ to counter these risks, or at least how

they attempt to do so. In this section, I detail both the risks incurred in the illicit drugs market and in conventional society.

Risks in the Illicit Drugs Market

It can be useful to distinguish the two different types of risk that participants have encountered with activities in the Swedish illicit drugs market: *risky illicit substances and consumption practices* and *difficult drug procurement conditions and domineering and violent others*. While these may sometimes overlap in respondents' stories, this differentiation can help us dive deeper into the practices and risk-management tactics made visible by these accounts.

Dealing with Drugs: Risky Illicit Substances and Consumption Practices

The participants described three main types of risks they faced regarding their own drug consumption, namely *risky experiences with drugs and other undesired effects of drug consumption*, *risky quality and quantity of drugs*, and, finally, *risky or unsafe modes of consumption*.

Several described feeling uncertain and apprehensive about the effects of their drug use, both at the moment of ingestion and in the not-too-distant future. Ebba G, a participant in her early 30s, had used drugs recreationally. She told me of a time she assisted a friend who was going to use drugs for the first time in a group setting. I asked her whether, in her experience, it was a common occurrence and, if so, why:

> O: Why do you think people are so open [to helping others], like "You'll be fine: we'll help you out". Do you think that they maybe had previous experiences where they didn't feel as safe and they want to help others out or…?
>
> Ebba: I mean, I can remember feeling this as well, when you don't know what will happen, when it feels like there's a really thick heavy curtain that's gonna be parted, and you wonder, like, "OK, what's on the other side of that curtain?". 'Cause it could be a cliff, right? Or it could be something very natural, very normal.

Indeed, even though she was a quite experienced drug user, she still felt some uncertainty in this regard:

> Ebba: I'm always very nervous when I try to do drugs. I don't wanna have this, like, "She did it once and then died", you know? I still have this feeling even though I've been now doing drugs for so long…

In these excerpts, we see how Ebba conceptualised drugs as a conduit to a different state of being in what is essentially an individualised pursuit, because it puts the onus of managing these risks on the individual. This is because it appears that factual information on drugs and their effects was quite scarce or not easily accessible, so beginners often knew relatively little of the actual short- and long-term effects of consuming certain drugs over others.[18] Stringer and Maggard (2016) suggest, for example, that the US media has contributed to spreading misinformation on drugs and particularly cannabis, often riffing on the tired tropes of 'reefer madness' (see Goldberg, 2005: 41-42, for a problematisation of cannabis-related 'psychoses'). Similarly, in Sweden, the media often feeds into societal fears of drugs by presenting the accounts of young, recovering drug misusers who had difficult experiences because of their involvement with drugs (e.g. Navrén & Brolund, 2018). Often there is even some conceptual ambiguity in how recreational and medicinal drug use is understood and portrayed (Abalo, 2021).

Mette U, an older participant, originally from a Nordic country but who had lived in Sweden for several years, thought this was a serious problem. As we were discussing the type of changes she wanted to see in Sweden's drug policy, she explained:

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[18] Swedish media reports show that the material used in schools for drug prevention education since at least 2008 has been produced by an organisation with close ties to Scientology (Bergstedt et al., 2020). This material has come under fire for containing very little in the way of science-based information.

Mette: Quite simply, I want to have a science-based drug policy. Not just for cannabis [her substance of choice, albeit sporadically], but *all* drugs. You can't tell young people that all drugs are equally dangerous. They know that cannabis is not as dangerous as other substances, so then we have credibility issues because they think, "Alright, but then crack is not that dangerous either. Then I can also take heroin because adults are just liars". That's not how it works! We need to tell young people what effects medicines such as tramadol and vitamin pills may have. What effects cannabis may have. What effects cocaine, heroin, amphetamines, ecstasy may have.

Other participants also derided the quality of drugs information they received in school. They described that this tended to centre on slogans such as 'drugs are rubbish' (literally, 'drugs are poo', *knark är bajs*) and statements such as 'if you smoke a joint now, you will have a needle in your arm in two weeks'. This approach seemed to them to be counterproductive and biased, which undermined the credibility of this education strategy for many respondents.[19] For this reason, several drew attention to the importance of accessing factual information and receiving reassurance form other drug-taking people. This therefore reinforces the idea that the building of communities through the use of *power with* can be a significant factor in ameliorating this type of drug-related risks.

Another aspect to this uncertainty in consuming drugs for the first time came into play when participants reflected on its potential long-term risks. Jane G, for example, was another participant who had consumed drugs in group settings. At the time of our interview, she was introduced to the local party scene by her friends. She told me:

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[19] Swedish media reports show that the material used in schools for drug prevention education since at least 2008 has been produced by an organisation with close ties to Scientology (Bergstedt et al., 2020). This material has come under fire for containing very little in the way of science-based information.

> Jane: And I did cocaine for the first time this summer as well. Which is… […] a dangerous one because everybody's always like, "The problem with cocaine is that once you had cocaine you just want more of it", and that is […] the truth that you don't even get the same kind of a kick [from other drugs].

What is more, she found that being high on cocaine made her 'want to be, like, engaging all the time' in a 'weirdly addictive' way. This, she said, made her feel on edge, and, in the end, she did not continue using this substance.

So, even though personal experience and the help of others could be useful and factual in determining the level of risk they were willing to take, we also see how societal narratives of drugs, addiction, and compulsion could still be quite strong in participants' accounts as *potential risks*. Neither Ebba nor Jane considered they had a problematic relationship with drugs, and indeed both underscored the importance of having non-drug-related interests and non-drug-mediated relationships and encounters. As such, their concerns appear a little out of proportion with the actual level of risks they were taking.

These accounts, and others similar to these, also challenge the notion that drug-taking is a purely hedonistic and short-sighted endeavour. Rather, many participants showed an awareness of the possible risks of taking drugs, regardless of how these could have been magnified by hostile public discourses on the topic. This suggests that drug use, no matter how risky, offered certain rewards that justified this risk, which we will see in the next chapter.

Once this uncertainty barrier to consuming drugs for the first time(s) was overcome, and participants began to use illicit substances with some regularity, they described how risks only continued. They explained that there was also some degree of risk and uncertainty regarding the effects drugs could have, as these varied across people and across occasions, depending on the quality of the drug, the quantities ingested, whether the person had been concomitantly using other substances, and even if the drugs had been ingested in uncomfortable situations. For example, one of the participants' key

concerns was the drug effects derived when taking drugs and not knowing what they actually contained. Lisa U, a student in her early 30s, told me:

> Lisa: There's a lot that goes in it, partly because in all of the years that I bought weed in [big city], that's how it is: you never know what you'll get (or at least that's how it was a couple of years ago). Today's a bit different, but back then, you really didn't know what you were buying, and the dealer probably didn't know either. It's not at all uncommon that the guy I meet has no… I mean, he doesn't know. Ehm, plus it's also varying quality… which makes it so-so, I've used it both at parties and for self-medication, and it becomes really difficult to use because it becomes like an experiment the whole time, because you don't know what's in it.

Again, drug use appeared to entail some degree of awareness of its possible risks: because the sellers tended to "cut", or dilute, drugs with other substances, concerns abounded about the possibility of doses containing extraneous and dangerous ingredients. For example, Swedish media has reported that fentanyl, a particularly potent opiate that can prove deadly in even small quantities, has been found in tranquilisers sold on the streets of Stockholm and other cities around the country (Claesson, 2018).

In the absence of a somewhat more regulated drugs market, which many participants would have preferred, they had to find ways to minimise these risks. One such tactic was to use drugs in a group context, where knowledgeable others could help mitigating such circumstances. In my interview with Emma S, for example, she mentioned that she was used to taking some precautionary measures when using drugs:

> O: You mentioned that you tried to prepare yourself before a [drug-taking] event… Did you have some tactics if things should go wrong?

> Emma: Yeah, the more you read, the better prepared you are. I mean, for example, when I've prepared to take ecstasy, there's always been somebody completely sober to be a bit of a babysitter if something should go wrong, so that there's somebody to take care of the situation. On the other hand, with amphetamines and cocaine, it's been a bit more spontaneous. Ehh and then there's also that if

something goes wrong, if you start feeling unwell, then you also need to know what you might need to do, maybe go lie down in a dark room, take it a bit easy, [inaudible]. Just like with some drugs you can die of a heatstroke, your pulse goes up: you need to have some idea of how drugs affects your body in order to counteract their effects, if you feel like it's too much, if you're too high (*påverkad*). So, I guess that's what I mean by "preparations".

This account shows how previous experience and knowledgeable others can help to mitigate these risks. Furthermore, this excerpt portrays Emma as a capable drug user who can recognise when something not right ('if you start feeling unwell, then *you also need to know* what you might need to do') and subsequently act ('*you need to have some idea* of how it affects your body in order to counteract its effects').

Thus, we can say that risk was perceived as part and parcel of using drugs. While participants expressed concern about these uncertainties and organised themselves to minimise them as much as possible, showing both *power within* and *power to*, they were also aware of the limitations of these preventive measures. As another participant commented, you must act 'so then you're safe *as much as you can be*'.

Indeed, some of these effects could not be easily remedied, such as taking the wrong dosages. Linda K told me of a time when she experienced a major psychotic break because of what I intuit was an excessive dose or prolonged use of amphetamines. I asked:

O: Did you ever have a bad trip?

Linda: Hmm, yeah, I switched for a while from heroin to amphetamines, and then I was awake for a week and got the worst psychosis. Like, I called the police because I thought I had murdered eight people, so then the police came and surrounded me, weapons out. Because I was having this psychosis, I thought I saw something coming towards me, I had a knife, and I threw it because I thought it would hit something, but nothing *was* there. So the police jumped me and drove me to the Psychiatric A&E. I stayed there maybe 3-4 months? I had such a psychosis, I was so off my head: I would go into

people's rooms, thought I was talking with people but nobody was there, heard voices, saw things […] I mean, it was crazy.

O: But why did it happen?

Linda: Because I was awake for a whole week.

Linda K was a street-level drug seller who had for a period switched to amphetamines from her drug of choice, heroin, because she made friends with someone who preferred the former, and it made it easier to feel 'synched' with each other and commit petty crimes together. This time, however, she appeared to be alone, perhaps because her friend was not nearby, but we can also imagine how her friend's presence would have been of little help, anyway, given the severity of Linda's break with reality.

At the same time, this episode shows some ambivalence in participants' ways of expressing bad experiences with drugs. On the one hand, stories of bad trips can be used to make sense of one's experiences or to entertain listeners, among other purposes (Sandberg & Tutenges, 2015). On the other, they can also help to shift the blame from the person to the drugs consumed to finally the circumstances in which this bad trip occurred. When I tried to ask why Linda had such a powerfully negative experience, she explained that it was due to her being awake for too long, not because she misjudged the appropriate amount of amphetamines to use, or their potency. Nor did she blame the drugs for this experience: she put her psychotic break down to her week-long insomnia and not to the amphetamines that probably caused this insomnia in the first place.

Recuperating from drug use also presented some risks. While drugs could make participants feel 'really good', 'on top of the world', 'happy and inspired', coming off drugs could be hard to do, both in the short term, after one use, and in the longer term, after a period of regular consumption. Mia U who, for a period, was a regular amphetamine user, explained this when she discussed her comedowns and the reasons why she eventually quit using drugs:

O: Could you tell me about the upsides and downsides of using drugs? […]

Mia: […] You'd get a brief feeling of being high and feeling good, compared to a longer period where you'd feel unwell. Most of the time would be spent trying to wait for drugs, trying to procure them, and then coming down from them. So then, it'd be […] maybe 90% of the time spent waiting, with only 10% being high. […] After a while, I started feeling really bad because of the comedowns, and the missed doses [when she couldn't procure them], and how long it took [for the amphetamines to leave the body], time during which you would have to try to find something to do to take your mind off the comedown.

Mia U was introduced to injection methods by a former partner, and she explained that this changed her drug use in that it provided a much stronger 'kick' than when she used to simply ingest amphetamines. However, this account shows a chequered recollection of the pros and cons of her amphetamine use. While Mia reported having greatly enjoyed using amphetamines, she also pointed out that this enjoyment was offset by the effects she felt during the substance's half-life, which, over time, eventually outweighed the benefits of consuming the drugs.

Mia also explained how waiting for drugs to arrive could sometimes induce an anticipatory state of being that was similar to being high. However, this expectation could be punctured if the drugs failed to appear, and then one would feel that it was 'always disappointing when you can't get that kick'. It is precisely this risk of not being able to source drugs that is reported by those who have described problematic consumption patterns or who rely on them to medicate a variety of physical, psychological, or emotional ailments. For example, Erika S, who used cannabis for self-medication and engaged in street-level purchasing, made it clear she needed to be careful in managing her use. She told me:

> Erika: Something I've started to do now […] is that I always weigh how much I'll have for every joint because I can't *afford* to do so otherwise and I need to, like, "OK, I've bought this: it must last me a while". Yeah, so either I've bought enough for just one day or "OK, I've bought a little more this time: it'll have to last me the whole week". So yeah.. Then you got to weight it up, maybe take a little less so that it can last longer.

Even though cannabis helped her manage her 'chronic pain, sleep issues, and anxiety', Erika S had to carefully evaluate when she could allow herself to use this drug or when she ought to instead weather the troubling symptoms. This challenge partially originated from her somewhat precarious financial situation which prevented her from buying cannabis in larger quantities ('because I can't *afford* [it]'), but also because she found it risky to purchase drugs on the streets. We will look at why that is in the next section.

Dealing with Others: Difficult Drug Procurement Conditions and Domineering and Violent Others

The participants described at least two main ways in which they felt being endangered by others in this environment: *difficult drug procurement conditions* and *domineering and violent others*. While the former tended to occur because of the illegal nature of the illicit drugs market, the second seemed to occur mostly, but not exclusively, because of respondents' social location.

They described that the drug procurement process could be fraught with difficulties. From finding trusted suppliers to procuring drugs without others noticing, participants had to develop inventive tactics to keep themselves safe. Vera U, who described experiencing both recreational and medicinal drug consumption patterns, explained to me:

> Vera: The thing is, those people I dealt with, those people I bought from, I know those men who offered me tea while they got me my amphetamines, they were the same group […] that a couple of weeks earlier […] had raped a girl and I was at their place, alone. I think it was because of [Adam's] protective shadow, because they were scared

of him, or they wanted to do business with him. But they were scared of him, because he's big and aggressive, and, yeah, like, criminal. But I was just popping in and out all the time alone and in some way I used… I know I used the fact that I was a woman to get a discount, so that they'd.. Fight a little extra to get me my amphetamines. Ehh.. flirted a little, you know [*O: Hmm*]. That kind of stuff.

In this excerpt, we see how Vera described a constant threat of sexual violence against women, something echoed unfortunately by many other respondents as well. She credited Adam, a person close to her, and his symbolic protection for keeping her safe, thus enabling her to avoid sexual victimisation and even emboldening her to use her femininity to seek benefits when purchasing amphetamines. This account encapsulates well how being a woman in this environment could be a double-edged sword: women could be exposed to risky circumstances, at the same time as some could use their femininity to accrue some advantages.

Not all keeping-safe tactics need be specifically gendered, however. Some participants who sold drugs told me that the ability to gatekeep drugs, by choosing to provide or deny drugs to others, could shield them from some of these dangers. This dynamic was brought into sharp relief once one of these participants stopped selling drugs. Siri S mentioned experiencing 'a huge difference' in treatment because, 'as soon as [she] stopped selling and couldn't provide men with drugs, then that's when their real [sexist] views came out'. Siri viewed the illicit drugs market as innately dangerous to women, citing the experiences of women she met both in this environment and in prison to underscore her point and the extent of the problem. She felt that the ability to withhold drugs gave her the leverage needed to even out some of the power differentials and structural asymmetries present in this environment, which became even starker once this leverage was lost.

The ability to gatekeep drugs was limited among participants, with many suffering because of others' monopoly on drugs. Erika S, for example, told me that she often felt harassed by street-level sellers and described these situations in vivid detail:

O: You mentioned that you sometimes feel harassed by sellers, and I was wondering whether you wanted to tell me a little more about that.

Erika: There's two guys who are there the most, and it often happens that when you meet twenty times, you start chatting a bit. […] And it often can happen that [it evolves into]:

"Oh, can I get your phone number?

"No, I don't want to give my number out".

"Aww, but why?"

And then they start nagging, they start being pushy. And in the end, it almost feels like I can't buy [from them] if I don't give them my number? […] It feels awful to have to have this conversation:

"I'm not interested."

"Well, but you're not a virgin, right? You're sexually active, aren't you?"

No, no, I don't want to have these conversations. It's extremely unpleasant to have to explain [*O: Hmm*], every time you meet, that,

"No, I don't want to have sex with you."

"But you can have it for free! We can go to your place; you can smoke for free!"

[*A thud, as if Erika had slammed her hand on the table in impatience[20]*] And then I'm like: "Yes, but I'm not a prostitute. I'm sorry; I don't exchange sexual services for drugs". [*O: No.*]

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[20] Our interview was conducted on an internet-based video platform, but Erika's camera was off for large parts of the conversation, which is why I am unsure if this thud was done on purpose or not.

Erika: Yes, *no* [*in a decisive tone*]. And to need to… As I said, it's already risky, it's already tough, but to have to be sexually harassed, on top of everything else… No, it's really shitty.

Reading this account is exhausting, never mind experiencing it. Erika was particularly exposed to these risks given that she had to engage in street-level buying, which made it more difficult to, first, establish relationships of trust with sellers given that her contact with them was mostly episodic. Second, it made it difficult to develop more concrete tactics to counter these risks, besides trying to evade these propositions. Erika reasoned that the sellers she had contact with must have felt 'lonely' because 'they come from abroad' and 'may have had difficulties in entering society', and this is why they tried so hard 'to become [her] boyfriend'. However, the risk of drug-related sexual violence and harassment was so present in other participants' accounts that it suggests that this may have been a more widespread phenomenon.

Further, this account suggests that women's involvement with drugs could be considerably sexualised. The dealer Erika was referring to seemed to take it for granted that if Erika was sexually active, then she would be ready to exchange sexual services for drugs ('You're not a virgin, right? You're sexually active, aren't you?'). Indeed, Ebba G, who was financially better off than Erika, observed similar dynamics in her circle of acquaintances. Ebba was, by her own description very generous with sharing drugs with others. While discussing the politics of sharing drugs and whether a person ought to pay back what they had consumed, she commented:

Ebba: I've had it other times with harder substances that are not my own, that are being provided to me by other people, where I am.. *surprised* at the exactness with which they want to be repaid or… Or that they don't want to be paid at all, and then you can kind of sometimes see that maybe it's not *money* being exchanged, but it's something else… Because, I mean, a lot of people… they don't want to be the people who buy drugs, right? So if they know someone who buys drugs and then if that somehow gets completed with, like, a sexual.. experience…

In our interviews, Ebba differentiated herself from other providers by emphasising the "no-strings-attached" nature of her offering drugs: she limited these offerings to those 'who are very, very good friends, so it was very easy. It wasn't something you had to, like, think about or negotiate too much'.[21] Nonetheless, she had observed how this was not true for everyone and these dynamics often affected particularly those unwilling or unable to buy drugs alone, who, in her experience, were often less experienced women.

Several participants mentioned this dynamic: first, as Ebba pointed out, it tended to target women, who may generally been more hesitant to procure drugs. Second, it took advantage of the fact that certain women may have lacked the experience or the 'strength to refuse', as Birgitta K suggested. Third, Katja K also warned that certain drugs could have particular effects that, she explained, could make it more likely for women to fall prey to these dynamics:

> Katja: When I started using [and selling] drugs, that was very connected to sex. The amphetamines available then were incredibly sexually stimulating. So it was very risky for women to do business.

At the same time, predatory others in this environment need not necessarily be male. One respondent had experiences with smuggling drugs into Sweden. She explained:

> Participant: Regarding my [smuggling], it was as follows. I was in a delicate moment in my life where I needed extra money, but I didn't know it would end up like this. A friend suggested to me that I travel to Sweden and bring with me a medicine that Customs must not see so that she could avoid paying [taxes], since she had no way of paying them. I didn't want to go on this trip, but this friend wound up helping me, and I owed her already, so I was forced to go.

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[21] It was difficult to know exactly how these politics played out and how to zero in on the liminal space between selling, procuring, and sharing drugs. According to Sara G, it depended a little on the price-point of the drug, as well as the context: she told me that '[i]f I were at a party and there was a plate with amphetamines being passed around, I wouldn't be surprised if somebody offered me [drugs]. But if that were ketamine instead, or cocaine, then I wouldn't expect that at all'.

This account follows established themes of inexperienced women being pressed or outright coerced into smuggling drugs because of their precarious social location (Schemenauer, 2012; Fleetwood, 2014a). Although the respondent described this woman as a 'friend', we can intuit how she may have had the (perhaps financial) leverage to coerce her to go along with the plan, despite this participant's reservations and inexperience.

Appearing to be vulnerable, either financially or experience-wise, can be understood to work almost as a magnet for abuse and abusive circumstances. As such, many participants attempted to develop tactics to counter these circumstances, by either finding safety in numbers or by appearing non-vulnerable through displays of capability and experience.

When some respondents reflected on the risky nature of the drug environment, some reasoned that this may be because men were both the most numerous and visible in this environment. Others pointed to the illegal nature of drugs in Sweden, which also limited their possibility of resorting to external forms of justice or dispute adjudication. While discussing the reasons why she was interested in participating in this project, Jane G explained:

> Jane: So, from a feminist perspective, there's always something that has rubbed me the wrong way, like, I was actually predominantly buying drugs off men. Men were the dealers. And before I was, like, actively buying my own, I was getting them off male friends. And there was a little bit of, like, I mean I don't want to say patriarchal, but there was a little bit of a sort of, you know, it's maybe safer for them; you're always more vulnerable as a woman alone anyway. So, then, I feel like men are more overtly in that line of life.

Jane here argued that the preponderance of men in this environment made it difficult for women to take a more active role. It created a vicious circle in which, according to her, women became marginalised and invisible. This made the illicit drugs market appear an environment dominated by men, which in turn could dissuade more women from becoming involved with drugs, and so forth. As such, we can consider that femininity in this context may have been perceived as extraneous and a source of risk.

As such, we can say that respondents found their permanence in the illicit drugs market risky, partly because of its unregulated nature and its entrenched sexism. As we will see in the next section, many participants found that authorities in conventional society posed particular risks of their own.

Risk in Conventional Society: Criminalisation and Stigmatisation Processes

In this section, we will see how participants described their encounters with the Swedish criminal justice system and wider conventional society as possibly fraught with risk, uncertainty, and stigma.

Criminalisation Processes: Dealing with the Police and Prisons

Some participants told me of difficult encounters with Swedish judicial authorities, particularly with the police and prison. Again, social location often characterised the degree of risk experienced by respondents. Even though some, like Ebba G and Erika S, felt police practices were not necessarily aiming to find small-time drug users like them, they felt that their association with suppliers might mean they risked being arrested by the police. However, other participants felt more singled out by the police. Lisa U, for example, explained:

> Lisa: I read the other day that there are some police groups on Facebook where they had, yeah, derogatory conversations about how they saw people and immigrants and ethnic groups […]. There is a tone of "addicts are addicts", "all who use some kind of substance are bad human beings", and I… I'm scared of people who have that attitude and have power. Because I never personally have had an experience where I had reason to fear the police, but I am still scared because I'm aware of how some people in the police have precisely this view and are prejudiced against me and how that could harm me in a given situation.

Asta S, who used to have problematic drug consumption patterns, also expressed feeling quite keenly these power differentials vis-à-vis the police.

Whilst discussing the different ways in which she felt powerful and powerless in relation to drugs, she explained:

> Asta: But then there was a lot of powerlessness in that sense, and especially the fact that you could get taken by the police at any time. There was often a strong sense of feeling unsafe (*otrygghet*) in that I could just go and buy milk and out of nowhere be taken in because I had [drugs] in my blood. I got apprehended a couple of times and it was often upsetting not just because of, "Shit, I'll get sentenced for this" but rather- Sure, that was also upsetting, but at the same time there was also "Shit, I've got work tomorrow" or, "*Fuck*, I'm supposed to meet my friend and now I can't even ring to let them know I'm not coming", or that I know I got fired a couple of times because I was in custody and stuff. You can't ring or anything, so then you're simply not coming in to work; and that's not good, it's easy to get fired for that. So then it was the whole thing, the risk of both someone [I knew] could see me […] and the police could take me in. It felt like I had to creep everywhere and pretend to be, like, normal […].

Similarly, Nellie U explained that she had traumatic experiences with the police, because of their habit of carrying out house searches when she lived with a man known for committing burglaries and using drugs:

> Nellie: It's been the most traumatising thing I've experienced with the police, them coming in, turning upside-down my home and my private sphere, complete chaos. And then they just leave. You don't get to know anything, it's not like in American movies, where they show a-a- a letter, so you don't even know if they have a right to come in unannounced.. It's very confusing and upsetting.

In these excerpts, we palpably feel an intense sense of precariousness and unsafeness: because the police have been given greater powers to tackle drug-related crimes (Tham, 2005), drug users could expect to be subject to quite invasive practices. We saw in the previous section how the threat of sexual violence seemed to constantly hang in the air when respondents entered the illicit drugs market. Similarly, many experienced being constantly under surveillance and control when they entered conventional society.

Anna S, who used to be a part-time drug seller, also put this down to the expanded powers enjoyed by the police. While we were discussing possible ways forward for Swedish drug policy, I asked:

O: So, I'm wondering, what kind of changes would you like to see in Sweden's future?

Anna: In Sweden's future… I would like to see the decriminalisation of, in principle, all drugs and I'd like to see.. What I think is the worst thing in Sweden is that the police can arrest me on the street and say, "You're looking a little tired; you need to come in and get tested [for drugs]". I mean, *that's* how I got two of my sentences, just by them seeing me in town and thinking I looked a bit off. If you compare that to all other countries, like Spain for example, they can't do that. I mean, there they could not give two shits about what you have in your body as long as you behave. I think it's so awful that you can be sentenced for something that you.. Say that I smoked [hash] three weeks ago, they can sentence me for that *now* because they feel like it. The fact that it's illegal to have a substance in your own body, I think it's.. Yeah, I don't know how to explain it. And I think that it's so awful that people who need help, those who have become addicted, are getting punished instead of being helped. It was something that pissed me off so much when the police took me in the first times because they'd say, "We're doing this to *help* you". [*O scoffs*] And I was just like, "How *the fuck* are you actually helping me?". For starters, they took off me weed that cost x; I mean, on that occasion I had really little on me, but say that I had just collected drugs on credit for 8,000 crowns.[22] How is that going to help me as a drug misuser? [*O: No.*] The only thing that does is that since I don't have a job or something, the only thing you accomplish is that I must go and pick up more drugs to sell in order to pay back what I owe, and then I end up in *more* debt and become *more* criminal.

In this excerpt, we see Anna express her fury at the ways she and other drug users felt being constantly under surveillance. She pointed out with disgust the invasiveness of these procedures at the expense of her bodily integrity

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[22] Approximately 800 euros.

('The fact that it's illegal to have a substance in *your own body*') and the ways she believed that drug criminalisation processes ended up criminalising those these policies were meant to help.

Indeed, Felicia U also remarked that she ended up more in debt to drug suppliers after police encounters, because they would confiscate the drugs she meant to sell. Moreover, because police were in the habit of confiscating injecting equipment, they also exposed her to more precarious using conditions. She explained:

> Felicia: You [the police] *know* that I use needles so then I'm gonna have to go and share them with someone else because you took the clean ones I had, the ones only *I* used. So what you actually end up doing is creating the conditions for me to have a greater chance of catching a disease or something.

Despite this, most of the Swedish respondents, particularly those with experience of selling drugs, seemed to take a somewhat serene and accepting view of criminal justice interventions. This appears to be at odds with traditional understandings of the relationship between lawbreakers and law enforcers. For example, even Anna S, who was quite critical of Sweden's drug laws, noted that:

> Anna: I grew up among police officers, so I don't have that same kind of hatred for police [that others seem to have], so I've always been nice to the police […] Why should it be any different? [Their] job is to catch lawbreakers; I break the law. […] So I've never really had bad experiences with the police, although I do know some people who have. But that is because they tend to argue with them instead of accepting that you can't win. I don't think it's good necessarily because you should be able to argue back, but at the same time, you can't do much about it. It's not the police who have decided these laws.

Siri S, who also had first-hand experience of house searches, tended to agree:

Siri: I've always had a positive view [of the police]; they always showed some kind of respect for me as a human being. […] I've had a good experience of the criminal justice system, the prison system, everyone. Yeah.

O: That's good […] [because] sometimes you hear that the police can be so-so…

Siri: Yeah, I think that's what you hear the most. I think it's a shame because that's not the experience I've had; because I see that if you encounter them…[I mean] you can't argue with the police if you have a 100g of amphetamines [on you]; you can't question what they're doing. You can't say, "No, I need to see a warrant before I let you in my home"; in that case, you just let them in, stuff like that. And I think that many… my experience of seeing drug-using friends or friends committing crimes is that they themselves are… unpleasant and try to be macho and… In my experience, you are treated the way you treat others […]. No, I don't have that kind of experience that particularly the media tries to portray, like heavy-handed police officers. I mean, I haven't even ever been put in handcuffs. Maybe that's because I'm a [physically] small girl, so I can't really do much, but no, I've had a good experience with them.

In both excerpts, we can see how Anna and Siri conceptualised themselves as on the wrong side of the law, which legitimised the police measures against them. Further, both argued that being well-disposed to the police was absolutely necessary because of their illicit activities. However, they also seemed to reason from the perspective that the police were an inherently benevolent authority that ought to be afforded respect. Those who run afoul of the police have, in some respects, "been asking for it" because they were not as pleasant as Anna and Siri tried to be. Looking more closely at those whom they implicitly identified as deserving rougher police treatment, we see that they are men who are 'unpleasant and try to be macho' as well as 'troublesome'.

Still, the police were not often sought out to redress instances of victimisation one experienced. As Felicia remarked,

> Felicia: I mean, you don't go to the police. You have that idea that, even if you're afraid of certain men, you just don't go to the police. It's really ingrained in you that you can never call the police or go to them for something. You don't do that, they're the enemy. […] If people see you talking with them, they might think you're collaborating with them.

As such, some participants found themselves in a difficult position: permanence in the illicit drugs market could expose them to victimisation but contact with the police could expose them to criminalisation and perhaps further victimisation.

At the same time, some participants saw the criminal justice system as an entity that could and should intervene to break what they saw as the cycle of drugs and criminality. Sara K, who had particularly difficult life experiences regarding problematic drug consumption and sexual exploitation, described the help she received while in prison:

> Sara: But I've done the 12-point programme; I've spoken with a psychologist; I've completed several treatments and that has given me so much, so I really feel that I've found myself and that I can appreciate my life despite everything that I've gone through. So I feel like I can love myself again and that I can have a very good relationship with my children and my family and that I have cut out all that I used to do then. So, that's where I am now.

These sentiments were to a certain extent echoed by several other respondents who had become sober with help from outside entities and authorities, such as the healthcare system, non-profit organisations, and in-prison programmes. These accounts suggest the possibility of becoming sober from drugs may also bring about feelings of empowerment and comfort to those who choose this path. Indeed, Sara K suggested:

> Sara: So I was very angry [about my long sentence]. But *now* I'm very grateful that I got such a long stretch [in prison] because it enabled me to settle and get sober, I got help, I feel better now. And I think that had I been released earlier, then I wouldn't have gotten the help

I got now. Then, maybe, upon release, I would've just gone back to square one.

At the same time, these interventions also allowed respondents to portray themselves as reformed characters in the research setting, as Sara K for example did. We will see both aspects more in depth in the next two chapters.

We have seen so far how participants related differently to the Swedish police and prison system. While most deplored the criminalisation of drug use and some disliked the judicial measures that the state could undertake to prevent involvement with drugs, there was still the sense that opposition was to a certain extent futile, if not counterproductive. To understand this tension, let us turn to the reflections of Mikaela S and Lena K. Mikaela S, who used to consume and sell drugs, had served a prison sentence. While discussing her reasons for participating in this project, she also noted there was too little research on women and crime:

O: Why is that do you think?

Mikaela: Yeah, partly because, as in everything else, women are second-class citizens […] but when it comes to crime […] (and that is something that pisses me off so much) […] women are seen in a completely different way. When I was "inside" [in prison], I always got admonished and had my sentence prolonged because I was constantly appealing things. Mind you, I'm not talking about riots or violence; I was simply defending my rights, and they were *so unaccustomed* (*ovana*) to that. And then I started thinking, "Wait a minute, so, in your eyes women can't be criminals? They must be either victims (and they're really into that, you'd actually be encouraged to play the victim the whole time) or monsters?"

Similarly, Lena K mentioned that she was motivated to participate in this project to highlight women's experiences:

Lena: Well, I guess it's just that I think it's important to highlight this about women since there are so many studies on men. And I feel that if we don't participate in these studies, there won't be any change. […]

O: What kind of changes would you like to see in the future?

Lena: I think that women get judged much more harshly than men, and they're much more affected by men's criminality. It feels like there's no equality? No, no. We should have change; it feels that if you're a woman, you're not supposed to commit crimes and that you're a really bad human being if you're a woman and commit a crime. You should be a mum, a housewife. There's still this way of thinking, that it's more acceptable for a man [to commit crimes]. "Oh well, he committed a crime". A guy who committed a crime isn't judged as harshly as a woman is.

Mikaela's and Lena's accounts of their experiences seemed to dovetail quite well with my above interpretation of the literature on women and crime. Strikingly, Mikaela described experiencing pressures from within the Swedish judicial system to conform to gendered, middle-class notions of respectable and appropriate behaviour so as not to be perceived as 'argumentative' or 'unpleasant'. Further, her efforts to 'not play the victim card' and be seen 'as a human being' in court and in prison, as well as her attempts to 'defend [her] rights', earned her penalties, both at the trial and in prison. On a similar note, Lena perceived the double standards that women and men were subjected to, highlighting how there seemed to be gendered expectations about committing crimes. Being a woman involved with drugs, according to them, entailed additional disadvantages within conventional society and the criminal justice system.

Sjoberg and Gentry (2007: 13) suggest that criminal justice systems the world over seem to reward presentations of respectable femininity, to '[hold] intact the stereotype of women's fragility and purity', thereby implicitly justifying gender subordination. I believe that the accounts presented above indicate that similar processes could be at work within the Swedish context. As such, we can understand why some women might adhere to these norms and avoid displays of "disagreeability", and we begin to understand what happens to those women who do not.

Dealing with Stigmatising Circumstances in Conventional Society

While several participants could be said to appreciate to a certain extent some aspects of the criminal justice system, many still expressed strong reservations about how society and other non-judicial authorities treated them because of their involvement with drugs. We look here at how participants felt stigmatised by *non-using relatives and acquaintances*, *neighbours and housing associations*, *social services*, and *the healthcare system*.

Siri S had set up a quite sophisticated drug-selling enterprise. She was caught for drug consumption and possession only after she had wound down her drug-selling business. While 'not ashamed' of her past, she told me of the difficulties of navigating relationships with non-using others:

> O: Were you worried that people would notice [your activities]?
>
> Siri: In my normal life, absolutely, I was super worried. I hid everything until 2 years ago. So I've really made a change for the better in being open about my past. It's not something I am ashamed of; that's just how things went. But I've always been more concerned that my past would come to light because of what people would think of me, rather than the punishment I might get for it. People's opinion of me has [always] been more important. Nobody knew that I was going to prison because that would've been a worse punishment than the actual prison sentence.
>
> O: How did you explain your absence?
>
> Siri: No, but I was simply gone [*S giggles*]. I stopped updating [on social media] and just disappeared. […] Only the people absolutely closest to me knew […].
>
> O: What did they say about it?
>
> Siri: Oh-oh, my mum got to know after seven years, all in one go: about the addiction, that I was going to prison, that I sold drugs. She found it the most difficult to come to terms with my drug-selling. She fell apart; she had no idea, not even the faintest. […] My closest friends also had started noticing something was amiss, but they had no idea of the magnitude of things. Many were disappointed and are

not in my life anymore. And that's something that I have to both accept and respect, that I lived a double life for 10 years […] [and that] they don't feel like they can still be friends with me […].

Siri displayed in this excerpt a strong understanding of how others in her life reacted to the news of her activities and subsequent imprisonment. While disagreeing with the decisions about drugs that she made in the past, she also appeared to have come to terms with her past actions. At the same time, this self-acceptance contrasted sharply with the responses of the people closest to her, ranging from pure disbelief, as in the case of her mother, to outright rejection, such as the friends who chose to distance themselves from her. She attributed these responses to the harm she caused by living this 'double life' and having them, 'their friends or their children come over when [she] was high'.

She, however, not only feared being judged by her most intimate acquaintances but also by the rest of society. Although she made her story public on several platforms to educate Swedish society about the dangers of misusing drugs, she also felt she had to abide by certain conventions to get her message out. I asked her:

O: Are there any differences between this interview and the one you had with the journalist?

Siri S: […] When I'm in the media, I feel that I need to use more complicated language, be more professional. So be everything that you wouldn't expect an addict to be. So I feel that I need to prove that I'm not an addict and that I'm back to my senses.

O: But is that because of how misusers are perceived, or because *you* don't want to be perceived as a misuser, or both?

Siri: Both, because I often get told "you don't look like you'd be one" or "people wouldn't believe you did that" and that's because there is an image of how you should be. […] And then I have a bit of a preconception that others don't really see me as a regular person, and that makes me feel like I have to be more capable (*duktigare*), not use addicts' slang, think about what I want to say, that kind of stuff.

> There's so much going on in my head all the time. I think that people think… [*S giggles*].

We see how Siri experienced needing to constantly perform an enhanced version of herself to escape the drug-related stigmatisation processes she observed in conventional society. This was by no means a routine process but rather a constant preoccupation with other people's considerations and judgements, which regularly required her to adjust her behaviour and presentation as needed. Siri reasoned that her image contrasted quite sharply with people's expectations about former drug users. This is because her performance as a respect-worthy former drug user hinged on expressions mediated by her quite privileged background, in terms of both language ('not use addicts' slang') and capability. She described feeling like she had to be perceived as 'capable' by others, and one way she ensured that was by fronting her sobriety and her current way of living, as she did at the beginning of our interview: 'I have been drug-free for two and a half years and live alone in a flat'. While she perhaps accepted this need to perform as payment for the guilt she expressed at having lived this 'double life' around her loved ones, Siri also considered Swedes very ignorant about addiction. 'They don't even know it's a disease!' she told me scornfully, which may also have pushed her to present a drug-sober image to avoid further stigmatisation.

Helena G has also commented on the way she felt many Swedes perceived drugs and drug users. She compared Sweden to her home country, where:

> Helena: It would be just a lot simpler. […] I think almost everybody I know [back home] would have had some weed at some point. […] So, once you try it, I think you debunk the myth that it's like a crazy.. bad drug. Whereas I've heard a lot of conversations here [in Sweden] with people who've never tried weed and who, in their minds, just kind of equate it with heroin or something.. […] Yeah, it's just really hard to tell them: I smoke weed; I smoke weed regularly and, you know, I'm able to have a conversation; I hold down jobs, like, I'm, you know, *fine*. But their view of it is, like, because it's illegal, then it must be bad.

When I asked Helena what she did to counter these perceptions, she explained that keeping mum often worked quite well: 'I would not advertise that I [am] a drug user', even to certain close friends of her Swedish partner, "Lukas". She reasoned:

> Helena: These childhood friends of [Lukas] who have kids and things, and it's just a bit of a different dynamic. Like, you just have some coffee and cake (*fika*). Like, I don't need to bring up drugs if they don't do it; it's OK. They can... Yeah, I don't necessarily feel a need to bring it up. They also are important connections to [Lukas], and they're gonna be around in our life for a long time, and I don't want them thinking that I'm, like, some crazy druggie or whatever. I mean, it could just be avoided by not talking about it.

Similarly to Siri S, Helena felt the need to front capability and respectability when dealing with non-using others, particularly with some of her partner's childhood friends. This was to avoid being seen as 'some crazy druggie'. She did so by showcasing her ability to function as an adult, both in the short term, by being capable of holding conversations, and in the long term, by 'holding down jobs', thereby proving to be a person worthy of respect, which she considered necessary in Sweden. Further, Helena distinguished in the interview between her partner's friends: some, as mentioned above, had children and did not use drugs. Others, instead, who were male and single, did use drugs, and some even provided Helena and her partner with drugs. Implicit in these observations, then, is the idea that Swedish adults with children would not be involved with drugs and nor would they want to be. We will see later on in this section why that is, according to some participants.

Crucially, Helena made little mention of how her partner would be perceived were *he* to discuss his current or past drug use with his friends. While we did not focus on Lukas in our interview, Helena did mention that he certainly used drugs when he was younger and presumably continued to do so, given that he was the main drug procurer in the household at the time of our interview ('I think it goes mostly through Lukas, because *he* has the contacts'). And yet, Helena speculated *she* would be the one to be judged by these non-

using others, which suggests some apprehensions at being perceived as both a drug-using woman and a drug-involved immigrant, two generally reviled categories of being when it comes to drugs.

These seemingly continuous attacks on participants' moral integrity, in the form of drug-related stigmatisation processes, are not to be underestimated given the sheer effort expended by participants to counter them by curating and maintaining an identity worthy of respect. However, we can also see how respondents had to fear much more real dangers in relation to these stigmatisation processes. Getting a place to live and keeping it, for example, could be a problem for those involved with drugs, particularly if apprehended by the criminal justice system, as Katja K pointed out. She explained:

> Katja: We (my partner and I) have lost the flat we lived in after having been arrested because of the nature of the crime and the long prison sentence we received.

On the plus side, Katja commented:

> Katja: I have been in [a big city's] housing queue for 15 years, so there's a possibility of getting a flat if we have an income. [...] So I'll undergo a one-year-long 12-step programme here in prison and that will make it easier for me to organise my life outside while I'm still here.

Katja K and her partner had lost their lease on their flat after their arrest for drug use and possession. The housing situation in Sweden is such that people may need to be in the housing queue for a considerable amount of time before they become eligible to rent one. In addition to that, they must have the right level and kind of income. Indeed, it is not uncommon for housing associations and landlords to prefer certain kinds of income over others (e.g. salaries over student bursaries). Nor is it uncommon to stipulate that applicants' incomes must clear certain monetary thresholds, such as being x amount of times the rent, so that landlords can be sure of the renters' solvency. Katja K did not express that her drug use was problematic. Nonetheless, she considered undergoing rehabilitation because she reckoned that that would give her a

better chance of organising her post-prison life from within the institution. This suggests to me that adhering to prison norms, as also explained by Mikaela above, may provide some tactical advantages.

Owning an apartment outright may help obviate some of these difficulties, as Helena G pointed out:

> Helena: [To smoke cannabis] is a freedom that I've always had, being white and middle-class, and it's a freedom that I don't have here in Sweden. I mean, I do it at home because I also own this apartment, which I would not be able to do, I think, if I was renting. I have friends who are renting and it's just more complicated [for them], like they have to go to places in the neighbourhood where they know [that it's safe].

At the same time, Helena also worried about her neighbours finding out that she smoked because they could ring the housing association and evict them. Because of the criminalisation of drug use, it was difficult for Helena and others in her position to check in advance whether their neighbours would alert the police if they started using drugs in their flat. However, certain neighbourhoods known for being either underserved or historically not well-disposed to the police could afford a degree of protection in this sense. The neighbourhood in which Erika lived was an example of both:

> O: Do you usually smoke at home or go somewhere else?
>
> Erika S: In the flat, I smoke in the flat. So then it's us two, my flatmate and I, and then another flat where there is smoking. It always smells of weed on [that] floor, so I know there's someone there [who also smokes] […].
>
> O: Do you ever worry that a neighbour will notice?
>
> Erika: It could happen which is why I always try to have incense at home to hide the smell, but nobody has ever said anything or knocked on the door. I think there are a lot of people in [this neighbourhood] who smoke, so I feel there is more acceptance of it. […] That's my impression, that we're all quite community-oriented in this neighbourhood. […] I've never felt stigmatised in my own home

because I smoke, nobody ever looked at me funny or… No, so it's nice, it's really nice.

Erika's account undermines to a certain extent the assumption that a less affluent position is always a disadvantage when being involved with drugs, given that it may this that shields her from police scrutiny. This highlights the importance of considering the location in which offending takes place (Miller & Carbone-Lopez, 2015). Her use of incense is also an example of a type of precaution that does not necessarily depend on social location.

Some participants chose to be open about their involvement with drugs as a way to contrast stigmatising views and educate others. I asked Mette U, for example, if she ever felt stigmatised because of her cannabis use:

O: Have you ever worried that others will notice your drug use?

Mette: No, what do you mean?

O: I mean, I've noticed that in Sweden there seem to be many with quite strong opinions about drugs, opinions that are not particularly positive, and I wonder if you have ever experienced any problems with that, or haven't you?

Mette: No, not really. The thing is that I have been very open about my opinions on Sweden's drug policy, and I have been very publicly in favour of both decriminalisation and legalisation. I've been in public debates on the topic, so there is no one that… Yeah, it happens that I meet people with negative opinions, but then, when they're met with facts, they stop being… negative. On the other hand, I've chosen to be very quiet about this when my children were young and living at home because I didn't want to risk them being taken away [by social services], so I've felt silenced in that way.

We see here how Mette's activism had to be tempered by the constraints of motherhood. Mette's fears were also shared by Ebba S, a young mother of two who used to smoke cannabis, particularly to manage a chronic medical condition. She told me:

Ebba: I used to smoke quite often before I had a family, before we had children. But now it feels that there is too much to lose, so then I'd rather not. I really, honestly say that I wish I had the courage [to smoke].

O: I understand it can be tough here [in Sweden], unnecessarily so, but that's the way it is.

Ebba: Yeah, you get judged a lot here. So it's entirely fine for others to sit and get drunk, shout and fight, but I can't sit in my own house and smoke in peace and then go in and make dinner, and feel calm and relaxed, and take away my anxiety and pain. It makes me so angry when I think about that, and I wish that I had dared to continue. [*O: I get that, many would understand*]. Yeah, because I think there are many [like me] who have children who would be in danger of [social services intervening], but the children are more important than anything else.

In these two excerpts, we see how both Mette U and Ebba S felt they had to negotiate their cannabis use within the framework of what they perceived as commonly held expectations of motherhood in Sweden. Neither seemed to see their cannabis use as undermining their ability to be mothers who are there for their children. Ebba S, for example, made a point of remarking how she would prepare dinner after having smoked, thereby underscoring that even regular cannabis use would not impair her, or distract her, from carrying out her duties. It might even have enhanced her mothering, making her 'feel calm and relaxed' and 'tak[ing] away [her] anxiety and pain'.

However, both seemed to fear that their practices of motherhood would be questioned if authorities and other non-users around them were to find out about their drug use. Mette, in particular, had professional dealings with social services, and she asserted that losing parental custody was a quite plausible risk in Sweden:

O: I wonder where this idea of social services taking away children comes from, because it has come up several times in my interviews.

Mette: Because they do. I have worked with them for many years. That's what they do. So it's not just a suspicion some people may have. It is probably something that induces a lot of anxiety in parents, partly for that, but also because… That's just the way public debates have been. So I'm thinking that's where it's coming from.

As such, Mette suggested that the nature of 'public debates' could induce in some parents some anxiety as to whether they were adequately performing acceptable forms of parenthood. It is precisely this dynamic that appeared in the research setting, as both Ebba S and Mette U were keen to prove to me that they were capable mothers, even though I had never thought otherwise. This dynamic became particularly obvious when I asked them how they would approach the topic of illicit drugs with their children. Ebba S, for example, explained that she would warn her children to avoid consuming cannabis until, at the very least, 'their brains had stopped developing because it can still be quite harmful [at that stage]. [Still], nothing I would encourage children to do'. Similarly, Mette made a point of explaining that her opinion of drugs derived from having researched the topic based on serious scientific sources and that she had also been very careful to encourage her children to avoid ingesting medication unnecessarily and to check with a doctor before taking 'even an Aspirin'. In this way, both women made an effort to show me, and implicitly the readers of this doctoral dissertation, that their former or current drug use did not in any way undermine their parenting or turn them into disreputable mothers.

Remarkably, male parental figures did not seem to be included in this dynamic. Ebba S mentioned that she and her partner jointly decided to abstain from drugs, implicitly pointing out that he also enjoyed using drugs. Her performance of parenthood, nonetheless, did not mention how his had been affected or otherwise influenced by (not) using drugs. While it is perfectly possible that this was a conscious tactic on Ebba's part to protect his anonymity, Du Rose (2017: 61) points out that the potential loss of parental

custody tends to affect disproportionately drug-using women, whereas men find it easier to 'walk away to pleasure'. This might therefore have conditioned Ebba's reflections. Interestingly, Ebba, in particular, perhaps due to the young age of her children and their necessarily dependent position, tapped into the common theme of the self-sacrificing mother to underscore her fitness as a parent ('the children are more important than anything else'). Indeed, Ebba S suggested she had been made to choose between self-medicating a chronic condition with cannabis and the custody of her children. It is precisely in the realm of medical care that some participants have also described struggling with stigmatising circumstances because of their drug use.

Lisa U, who had used cannabis for both recreational and medicinal purposes, painted a vivid picture of her consultation with a doctor to discuss some health issues. She told me that at the beginning of the consultation, the doctor asked her if she had consumed alcohol or drugs:

> Lisa: So then I answered honestly, that yeah, I had been in Portugal where cannabis is no longer illegal and that I had smoked, and I told my doctor, "I went on holiday, and I smoked a little weed, and it was amazing" [*L giggles*]. And then the doctor replied as if he were reading out of a book, "It's not good to smoke weed; it can be dangerous". […] Like, he stopped listening; he didn't ask any follow-up questions; he was not interested in hearing how I felt better taking cannabis. He was just, like, "That wasn't good; you can't do that again; now I will talk about something else".

Lisa described feeling shut out and ignored by her doctor because he gave her an entirely by rote answer that did not acknowledge how Lisa experienced cannabis as easing her symptoms. We see therefore in this excerpt how she was symbolically diminished and marginalised in this encounter, her voice and experiences summarily dismissed. Fortunately, she also described having other, more positive encounters with her care team regarding this topic, but the fact remains that many respondents felt the healthcare setting provided a stigmatising environment.

Felicia U had similarly negative experiences. She explained that she had turned to drugs to handle some psychological issues but had also turned to the health authorities for help:

> Felicia: I went both to my GP and psychiatric services because I was feeling really unwell. But I couldn't get any help because I was misusing drugs. […]
>
> O: You could say that it became a vicious circle. You needed help, but you couldn't get it because you were involved with drugs, but you also needed help *because* you were using drugs?
>
> Felicia: Yes, exactly. That's how I experienced it, because I still sought help, even if I was reluctant to receive [drug] treatment. I was still.. I went both to my GP and to psychiatric services and said, "I feel really unwell, I need help", and they were, like, "We can't do anything until you've tested [clean] for three months". And three months [sober] is a really long time for someone who is misusing drugs. One *day* was basically impossible for me.

The healthcare system in this account does not seem predisposed to help drug-using people struggling with mental health issues because sobriety is presented as a necessary precondition to qualify for help. This led Felicia to be stuck 'in a vicious circle' because she felt she needed drugs to treat her symptoms when faced with the system's inaction, but this inaction was caused by the fact that, in the medical staff's eyes, sobriety was a necessary precondition to qualify for help. Nellie U pointed out that she was told by medical professionals that using drugs while being treated for other conditions might lead to people 'being treated for the wrong thing'. She reasoned that their concerns 'weren't entirely misplaced', 'but at the same time, they should listen more to people who need help'.

Felicia, like other participants in her situation, chose to continue using drugs for some time after these encounters, but we also know that procuring drugs may create additional problems in and of itself. Indeed, as we saw above with Erika's account, purchasing drugs exposed her to the risk of sexual violence and harassment by drug sellers, as well as detection by the police. This could

be considered a harmful situation in which to be in and of itself, but even the threat of further victimisation could have exacerbated some of the symptoms Felicia, Erika, and others suffered. Consequently, one could argue that some of the participants found themselves 'very much stuck between a rock and a hard place'.

Different Facets of Risk in Relation to Social Position

We have seen so far some of the facets of risk respondents had to navigate because of their involvement with drugs and how these manifested themselves both in the illicit drugs market and in conventional society. These risks concerned both the physical, in terms of bodily integrity, and the symbolical, in terms of stigmatisation. In this section we will see how the effects of these risks and the tactics to navigate them were often necessarily mediated through social location: differently located women in terms of social position experienced and navigate risky circumstances in different ways.

Drugs and individuals around drugs were a significant source of uncertainty and risk for participants, who reported a significant incidence and threat of sexual harassment and intimate partner violence. I asked Nellie U:

> O: Do you think that men and women have different experiences in this environment?
>
> Nellie: Yeah, I think so.. We women.. don't experience as much risk of being subject to violence outside of the home as men do. Men can risk being shot or stabbed, ehm because they owe money or something like that. But women are more exposed to partner violence at home. That's been my experience and what I've seen around me.

The literature on the topic has well established the occurrence of gender-based violence (GBV) in the illicit drugs market, with some supposing that it is an entrenched characteristic of this environment that disproportionately affects women with varying degrees of problematic patterns of substance use (Maher & Daly, 1996). However, it is worth noting here that the relationship between

substance use and gender-based violence (GBV) is not as straightforward as one would otherwise imagine. Stoicescu et al. (2021: 50) explain that '[l]ongitudinal research has established causal, bidirectional relationships between different types of GBV [gender-based violence] and drug use'. This means that some women might have approached drugs and drug use for the first time to cope with past traumas, whereas others might have developed traumas as they became involved with drugs and others who use drugs (ibid). This, in turn, might have provided an additional push factor towards drugs.

It can be said that being in or around drug environments may therefore compound vulnerabilities further. This is what Sara K meant, for example, when she mentioned, 'I've seen or experienced things that no human being should *because* I was around drugs'. At the same time, these vulnerabilities may largely be characterised by individuals' social location, as Sara K further noted. She remarked:

> Sara: Those guys whom I hung out with, who exploited me sexually, they were also my safety, my protection. I knew that they were degrading me and sexually assaulting me, but they also bought me clothes; they drove me where I wanted; they gave me drugs and a roof over my head.

Similarly Maria K, a former drug user and seller, spoke at length of the abuse she experienced at the hands of her partner. And yet,

> Maria: We [my children and I] couldn't leave either. Where could we go? Where would we live? How could we hide [from him]? It just wasn't possible, you know what I mean? It just wasn't possible to leave.

These excerpts encapsulate well the difficult circumstances drug-involved women may face. Sexual violence was unfortunately pervasive in respondents' accounts, with limited possibilities for them to contrast it, particularly when they depended on their abusers for protection, financial support, or for drugs. Some therefore had to continue being abused in exchange for the things they needed. As Maria K noted, there are programs in place for members of

organised criminal groups to leave but she experienced there was limited support for their relatives who might need protection.[23]

Gender-based violence in the illicit drugs market can be understood as a reflection of a larger context in which women are particularly at risk of violence, physical or otherwise, at the hands of family members, intimate partners, friends, and acquaintances, and not just men involved with drugs (Waterhouse et al., 2016; Johnson & Bennett, 2017). As such, it would be a mistake to believe that this type of gendered violence that participants described above is solely confined to the illicit drugs market. Rather, we can understand it as a continuation and a reflection of the dangers of always being a woman, both publicly and in private. Indeed, Nellie U drew parallels between the safety precautions she took when purchasing drugs and the ones she started taking after experiencing a non-drug related assault:

> Nellie: I had a knife with me.. and I thought I could use it to slash anybody who came too close. I still have that kind of tactics because I've been assaulted. It didn't have anything to do with drugs, but it's still a little similar situation. Nowadays, I have legal pepper-spray, but it wasn't legal at that time, so then I used a knife.

Further, the possibility of being picked up and arrested by the police, and subsequent imprisonment represented another significant risk for participants. While some respondents had positive encounters with the criminal justice system, those who received custodial sentences called it a difficult period in their lives:

> O: It can't have been easy to be in prison...

> Siri: No, I was super scared at first. […] Being deprived of your rights and having to obey others, just listen to what others say. Even just having to provide urine samples on command […]. That was really hard to get used to.

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[23] See, for example, www.avhoppare.se.

As we saw with Mikaela and Lena, a minority of participants articulated resistance to these practices. Others, instead, tended to see them as part and parcel of being involved with drugs. As Linda K explained, you eventually learnt to deal with it: 'you want money and drugs so then you don't give a shit about' negative police encounters.

Consequently, there is room to argue that correctional systems may provide an additional layer of symbolic harm that further underscored participants' extraneousness in conventional society as drug-involved women (Mattsson, 2005; Laanemets & Arne, 2008; Lander, 2018). We can see how respondents' particular social location enabled a set of responses that other parts of society would not have to experience, such as the loss of privacy and attacks on one's bodily and moral integrity. We can trace this dynamic even in the pressures the criminal justice system exerted on some participants to conform to and perform very specific forms of femininity. All this appears in line with Campbell (2015: 807), who argues that 'risks are embedded not only in women's ways of "doing drugs," but in regimes of social "welfare" and/or "protection" put into place supposedly to respond to drug-using women'.

While these risks may be relatively ubiquitous for women involved with drugs, we also saw how respondents' accounts suggest that there were different gradations of risk and different countertactics depending on their social location. If gender added a decided layer of vulnerability, class appeared to help minimise some of this vulnerability. Financial stability and greater purchasing power, for example, enabled some women to purchase drugs in relatively better procurement conditions. We can see this in this excerpt from my interview with Ebba G. When we were discussing cannabis prices, she mentioned:

Ebba: Normally you'd have to buy [5 grams] for 500: most do not divide that up […] …and then the dealer we have now, for every 1,000 crowns, throws in like a little bit of hash.[24] I fucking hate hash, so for me, this is an ineffective reward [*E giggles*].

This suggests, firstly, that some suppliers may prefer customers who can spend at least 500 crowns per purchase, which can be a significant amount for those who are less financially affluent. We again remember Erika, who discussed how she could sometimes afford to buy only enough for *one* joint at a time, even though the markup in that case was significant ('0,3 grams for 100 crowns' compared to Ebba's 1 gram for the same amount). The second point of note in this account is that customers were actively encouraged to make bigger purchases and were rewarded accordingly. Even though Ebba disliked hash, she recognised that her supplier was attempting to ensure her continued "patronage" by providing some extra perks when she and her partner purchased for more than 1,000 crowns. She also mentioned in other parts of our conversations that the suppliers would come to *her*. Although she complained that they were often unpredictable ('Swedish drug dealers, first of all, are perennially late […]. Like, fuck you, man. Do you want to make money or not?'), this enabled her not to have to engage in street-level purchasing, thus avoiding some of the risks that Erika and others faced. Similarly, Lena K also received favourable treatment from her dealer, partly because she had a regular income, but also because her dealer 'fell in love' with her, which she 'played upon' to gain further advantages.

Nonetheless, class could be crucially important when considering the long-term effects of both criminalisation and stigmatisation. As Lander (2018) explains when discussing her participants, their low educational achievements, in connection with their exclusion from the regular job market because of their drug use, meant they had limited opportunities for upwards social mobility. While this project lacks the longitudinal perspective present in

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[24] Approximately 100 euros.

Lander's study (2018), we can suppose that this may become true for some of my respondents, too.

At the same time, it must be underscored that a privileged social location may present some drawbacks of its own. The abovementioned Helena G described having a quite privileged social background. Originally from another European country, she had followed her Swedish partner to Sweden and had a high-level professional job. She reflected on how her current drug use reflected some gendered practices, given that she mostly sourced drugs through men, either her partner or male friends:

> Helena: I don't know why it bothers me, necessarily, because, like, there are a lot of advantages to it, of course: you never have to buy; you never have to put your bum on the line. Ehmm, I mean, I always pay for the stuff that I, that I end up using, but I'm not the one buying externally. So there are a lot of advantages to it. But I think it just, it bothers me that I'm not capable of doing it myself if I need to. If I'm out with girlfriends, even if we're just having a girls' night out, I will buy the drugs from guy friends who are not going out, and I'll be arranging it first with them. Yeah, I don't know why. It just.. it just bothers me a little bit, I guess.

Further, being a relatively newly arrived immigrant made it difficult for her to interact with representatives from the Swedish authorities. She told me of a time when she and her friends were treated quite heavy-handedly by the police, who thought they were drunk, and, as non-Swedish speakers, Helena and her friends had a hard time communicating with the officers to clear up the matter. As such, Helena discussed feeling quite limited in her options as a regular drug user in Sweden given that she had to rely on others' intermediation to source drugs and keep her safe from the police, despite her otherwise privileged socioeconomic position. Even though we can consider Helena's experiences as an example of a deliberate and volitional account, we also see that there are still location-specific limitations.

In contrast to this, we can still trace some degree of volition in Sara K's accounts which were otherwise strongly characterised by descriptions of

victimisation. She engaged in survival sex work with a group of men who acted as her controllers.[25] Even though they sexually exploited and assaulted her, she told me that when faced with an abusive customer, she could also count on them to resolve the situation:

> O: Did you have any tactics to reduce the risk with those [customers]?
>
> Sara: Yeah, I did. Those guys [who acted as controllers] would come along sometimes. They would drive me to [the appointment] and they would say, "As soon as something weird happens, ring us and make sure the door is open" or something. So then, if something did happen, they could run in and threaten the guy, rob him, even if he hadn't done anything to me, just by misbehaving.

We can therefore see that some degree of resistance may be sometimes possible, even in cases of considerable victimisation: as a tactic against customer abuse, Sara K could mobilise her contacts to have justice meted out against customers, even though she also experienced abuse at the hands of these contacts. Consequently, I argue that it is important to move beyond typical volition vs victimisation dichotomies and consider more fully how different categories of being intersect with one another to constitute context-specific advantages and disadvantages (Miller & Carbone-Lopez, 2015).

Women as Actors in the Illicit Drugs Market: Managing Risky Circumstances

Considering the above, we can say drug involvement has certain risks. In this section, I want to highlight how participants described managing the risky circumstances that arose during their involvement with drugs. I will do so by using the different power lenses discussed in Chapter 3.

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[25] By 'survival sex work' I mean sex work carried out as a result of 'systemic factors or personal circumstances of poverty, homelessness, drug use and mental health' (Chez Stella, 2013: 3). By 'controllers', I mean instead, 'individuals who determine [or facilitate] an individual's involvement in sex work and the sexual services they provide' (TAMPEP, 2006: 1)

We have seen that participants described themselves as being particularly disadvantaged vis-à-vis men in the illicit drugs market as well as vis-à-vis conventional society as drug-involved women. The threats to their physical and moral integrity described above suggest to us that participants experienced forms of aggressive *power over*, with limited possibilities of contrasting them. Further, drugs in themselves could be experienced as a powerful negative force, both in the short and in the long term, as respondents developed problematic consumption patterns that made them feel powerless:

> O: So, I'm wondering if you have ever felt powerless or powerful in relation to drugs?
>
> Asta: [*pause*] Powerless, the whole time you could say. Or.. It was relatively easy to act as if I wasn't powerless, pretend that I had an eye on things, but pretty soon I started to realise that… I was using drugs in a destructive way… And that I couldn't stop. So there was a lot of powerlessness in that.

It also required engaging sometimes in undesired behaviour to source drugs, such as borrowing money from friends and family, committing petty crimes, selling sexual services, and so forth. However, this powerlessness could also be experienced indirectly, for instance when respondents had to see friends and loved ones similarly struggle through difficult circumstances, as described by Emma S:

> Emma: I can feel powerless when there are friends I care about, for whom I want and wish the best, who maybe use drugs for the wrong reasons or end up misusing because of certain life circumstances. This is when I can feel extremely powerless. Except there's an additional problem to that because you can't reach out for help without being painted as a criminal. And that makes me even more powerless, because in such a situation I can't say as a friend, "Go there, you can get some counselling, a little support, and help", because if you do so, then you're suddenly a criminal […].

At the same time, respondents also described trying to resist and overcome these challenges. Something that struck me quite clearly was their remarkable

drive to find alternative tactics and ways of getting around obstacles in their way. This is what I defined in Chapter 3 as *power within*, or agency, that is, the intention to engage with one's surroundings to bring about a desired outcome through 'bargaining and negotiation, deception and manipulation, subversion and resistance as well as more intangible, cognitive processes of reflection and analysis' (Kabeer, 1999: 438). We can see this in Jane's reflections on how to transport drugs safely after meeting her seller:

> Jane: And so when we met up, we did the switch and then I was like, "OK, now I have three grams of MDMA […] in my bag. I... do I get the train? Because I took the train from [work] to [here] and then met him, so I didn't have my bike […] which would have, I think, been more comfortable because, like, you are *so* not likely to be stopped by the police, and I wouldn't have done anything to make the police stop me, and then I was like, but I don't want to be on the train because I feel like that is maybe more exposure? Or less exposure? I don't know. In the end, I got on a scooter.

This excerpt takes us step by step through Jane's mental process of figuring out how to leave the drug exchange site undetected. As such, we get an idea of how fraught with excitement and apprehension the drug-procuring process can be and how respondents had to evaluate alternative courses of action to achieve their goals. The ability to do this may have been strongly characterised by social location in that each possible pathway may have been conditioned by the material and intangible resources upon which participants could count. For example, Felicia U, who identified as having had problematic drug consumption patterns, explained that the lack of legally-sourced incomes made her consider other ways to purchase drugs:

> Felicia: Yeah, so, for me it's been like, when I started using drugs, after a while, in order to get money for that… The alternatives were that I would need to either sell drugs, commit crimes, or sell myself.

She further acknowledged that these were alternatives men also had to face, 'but not to the same extent as women', which we can attribute to the structural

disadvantages women faced in both the illicit drugs market and conventional society.

At the same time, personal creativity and resilience also played an important role in respondents' accounts. For this reason, we see how Sara G felt quite confident in managing her drug use, given the extensive research she had carried out on these substances before ingesting them:

> Sara: I'm glad that I did my research. I also think that if you end up in a tough spot while high (as I have done several times with everything from weed to MDMA), and it feels like "No, this is not safe", I feel that the more research I've done, the more I realise that I've ended up in a [bad] loop or whatever. […] Then I think, "I need to sit down. This is what I need to do to come back". There's, like, some kind of voice at the back of your head, despite you feeling completely lost in [the experience], when you don't know what is real and what is not, there's still this voice that reminds you that, "Right, you have taken this drug. That's why you're feeling this way".

According to some, bad trips can sometimes be interpreted as a failure for drug users because such experiences may be linked to inexperience or incapability (Copes, 2022). Nonetheless, we see in this excerpt how the ability to emotionally self-regulate during a bad trip and navigate the situation can also be considered a successful outcome and an indicator of experience and capability (Gashi et al., 2021; Copes, 2022). Sara G reached within herself to access the information she collected through her research, which, in turn, allowed her to come out of a bad trip (*power to*). It is possible that this successful outcome could have been enabled by her social location. As a student, Sara G would have had the ability and resources to research beforehand the effects of drugs and prepare mentally. At the same time, this knowledge could have also been gained through first- and second-hand experience, and the internet can also represent a great resource in this respect. Indeed, Nellie U learnt to cultivate cannabis by reading the experiences shared by others on the internet. As such, I would argue that Sara's inner resourcefulness and adaptability can be understood as playing an important role. We can consider that the respondents felt that their experiences and

coping tactics enabled positive outcomes, which in turn strengthened their feelings of agency vis-à-vis drugs. I will return to this point below.

Additionally, many respondents recognised the importance of loved ones and allies to help them fulfil their goals by supporting them with their knowledge, their contacts, or simply their care. This was the case for Liv S. At the beginning of her drug career, as a cannabis user for self-medication purposes, she needed help in rolling her joints:

> Liv: [When I started smoking, I used to] buy from someone and then have my friend roll. I couldn't do it myself, so then she would fix it for me so that I could have some joints at home to smoke.

This quote represents a rather understated example of this phenomenon, but it also illustrates some of the bonds, as described by participants, that they developed in connection with their involvement with drugs. Such interactions and relationships enabled participants to gather both material and intangible support (*power with*) to achieve their goals. It further shows how drug involvement may also include loving care practices; a facet seldom focused upon within the literature (Simmons & Singer, 2006). However, while many described these relationships as kinship-like, some also described initiating and maintaining a more straightforward relationship of convenience. As Felicia U explained,

> Felicia: I could glance around a room and see, "Which person is worth befriending here?". And then I tried to get closer to that person. It sounds terrible, but that's how I worked (*jag jobbade*) to get access to good drugs or to get them cheaply and stuff. […] If you see it as a pyramid [*F giggles*], I worked upwards to get as close to the top as possible, where it was possible to buy a hectogram without any problems.

Ultimately, however, drug involvement presented some considerable risks: while social position, inner resilience, and material and intangible resources could help to ameliorate these risks, we can still trace the ways in which respondents had to constantly manage these risks in their daily lives. For this reason, it can be helpful to bring in the concept of edgework introduced in

Chapter 3. This concept allows us to understand how respondents attempted to cope with risky circumstances by negotiating space away or towards the edge. To illustrate my point, I revisit two accounts I presented earlier, both centring on the drug procurement situation. Vera U and Jane G both ended up being drug procurers for themselves and for others, and they generally had quite positive encounters with drug sellers, even when they met these men alone.

There are, however, some factors that both differentiate and unite their experiences. The threat of sexual violence appeared much more palpable in Vera's case than in Jane's, and this may be partly due to their relative social location. At the time, Vera lived close to the underserved area in which drug sellers lived and operated, and she knew first-hand how dangerous they could be ('those people I bought from, […] they were the same group […] that a couple of weeks earlier […] had raped a girl'). Jane, instead, had at the time of our interview a much more privileged social location, working in a high-level job. Her friend who introduced her to the dealer also presumably had a similarly privileged social position.

Both Vera and Jane could count on male protectors and intermediaries who could shield them from the excesses of the illicit drugs market. However, we can also see how they negotiated their presence on the edge. Vera recognised the gendered dynamics underpinning the drug procurement situation and 'flirted a little' to obtain better purchasing conditions. One could posit that this exposed her to some danger despite Adam's protective shadow, given that Vera described these men as habitual sexual predators. We could, instead, interpret this as Vera attempting to negotiate space *away* from the edge by adapting to these sexualised procurement conditions without feeling personally compromised. We can therefore see how these 'cultural conventions and social relations necessitate that women manage sociological ambivalence in intimate relationships through oscillating practices of accommodation and resistance' (Connidis and McMullin, 2002, in Rajah, 2007: 197).

As we will see in the next chapter, Jane insisted on procuring drugs for herself and others to assert her autonomy and moral standing despite the risks that such situations could engender. In keeping with this conceptualisation of edgework, we can interpret this as Jane negotiating space *towards* the edge rather than away from it, partly to avoid the trap of needing to rely on others for drugs, as Helena described doing above. At the same time, one should note that risk could only be partially negotiated and minimised, which exposed even the most privileged of participants to uncertainty and danger. For this reason, we can consider that all respondents carried out a complex dance that encapsulated both movement towards and away from the edge.

Following the conceptualisation of edgework outlined in Chapter 3, we can say that it represented for participants 'a means to exercise control and autonomy by both symbolically and physically confronting those sources that seemingly [attempted to] deprive the actor of control over his or her own fate' (Naegler & Salman, 2016: 361). Vera did so in relation to the sexualised purchasing conditions she experienced. Jane, instead, sought to acquire some form of autonomy over her drug consumption.

This desire "to exercise control" over oneself and one's circumstances was quite palpable in Emma's account. We were discussing possible changes to Sweden's drug policy and how she wished to see cannabis monopolised by the state. I asked:

O: So, if I'm understanding you correctly, you're thinking that in that case, if people got to choose, they'd...

Emma: Yeah, choose the most appropriate substance for them. I mean, it's what I was saying earlier. Depending on whether I have felt good or bad, *I* have been the one to decide to do different [drugs] with different people at different times. You're not the same person your whole life: your life circumstances change; your well-being changes. So then, to be able to choose and do what feels right for me in this moment is a pretty big part of feeling well and feeling that it's fine, that I *am* fine.

Consequently, moving away from interpretations of compulsion and self-neglect, we can see how drug involvement *did* something for and to participants, even in the context of self-described difficult or dangerous circumstances. It could give some respondents feelings of fulfilment and agency in addition to 'independence and status that might otherwise elude them' in other, more "conventional" pursuits (Shaw, 2021: 61). In short, it provided for the achievement of situational and situated accomplishments that could eventually have implications for respondents' self-conceptualisations in the longer term. We will see this further over the next two chapters.

Concluding Remarks

In this chapter, I outlined some of the most significant risks that emerged from participants accounts. I zeroed in on four different domains: *risky substances and consumption practices*, *difficult procurement conditions and domineering and violent others*, *criminalisation processes*, and *stigmatising circumstances in conventional society*. While the literature has traditionally focused on the dangers the illicit drugs market poses to individuals, particularly women, I have also shown how conventional society may pose some dangers of its own (Campbell, 2015; Campbell & Herzberg, 2017). These accounts reveal how participants often had to find creative tactics to manage the risks drug involvement posed, risks that could only be ameliorated but not altogether eliminated. For this reason, we can say that respondents sought to negotiate some kind of leeway for themselves by doing what they could with the resources at hand.

We saw that a relatively more privileged social position could help significantly in shielding respondents from the excesses of sexism in the illicit drugs market and drug-related stigma in conventional society. This shows the importance of considering social location for drug-involved women. It also cautions us against allowing ourselves to be clouded by a priori assumptions of their dereliction, which often see drug involvement only in terms of

addiction or victimisation. At the same time, it can be said that creativity and resilience also played a significant role in respondents' ways of managing drug-related risk. Consequently, we must depart from a theoretical lens that can accommodate this perspective, even though we acknowledge the constraining force of existing power structures in a given context.

The contribution of this chapter lies in highlighting the ways in which participants described attempting to manage these risky circumstances, beyond a narrow victimisation vs volition perspective. Here the different lenses of power and the concept of edgework were fundamental to exploring different accounts of volition and victimisation and how these were also mediated by social location.

Having analysed the first facet of respondents' experiences with drugs, we turn to examine in the next chapter the significance and the meanings participants attributed to their experiences with drugs despite, or sometimes even because of, the risks outlined here.

CHAPTER V:
NEGOTIATING PLEASURE AND MEANING: THE PROS AND CONS OF BEING INVOLVED WITH DRUGS

The second facet of participants' experiences with drugs and drug-involvement I will examine in this dissertation relates to the significance these have had for respondents. I will therefore analyse some of the meanings participants attributed to their drug-related practices, namely, *sourcing*, *providing*, and *consuming drugs*. Here I will employ the broader definition of pleasure developed in Chapter 3 so that it includes not only the sensations afforded by the consumption of illicit drugs, but also 'a sense of adventure, belonging, comfort, or the thrill of risk taking', and identity-making (du Rose, 2017: 42). Further, the understanding of drugs as doing something *to* and *for* participants may be similarly useful, as it also reveals situational and situated concerns (Foucault, 1988; Ettorre, 1992; Measham, 2002). As mentioned above, pleasure-seeking and meaning-making are rather understudied facets of women's experiences with drugs, but they are vital to understanding both offending and desistance trajectories.

Pleasure-seeking through drugs, however, was strongly constrained by the risky and stigmatising circumstances in which a majority of respondents found themselves, which is why we can sonder this as another facet of negotiating leeway. As such, my discussion will, in order to do justice to participants' sometimes-ambivalent recollections, also consider the overall meanings they attributed to their experiences. The phenomenological lens described in Chapter 3 will be a useful departure point for this analysis.

Buying Drugs: Negotiating Ethics and Feelings of (In)Dependence

Despite the risks involved in buying drugs that I outlined in the previous chapter, some of the women I interviewed were still quite eager to engage in this practice. Here we can again discern a complex dance away and towards the edge – something we called edgework in previous chapters – as respondents had to negotiate safety and risk while procuring drugs. Jane G had used to buy drugs for herself while at university in her home country, but upon moving to this part of the world, she initially entrusted her close male friend to buy drugs for the both of them. After some time, she had a change of heart, explaining:

> Jane: […] Something changed this summer when I realised […] I can't be putting the, the risk that it takes for him to get drugs for the two of us to use. Like, it's unfair that he takes all of that risk when I actually, you know, I am also using it and I should take ownership of the fact that I am now using drugs recreationally. I have for some time so I should take ownership of the fact that […] if that is my choice, it's my decision, then it's [also] my responsibility.

Jane decided to 'take ownership' of her drug use by buying the substances herself. This became particularly tangible through her repeated use of the possessive adjective ('*my* choice…*my* decision…*my* responsibility)'. We see emerging from this excerpt two distinct ideas of fairness and accountability that are worth unpacking. The first relates to her friend, who had presumably been fine with being the main drug procurer (or I believe she would have mentioned it). We see how Jane G described feeling a need to be fair to her friend by seeking to shoulder some of the risk and the work needed to procure drugs. This undermines the image of drug use as an individual and selfish pursuit. Even though we read respondents' accounts as primarily solitary given their emphasis on the sensations that drugs cause, we also see how drug involvement could be closely connected to friends and intimate partners. Jane saw herself as in some way owing her friend, finding that he was burdened unfairly, and sought to rectify this by taking the initiative.

The second idea that emerges from this account relates to how Jane saw *herself* as a result of her involvement with drugs. In our interview, Jane explained she had often been troubled by classic understandings of women and drugs, remarking pointedly on the stigmatising labels applied to women who get inebriated ('getting "white girl drunk" is like, an actual saying [...]. It's way easier to make fun of a girl who's drunk and vulnerable'). She explained that she thought that this kind of stigma 'also applies to drug usage', and she mentioned that she felt that this perception encroached upon her as well. As such, she was aware that others might not have taken her seriously as a drug-involved woman, which became an external incentive for Jane to become more involved with drug procurement. Ultimately, she found that doing so was 'oddly empowering', and we can imagine that these feelings of agency could have made it attractive to continue doing so.

Consequently, we can also see how identity work could be done in connection to procuring drugs. Much like in Vera's case in the previous chapter, volunteering to procure drugs may be understood as movement towards the edge rather than away from it. In this way, Jane implicitly sought to challenge established tropes about drug-involved women by becoming more accountable to herself and others. She rejected stereotypical images of drug users as slackers and hedonists, choosing instead to frame her decision to start procuring drugs in ethical terms. We can also understand this as her rejecting middle-class feminine values that would see her as passive and respectable, instead becoming the provider rather than the provided. At the same time, this ethical framing can also be understood as a discursive marker for white middle-classness. Indeed, Bennett (2018: 295, 299) notes that research on semi-legal sectors, 'such as sex work, cigarettes, and recreational drugs', 'suggests that ethical consumers in the United States, Canada, and Europe are more likely to be White, have higher incomes and more wealth'. As such, we can imagine that conducting oneself ethically in sourcing and consuming drugs may be an important value for middle-class individuals but, of course, not exclusively so.

At the same time, we saw in Chapter 4 how procuring drugs was also described as both difficult and risky, and this inevitably impacted how participants related to this activity. Asta S, for example, decried having to deal with sellers and not knowing what they would be like. She explained that she would have limited recourses in that situation because, 'It could be someone who was a real idiot, but you were still forced to play nice. I needed what they had'. Further, these dynamics also put her in a position where she could feel personally compromised by, for example, needing to deal with a seller who had abused a friend of hers. I asked:

> O: So I'm wondering if you had any tactics for handling these people, aside from being nice. Did you have something to protect yourself?
>
> Asta: No, no tactics as such, but I remember that I thought it was very.. Difficult to be, like.. nice and accommodating to someone I actually thought was an idiot. There was one guy who had.. been nasty to a friend of mine […]. He was a fucking idiot. He used to sell to me, so then I needed to be… *nice* in some way. I couldn't say what I wanted to say because I needed the drugs, and sometimes, when I came over, he was very… Inebriated, very high, and then I just wanted to buy and get out of there. But then he wanted to hangout and show stuff, things like that… So then I tried to be nice but still, "OK, but I need to go". But I remember feeling very.. Fake, and disgusting, like a brown-noser, because I was forced to have drugs and deal with someone who had… physically abused a friend of mine. I thought very badly of him, but he was still my best seller at that time.

In this excerpt, we see how drug procurement was not as empowering a practice as it was for Jane, but it was a significant illustration of the degree to which Asta depended on drugs and those who could sell them to her. To maintain access to drugs, Asta felt she had to personally compromise herself by being 'nice and accommodating to someone' she despised and who had abused her friend. Further, this man was often inebriated when they met, and this added a further layer of unpredictability and danger to the encounter. While he wanted her to stay so that they could 'hang out', and here we can speculate as to whether there might have been a subtext of predatory sexual

interest, Asta was forced to find graceful ways to disengage and leave as soon as possible. She was happy to note, in other parts of our interview, that she had never needed to sell sexual services or commit crimes to purchase drugs. However, it becomes clear in this excerpt that this type of encounter still left her feeling ethically compromised in some ways. She explained feeling 'fake and disgusting, like a brown-noser' whilst recognising that this man represented the best chance for her to obtain the drugs she wanted and needed.

Beyond the specificities of having to deal with a particular drug seller, several participants thought the procurement situation, in general, was very stressful. This was the case for Lisa S, who pointed out that she never had problems while purchasing cannabis, but still thought the experience was nerve-wracking. This is because the drug procurement situation was, according to her, 'a meeting between human beings (*ett mänskligt möte*) that occurs ehh in a market that we're told is unsafe'. As such, there were several things she feared in these drug exchanges. When I asked her to expand this thought more, she explained:

> Lisa: Yeah, ehhh.. It's a fear that changes, and it is also connected to me as a person and to the fact that I was diagnosed with chronic fatigue syndrome, so I've been afraid of a lot of things [*L giggles*]. Fear is something that I've needed to handle in a lot of different ways, and I've had a lot of fear that has been triggered by my stress disease. So that can be important to know […]. Those times that the purchase occurred in a car, that is something that we get told [*L giggles*] "Never get in a car with a stranger". So then it's absolutely instinctual, I don't have control here, I don't know this person or people, they could drive off with me at any time. So then I'm afraid of being assaulted in some way. Ehhh, what else am I afraid of? I'm definitely afraid of the police, of being caught. So there's partly a fear of the people I meet and partly a fear that we're doing something illegal; what happens if the police arrive now? Ehh.. it's a tense situation; I have no idea how this person will react if something were to happen. I mean, again, this is someone I don't know; I have no clue if this is a calm person? A stressed person? A person who is afraid? […] And then, I'm afraid because I'm doing something I should not be doing, that I can't do,

something I've been told is dangerous to do- Ehhh so *that's* also been a reason why I've taken a break from, from.. ehh, illegal weed […]. At a point, I couldn't really defend putting myself in a stressful situation to then go home and use that substance to destress from the situation [*L giggles*].

We can see from this excerpt how Lisa had a lot to fear from the drug procurement situation. She initially tried to contextualise her fear by ascribing it to her general mental and physical well-being. This allowed her to implicitly downplay and explain away the reasons for her fear, perhaps reluctant to contribute to the negative discourses she perceived in Sweden. At the same time, being concerned about entering such a tense situation seems to be an extremely reasonable response given the risks she outlined. Not only did she acknowledge that her dealers could assault her, but she also feared how they would react if a police officer were to enter the equation, and what would happen to her in that case. So, even though she took some pains at the beginning of this excerpt to point out that her fears were perhaps unfounded, they seem to be legitimate and in line with what other participants also discussed. Ultimately, she decided to stop consuming 'illegal weed' for a time, that is, weed with higher percentages of THC, because the procurement situation worsened her mental and physical symptoms.

We can therefore understand the sourcing of drugs as a meaningful but also problematic practice. While some participants found it stimulating and important to buy drugs themselves, in order not to depend on others, other participants found that these gendered dynamics could still be present in the drug procurement situation. Both a privileged social position and non-problematic forms of drug consumption could be advantageous in this context: Jane purchased quite expensive drugs from her dealer and that, together with the fact that this dealer had been recommended by a close male friend of hers, meant that she had relatively little to fear in this type of encounter. As we also saw in the previous chapter, this could not be said for all participants. Some, then, had to choose between being exposed to risky situations and going without drugs: those who could stop using drugs with

little difficulty, could take a step back, as Lisa did. Others like Asta had little choice but to continue and learn to manage the ensuing risks. Again, we reconnect this to the concept of edgework described above: whereas women in comfortable social positions sought to come *closer* to the edge in risky situations and retract when convenient, women in more precarious situations had to attempt to negotiate a position further away from the edge.

Providing Drugs to Others: Accruing Different Forms of Advantage

In this section, we will explore the meanings participants attributed to providing drugs to others. This could be done to generate material advantages, such as more drugs or money, but some participants also did so because it could provide them with more-intangible gains, such as feelings of belonging and agency. As we will see below, the dividing lines between these two types of motivations could be sometimes blurred.

The Material Gains of Providing Drugs: Seeking Profit

We can discern how providing drugs allowed some participants to gain some material advantages in the account provided by Vera U, who explained that she became the one to get drugs on behalf of her group of friends, 'the "family", as [they] called it'. She could find them cheaply thanks to the connections we discussed in the previous chapter. Nonetheless, she also would charge her friends a little extra, partly because of the risk of being caught by the police. I then asked her:

O: And when you told your friends that it would cost more, like 200 instead of 150,[26] did they question it? Or was it more, like, "No, of course, completely reasonable"?

Vera: Yeah, I said that. I said that it cost 200 crowns per gram.

O: Aha, so then they didn't know..

Vera: I mean, the thing was.. Later I said that, I said, "It costs 200 crowns if I'm the one to go get it", something along those lines. Or I said, "It costs 200 per gram", and they were just, like, [*in a slightly gormless tone*] "Yeah, ok". And I got the drugs, without saying that I took extra off it. But later.. After a while I started getting a bit of a guilty conscience about that and I said, "Just so you know, I charge a little extra because I'm the one to go get it", and they were just, like, "Yeah, no problem. You're putting yourself at risk every time you do that." […] I didn't want to cheat them out of money, but you're a bit in that line of thinking when you're- Because it was 50 crowns extra for me, then I could, if I got 50 extra per gram, then I could buy an extra gram just for me, for example. That way of thinking is always rooted in trying to find ways to get more drugs for yourself.

In this excerpt, we see several features of note. First, Vera became the main provider for her group of friends because she had the right connections and could source drugs relatively easily and cheaply. It was something she *volunteered* to do rather than something she was asked to do by her friends. We can therefore see again how she moved towards the edge, rather than away from it, and how she took responsibility for the pick-up rather than let somebody else do it for her. Consequently, she considered it fair to apply a slight surcharge of 50 crowns per gram given the risks to which she was exposing herself. This surcharge also granted her additional purchasing power to buy more drugs for herself, consistent with a 'way of thinking' that was 'always rooted in trying to find' more drugs.

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[26] Approximately 20 and 15 euro, respectively.

After I prodded slightly to inquire about whether her friends knew of this surcharge, she initially deflected using some humour to depict her friends as a little gormless. This I take to be a neutralising technique to understate the hurt to her friends, Sykes' and Matza's '*denial of the victim*' (1957: 668), which allowed her to implicitly minimise her guilt about taking advantage of her friends. However, she then also admitted to experiencing a guilty conscience, so she eventually ensured she and her friends were on the same page and they were made aware of the surcharge. Finally, I also suggest that her calling this group "the family" shows how important these friendships were to her and how drug sourcing could enable her to take care of her loved ones, as well as to ensure that they could party together. Moreover, procuring and providing drugs allowed Vera to develop feelings of competence and agency. As such, there seems to be a mix of motivations underpinning Vera's decision to buy drugs for her friendship group, comprising both the material, in the form of more drugs, as well as the intangible, in the form of the ensuing identity work.

Siri S also found it meaningful to provide drugs, although she mostly sold to customers, rather than friends and initially did so with her partner. She explained:

> Siri: The more we used drugs, the more contacts we created, and we both liked expensive stuff, tech gadgets, branded clothing, status markers, basically. Those things do have a cost and it was so easy to make that lifestyle work [with drugs]. So then I could paint that picture on social media like Blondinbella did, something I thought I had to do to appear successful, because I was the one in school whom everybody thought would be successful, and I needed to live up to that. So then we bought a house, I started my own company, studied at university – all those things that you do when you're a capable adult (*duktighetsgrejer*) – at the same time as everything was being financed by selling drugs.

Again, we see here how supplying drugs, whilst initially framed as generating exclusively material advantages, also provided more-intangible benefits. First, drug-selling together with her partner enabled Siri to purchase expensive objects, such as 'tech gadgets' and 'branded clothing', as well as to provide

seed capital for her own company. It can be said, therefore, that selling drugs helped Siri achieve an upper-class lifestyle, well-suited to her upper-class background. Second, we realise from this excerpt that achieving this lifestyle was not enough on its own. Instead, Siri found it just as important to have it also become visible on social media. She specifically invoked as a frame of reference the famous Swedish influencer Isabella Löwengrip, more commonly known as Blondinbella (Nilsson, 2016), to suggest the extent of this image control. Indeed, Blondinbella is known for being an extremely successful entrepreneur with several income streams and a highly curated online presence (ibid). This comparison suggests the extent to which Siri desired socially intelligible forms of success and how a strong social media presence was instrumental in achieving this.

She credited this desire to appear successful to her position at school as someone generally admired and respected: 'all thought [she] would be successful', so then she had to find a way to live up to this assumption. It is in this sense that narrative criminologists see narratives as spurring action, since '[o]ur self-stories condition what we will do tomorrow because whatever tomorrow brings, our responses must somehow cohere with the storied identity generated thus far' (Presser & Sandberg, 2015a: 1). At the same time, she also used the term 'duktighetsgrejer', that is, 'all those things that you do when you're a capable adult'. We can interpret this as Siri also desiring to achieve, and be seen as having achieved, the more conventional trappings of adulthood. She did so by purchasing a house, which requires considerable capital, as well as by studying, driving multiple income streams, and maintaining a romantic relationship. Terming this as 'duktighetsgrejer' allowed Siri to somewhat normalise her activities for a drug-sober audience and depict herself as more conventionally relatable.

Ultimately, we see how providing drugs, apparently for profit, allowed participants such as Vera and Siri to achieve specifically gendered and classed situational accomplishments, albeit with different stakes. Vera took on a more classically nurturing role by being the one to provide 'the family' with drugs, working to stretch the money as far as it could go. Siri, instead, embodied a

more modern take on femininity that centred on entrepreneurship, as evoked by the example of Blondinbella discussed above. Here is where class backgrounds played an important, distinguishing role in how gender was done by these two participants. While Vera aimed to profit enough to buy from time to time a whole gram of amphetamines for herself, Siri aimed to fund a decidedly more expensive lifestyle.

The Intangible Gains of Providing Drugs: Identity Work

The reverse can be said in this section: while participants also traced intangible meanings to providing drugs, sharing, or selling drugs could sometimes lead to more decidedly material advantages. Ebba G provided drugs for some of her friends, both in terms of collective forms of purchasing and more straightforward sharing. She explained that, as a recently arrived immigrant,

> Ebba: I actually think that, so it was really hard to make friends in Sweden and this is one of the things that have made it easier to have friends; it's that you can also bond over your drug use, you know? Like, "Yeah, you *can* come over to smoke a joint because I'm not uptight".

In this excerpt, we see some of Ebba's priorities in this pursuit. First, providing and sharing drugs allowed Ebba to establish and maintain in Sweden a friendship group of kindred spirits. They were socially integrated, often working in comparably high-level professions, and were interested in using drugs recreationally in ways that would not be considered problematic. She described them as people who 'don't have to take drugs all the time, but sometimes they do'. As such, while drug use was not necessarily the only commonality between them, it did play a relatively important role in their socialising. Indeed, in other parts of our conversations, she mentioned that it would have been 'hard' for her, had she been the only one out of all her friends to use recreational drugs and vice versa. Further, as we also saw in the previous chapter, drug use in group could make a special event, such as clubbing or

raving, even more enjoyable and provide the framework for safer consumption methods.

Finally, we can also see how providing drugs did something for Ebba in terms of identity work: she was keen to underscore that she was not 'uptight', the way drug-sober others could perhaps be. Sharing drugs, and cannabis in particular, was something she did for especially close friends or friends of her then-partner. While we saw in the previous chapter her suspicion of others who refused monetary compensation for sharing drugs, she saw her drug-sharing practices as an expression of being a good friend and host. She explained:

> Ebba: And I mean, at different moments, we would have different amounts of substances, all of us, or [my partner] and I would have them. And then more than it being a conscious thing, it wasn't like, "Oh, we're going to invite everyone over and they're gonna do drugs". Although I guess we've said that at 2:00 in the morning when we invite people to our house. But it was never like, you know, like, [*in a fake chipper voice*] "And tonight we're gonna have dinner and then we're all going to do MDMA". But, like, I think it was just that for [my partner] especially, he had such an interest in drugs, and his Swedish friends didn't do them at all. So it was an outlet for him as well. I think he found it very exciting, and for me, yeah, part of being a good hostess like you, you always have like a nightcap or something. So I always viewed weed as that, because a lot of the people I know appreciate it, like, "Yeah, you know what? I *will* have a little bit of a joint". And so, like, I always wanted there to be a bit of weed [*E giggles*]. Makes me sound like a Stepford wife. [*both giggle*]

Here again we can see how several factors are playing into Ebba's decision to share drugs with an intimate few. First, there is a sense of spontaneity in the first part of this excerpt, in that inviting friends over did not appear immediately as 'a conscious thing'. Rather, it was more of an invite straight from the heart, so to speak, at the end of a long night of fun.

Second, we can see again some degree of identity work in that there was a subtle claim to being different and having a sense of pride in being different.

Indeed, Ebba implicitly compared herself to her partner's Swedish friends who did not share his interest in consuming recreational drugs. Drugs and sharing drugs were something her partner found 'very exciting' to do and, based on other parts of our conversations, something he appreciated having in common with Ebba.

Third, we see how offering drugs, in the form of a 'nightcap' allowed for some situational accomplishments in that Ebba could do femininity in a socially intelligible and approved way. As part of a heterosexual, middle-class couple, drug-giving could be incorporated into other household practices, such as hosting dinners. Notably, one of her partner's friends also referred to her when asking for cannabis ('one of [his] friends would text *me* quite often'), and this further suggests Ebba's position as "manager" of the household in this sense. Consequently, even though she also poked fun at herself by pointing out how she sounded like a 'Stepford wife', we get the sense that Ebba may have been performing a middle-class type of femininity that could be socially advantageous for her, in that it could give social clout and a positive reputation.

Finally, it is interesting to note the interpersonal dynamics that sharing or gifting drugs may engender in this case. Hall (2005: 1) sees 'gifts to beggars and other exchanges as vectors of social relationship and hierarchy' and the implication is that gifts flow downwards and create some sense of obligation on the part of the receiver. At the same time, one could argue that gifts may also flow upwards, for instance to curry favour from below, and flow horizontally to maintain interpersonal ties. I see in Ebba's accounts traces of downwards and horizontal movements, even though we cannot consider any of the people involved traditional beggars. Drugs were meant to be a 'free gift', 'given with no hope or expectation of return' (Hall, 2005: 2). And yet, Ebba derived some form of power from being the gatekeeper to drugs in a way that enhanced her social position, at the same time as it was a tactic to establish and maintain friendship ties. As such, we can consider how drug-giving also presented some material aspects, even when participants suggested mostly intangible advantages.

Similar aspects can be traced in how Felicia U who described having had 'fair' selling practices. This ensured that she would always have returning customers, because 'if you cheat people, if you give them too little stuff or stuff of bad quality, or you charge exorbitant prices, then they don't come back'. She told me that she eventually created an identity as a competent drug seller that made her feel proud, which ultimately made it difficult for her to return to a more conventional lifestyle once she became sober. She explained:

> Felicia: I had built my whole identity on being this person in the drug trade, dealing with drugs. And who was I without that? What did I like? Whom did I hang out with? How do you hang out with regular people? I didn't know anything about that.

We can therefore see how drug-selling for Felicia, and others like her, came to represent an important and meaningful activity. As we saw in the previous chapter, Felicia had started selling drugs so she could afford to use them. Nonetheless, she realised whilst doing this that she was a 'fair' and competent seller, and this bolstered in her a positive sense of identity. Indeed, the more she became involved with drugs, the more she put distance between her and conventional others, in particular her family. Although she partly did not want them to 'interfere' with her use, she also reasoned that she 'disappointed them time and time again, so it felt as if, "Why should I even be in their lives? I'm just a disappointment"'. Consequently, we can understand how the stigma Felicia experienced as a drug user may have partially been counteracted by developing an identity as a competent drug seller, which could have therefore made it difficult for her to stop this type of activity. Further, drug-selling and being externally validated by returning customers also seemed to produce feelings of agency and capability, which could have led to a positive feedback loop.

At the same time, the benefits of being a competent drug seller were not all intangible. When discussing feelings of power and powerlessness, I asked her if she ever had those types of feelings in relation to drugs:

O: Have you ever felt powerless or powerful in relation to drugs?

Felicia: [*short pause*] Ehmm.. yeees [*in a slightly hesitant tone?*] I felt powerful quite a bit when I sold drugs. It was an absolutely wonderful feeling because it felt as if *I* had control, and *I* was the one in charge.

Again, as we saw in the previous chapter, the ability to gatekeep drugs could be a powerful counter to the disrespect and violence women in the illicit drugs market often experienced. It comes therefore as no surprise that Felicia would derive feelings of powerfulness from controlling customers' access to drugs. We could interpret identity work as a larger concern given that she thought she knew little about what 'normal people' did. Nonetheless, the material advantages of selling drugs could also be considered an important pull factor towards this type of activity, as was the case also for Nellie U. She explained:

Nellie: It felt good, because if you're in a position of power, then you can deny people drugs, because they don't deserve to buy from you, because they fucked up or something.

Some respondents, however, came to see providing drugs as a negative factor in their identity-making. One participant expressed strong feelings of remorse for having sold drugs in the past, explaining:

Participant: At some point you also need to realise what you're doing and what you've done.. There was a guy who died because of the drugs I sold him. That's when I stopped selling. But to think that he's not alive anymore because of me […]. I have contributed to destroying families, relationships. Everything you get by selling drugs is earnt by exploiting someone's illness. I never saw that; I never got how selfish it was. I just looked at what I gained, not what it cost, and that's the hardest thing to learn to live with, realising what you've contributed to. It doesn't matter that it's the drug misuser who decides to buy drugs: without sellers there wouldn't be any drugs. […] So then I think it's really important that as a seller you see your responsibility in all this […].

We see here how, for this participant, providing drugs acquired a strong negative tinge in retrospect, to the point that the material advantages drug-

selling provided were eclipsed by the negative ramifications this had for the respondent's self-image. This allows us to see once again how pleasure-seeking and meaning-making must be negotiated within a wider context and that drugs and drug involvement do not offer unalloyed meanings.

Consuming Drugs: Between Pleasure and Respectability

We have seen above how the literature has privileged narratives of constraint and compulsion when discussing the experiences of women using drugs. However, respondents' accounts suggest a more tempered spectrum of experiences, with conceptualisations of drug use as fun, enjoyable, or even simply functional. In this section, I will discuss how respondents used drugs to manage pleasure, broadly defined, and the tension with societal constructions of drug use as a hedonistic, irresponsible activity. Finally, we will explore how participants described handling more-problematic forms of drug use.

Explorations of Pleasure and the Self in a Drug-Influenced State

The women I interviewed sometimes appeared wary of concretising the ways in which they found drugs pleasurable. I interpret this partly as a reflection of the strength of societal anti-drug discourses, which made it difficult for respondents to articulate the positive aspects of drugs, for fear of being further stigmatised. Nonetheless, it has been possible to trace the feelings and emotions drug use could engender, which helps us understand their allure. We saw in the previous chapter, for example, how Ebba G described drug use as 'a curtain', which could be pulled back to reveal disaster ('a cliff') or a more pleasurable state or frame of mind. Because drugs could give different effects depending on, among other factors, the occasion and the concomitant use of other substances, we can see in some of these accounts how this initial

uncertainty could induce excitement and expectation, and that, in itself, could be understood as pleasurable.

This kind of excitatory pleasure was most readily connected to stimulants, whose effects were described by some participants in almost synaesthetic detail. This was despite the difficulty of putting into words so completely bodily sensations. Indeed, Moore (2008: 354) highlights 'the difficulty, perhaps even the impossibility, of constructing an analytical, discursive account of such corporeal experience'. We can begin to glimpse the attractiveness of such an experience in the account provided by Jane G. In explaining the type of high she preferred, she made a compelling case for psychedelics:

> Jane: If I boil it down, it's like, it's fun. There's kind of a sort of cool satisfaction with the mental experiment of it. You know, it's such a physical experience being on drugs and being high that I actually quite enjoy what that does to you. Maybe, in a weird way, the same way that I really enjoy the type of running that makes you, like, sweat and burn and exercise and is in your face. I think that's probably also why I quite like that it's a big, full-body high that you get from when you're on acid, like the full-body high that you get when you're on ex [*i.e. ecstasy*] because you're dancing all the time. Yeah. So, it's fun. It's kind of like the mental physical explosion of it. And there's definitely the social side of it, too.

One of the first features of note in this description is the intensity of the experience and how this was described by Jane almost only by using exercise as a metaphor. We can interpret this as Jane attempting to discursively normalise drug use by framing it as similar to exercise given that the latter is a much more conventionally intelligible pastime for middle-class audiences. Jane further explained that she enjoyed exercise that 'makes your lungs scream and your heart burn and you feel a little bit like you want to die', and this interest is also reflected in the ways she preferred to be high.

She noted, however, that it was not only the physical side of things that she found attractive, and she did so by sandwiching the bodily aspects of a high

between two statements that also emphasised the mental stimulation that such drugs provided. This occurred on two distinct levels: the first is that Jane saw this as a 'mental experiment' that gave a 'cool satisfaction', and we can interpret this to mean that she enjoyed the challenge that a different mental state offered and perhaps even the excitement of overcoming a threshold that others might be hesitant about. Indeed, in other parts of the conversation, she recognised that others might not understand the appeal of drugs, remarking, 'I know that for a lot of people, they'd be like, "Why would you want to fuck up your brain like that?"'. As such, we can trace here a claim to difference and exploration that can only add to the enjoyment that drugs provided. At the same time, Jane also underscored how this high could be mentally stimulating in the visual hallucinations that certain psychedelics gave, such as when she 'saw' on the ceiling of the tent she was staying in at a festival, a 'war between the pixies and the fairies, and they had lasers, and they had wands, and it was just awesome'. In this way, we see how the blurriness between real and imagined added another layer of excitement to the more straightforward bodily experience. Finally, Jane also stressed the 'social side' of doing drugs in a group context or in a context where you got to know one another. While we get the sense that drugs led to a very personal journey, they also appeared as important social lubricants.

Stimulants tend to occupy a quite prominent place in the literature, but the role of drugs as comforting and quietly pleasurable does not seem to be as well-explored (Du Rose, 2017). However, several participants described the feelings of sheer cosiness that certain drugs provided. It is worth underscoring here how there was hardly a unitary understanding of drug effects, nor a consensus on which were the most pleasurable. Rather, each participant had different assumptions of and reasons for their choice of drugs, and these were also quite context-dependent. In other words, different drugs could be preferred at different moments. We see this particularly clearly in the way in which Jane G discussed smoking cannabis with a close friend, even though we saw above how keenly she enjoyed consuming stimulants. She told me:

Jane: With weed there's a definitely a space of, kind of feels like you're wearing a really big duvet and you just kind of want to slowly think through things. I always want to have a little bit of chocolate, and a little bit of gum, and I want to watch The Matrix, and have my mind blown, and then have deep conversations […].

She went on to describe a specific episode where she and a close friend smoked and spent time together, and she then concluded her story with a quite simple, yet disarmingly effective, 'We just, like, had the best time'. Jane described here her feelings about cannabis in an almost dream-like and hypnotic fashion, a far cry from the palpable excitement of her description of psychedelics. Nonetheless, she painted in equally vivid strokes the physical, emotional, and mental effects that cannabis had on her, further underscoring their inherent inextricability, and thus giving us greater insight into the desirableness of such an existential state. Finally, by again highlighting the mental stimulation that cannabis could provide, Jane made this practice more intelligible to conventional audiences, partly counteracting the substance's reputation as a drug for lazy or stupid people. Instead, Jane showed in a few broad strokes how a tranquillity-inducing substance like cannabis was both mentally stimulating and appropriate for her.

This goes to show that drugs can be quite important vehicles to different states of consciousness, and not necessarily always heightened ones, either. This quieter, more unobtrusive way of bonding with others and, as we will see shortly, even with oneself, was hugely significant for many participants. It is precisely these quieter feelings of comfort that can be traced in the description provided by Anna S, among others:

O: I'm wondering if you have some sort of ritual for smoking [hash]?

Anna: God, yes, I really do. I mean, *that's why* I prefer to roll spliffs, it's, like, my ritual to put it together, if you will. I know so many that smoke pipes or bongs and I think *that* is *fucking boring* because it goes by so *fast*. I want to have this little activity: to sit down a moment because it takes a while to put it together, and then start smoking. […] I'm very pedantic [*both giggle*], my spliffs have to be straight, and

even, and stuff, because.. yeah, it's absolutely a ritual for me to sit and roll. If they don't come out well, I re-do them. They have to be just right, so that then I can enjoy it much more.

Anna explained she found this ritual meaningful because it gave her a moment of relaxation and self-reflection that could even help when attempting to self-regulate strong emotions, as she mentioned in other parts of our interview. We see in this excerpt how Anna differentiated herself from others and their ways of smoking, noting perhaps a little disdainfully that they did not allow enough time to appreciate the moment as they should, given that smoking with bongs or pipes made the moment go by 'so fast'. She also underscored the seriousness with which she approached this ritual by observing that, among her circle of friends, her spliffs were the best made ('When I started smoking, I decided I would be the best at rolling among all my friends'). If the spliffs came out less than perfect, she would redo them again because imperfect spliffs would diminish her enjoyment.

Implicit in this account was therefore what other participants have called 'respect for the substance', which ought not to be taken for granted nor consumed flippantly. By extension, then, the person who prepared and consumed the substance in a way that others considered appropriate and respectful, could also be considered worthy of respect and as a capable and respectable user. Because Anna described often feeling she was being treated differently due to her being perceived as a 'young, blonde girl' and was made to feel incapable, this positioning acquired particular importance.

As such, and this is the second feature of note, we get the feeling that Anna projected a sense of deliberation and capability, and even professionalism, in the way she approached the rolling and smoking of hash. As I mentioned above, and as we will see more fully in the next chapter, the women I spoke with highlighted how they felt, just like Anna, that their gender often exposed them to sexism and disrespect. This self-positioning as someone capable and serious can be therefore understood as a way to claim space and consideration vis-à-vis structural disrespect, both within and outside the illicit drugs market.

Further, Liv S remarked that drugs could also strengthen the experience of pleasure while enjoying other activities. I asked her:

O: We talked a little about the negative side effects of drugs, but I'm wondering if it had any upsides?

Liv: Ehhhm, yeah. For example, smoking weed was a form of relaxation; it was very calming. It was very.. It was nice. I always listened to music when doing that. I used to just lie down and listen to music and the music was enjoyable because it became so *good.* It started meaning so much, and I discerned so many different layers in the texts. So it became connected to a lot of creat- I mean, a lot of emotion. And sometimes I watched films while smoking and then the movie became, I mean it became better: films became super good, the books I read became even better, the music got better. I mean, drugs enhanced my enjoyment [of these things].

We can see in this account how cannabis became for Liv a means to a heightened state that improved cosy pleasures, such as reading, watching films, or listening to music. Again, much like in the excerpts from Jane above, this account turns on its head assumptions of cannabis as a drug for "lazy" or "stupid" people, as Liv highlights the intellectual engagement underpinning her use of cannabis. At the same time, drug consumption could have important ramifications for emotional self-regulation and self-reflection. Thus, taking drugs was a purposeful way to explore one's consciousness. This is something mentioned by several participants: even though many of them had taken drugs in group settings, most described their experiences to me through a lens of self-exploration, meaning that their thoughts tended to focus mostly on how drugs affected their own feelings and emotions. Sara G, for example, explained:

Sara: With psychedelics, it's not just the intoxication, but it's also about getting to another place outside your consciousness. It can be very enrichening in many ways, but especially spiritually, for your soul.

In this account, Sara discussed drug-taking as a spiritually enrichening practice, something that enabled her to explore a 'place outside [her] consciousness'. She discursively distinguished this exploration from mere 'intoxication', showing that this was a different, albeit still deliberate, form of pleasure-taking. Similarly, He-Ping argued that psychedelics, in particular, enabled her to explore her consciousness and her surroundings in a different way. When asked whether she had ever felt powerful or powerless with drugs, she told me:

> He-Ping: It's hard to choose one time because there were many times that I felt powerful when taking drugs. Many of the experiences were unique, especially with LSD and mushrooms – I was always happy and inspired so much on these two, never felt bad; every time I gained inspiration, wisdom and energy for each level and different period in life. I coincidently used LSD with my partner on our first date, used LSD and mushrooms when traveling, in urban environments, in nature with friends. I deeply connect with nature, the universe, with others and myself. LSD and mushrooms open my mind, open new dimensions of my consciousness, solve my troubles in life, changed my view of everything, help me to explore myself and reality and make me much more creative and braver.

He-Ping was a foreign national in her early 30s and a professional in the creative industry, which perhaps explains this strong emphasis on how psychedelics enabled her to be creative. At the same time, she also discussed how using drugs enabled her to, first of all, connect to her surroundings 'when travelling, in urban [environments], in nature with friends' in what she seemed to consider as a much more genuine and deeply meaningful way. This conceptualisation taps into, first, a discourse of genuineness and authenticity most recurrent in the stories of the urban, middle-class participants, not unlike the drive for more expensive ecological produce that is presumably healthier and genuine. Second, it taps into a fairly established narrative according to which '[d]rugs [can] take one closer to truth, [can] reveal, through hedonistic self-exploration, the "real, authentic self, buried beneath capitalism and social convention"' (Moore, 2008: 357). This, in turn, was

described as functional to 'solve [He-Ping's] troubles in life' and develop new perspectives that can help to know oneself and others better, thus helping to avoid existential ennui and superficial connections that could induce feelings of alienation or disconnectedness. Ultimately, drug-taking for He-Ping was a way to reach *into* herself and gain confidence in herself, which made her feel empowered and purposeful, in addition to helping her reach *out* of herself to others around her.

Like He-Ping, several participants explained that being high, or in an altered state of consciousness, enabled them to practice and pursue creative activities. Ebba S, whom we saw quit drugs because of the stigma attached to drug-using mothers, told me she used to enjoyed testing new make-up techniques and looks, whereas Mia U used to write love letters to her partner, and Erika S preferred to read and compose music. Mikaela S also found drugs to be a creative outlet. She began our interview together by declaring that it was 'pure *hell* to be a woman in the drugs world', but she also very candidly explains:

> Mikaela: Certain drugs were actually very good for me. I mean, I know it sounds weird, but certain substances were really good for me. The first time I took amphetamines, for example, it was also the first time that I felt *happy*. I felt…I think I had a little ADHD when I was younger. It didn't exist back then, but now in hindsight, I think it must've been ADHD, so then when I took amphetamines for the first time…I felt *whole*. I've seen some poems that I wrote then that were basically love letters to those fucking amphetamines. I felt *so good*, I was *whole*, I was very active, but also very *calm*. I could sit there and paint […]. I mean, I felt *good*. I can't say other than I felt good, fucking good, actually.

In her account, Mikaela gave a nuanced and balanced view that did not seek to underplay either the benefits or the drawbacks of being involved with drugs. To diminish either could be understood as diminishing the formative experiences Mikaela developed by being involved with drugs. Indeed, many of the respondents who had had the worst experiences in this environment were at the same time 'grateful' for them, in that it helped them to discover different sides of themselves, as well as to become appreciative of what they

had achieved since then. Mikaela also acknowledged how it could seem counterintuitive to her drug-sober audience the notion that drugs helped her feel 'good', 'happy', and 'whole' by fronting how she 'know[s] it sounds weird'. And yet, she pushed through this initial uncertainty by providing us with some insight into how she found drugs beneficial. Much hinged on the feelings and emotions caused by drugs, but there is also space to consider the activities of self-exploration and expression that such feelings allowed.

Finally, Emma S found it quite healing to smoke cannabis. I asked her:

> O: In your experience, what are the pros and cons of drugs?

> Emma: There are pros and cons to everything. [*O: Hmm*] The pros for me, the ones I experienced, are in that I've been able to process and deal with the feelings that I've had in me when I've taken drugs. I can't do that with alcohol; it just shuts that part of me off. So that's what it's been like for me, that when I've taken drugs with those friends with whom I've chosen to use drugs, then I've been able to handle everything that is inside of me. It has enabled me to reflect on things, subconsciously process those decisions or events that I've experienced. If you compare that to alcohol, just like I mentioned earlier, if you just get wasted, then the next day it's just worse, and you start drinking more to just get away from it all. That's what I mean when I say that I think that I've would've ended up misusing so much more had it not been for drugs, because I would've never been able to process what I needed to process, which instead I've done by using drugs with my friends in the right circumstances.

It is in this sense that we can see how pleasure, broadly defined, was an important pull factor towards drugs. This pleasure was not only linked with the highs traditionally associated with drugs, although the accounts in this section certainly point in this direction. Rather, there is also space to consider the quieter, calmer pleasures of comfort, belonging, self-development, and self-expression as equally important pull factors towards drugs. Unlike the excerpts we will see below, these accounts show us how some participants prioritised pleasure and comfort for their own sakes, rather than in relation to external pressures to conform to specific types of behaviour.

Losing Control in a Controlled Way: Drugs as a Means to and a Break from Respectability

I have suggested above that drug-taking was described by respondents as functional in certain contexts, given that it enabled specific situational accomplishments. We will see how drugs could be understood as an aide in fulfilling specific functions within participants' lives, including when they needed a deliberate break from their perceived duties to help them to self-regulate between tasks.

Seeking Respectability through Drugs

Given some of the drug properties mentioned above, it should come as no surprise that some participants began to use drugs to manage pain and certain long-term conditions. As we saw with Erika S and Ebba S, for example, cannabis was used to treat both physical and emotional conditions, such as chronic pain, anxiety, and IBS. Sara G, for instance, suffered from an eating disorder when she was younger. Despite initially 'not understanding the attraction' of smoking weed, she eventually started smoking with friends first and then alone. She told me:

> Sara: And then I started to see what was so enjoyable and special, I think. I can speak at length about the eating disorder, but it also involves, of course, a lot of pain and a lot of feelings that you want to suppress, so then you expose yourself to daily abuse. I wasn't at all conscious of it then, but intoxicants became a form of escape in that respect.

Once she moved to another city to continue her studies a couple of years later, she felt she 'had to start studying and couldn't do so if [she] smoked every day'. She therefore scaled back her use quite abruptly and turned to alcohol instead:

> Sara G: Around the same time that I moved […] and stopped
> smoking weed, I started to instead dampen my feelings with alcohol.
> It was something that… You could see that it was both a way to
> dampen feelings, but also a conduit through which to let these
> feelings out. Both my smoking until then, and the alcohol since then,
> were very destructive ways to, in some way, dampen these feelings.

It is clear in Sara's case that intoxicating substances became particularly appealing because of her struggles with an eating disorder, not only to treat some of its underlying reasons but also some of its external manifestations. Cannabis and alcohol were thus described as functional in that they helped her to manage these feelings and symptoms. On the one hand, these substances helped Sara hide them away, 'dampen' them, so that they could not impede or hinder her from carrying out her perceived duties, such as work first, and studies later. On the other hand, Sara also used these substances as a controlled outlet for her feelings to ensure they came out at the right time, in the right place, and in the way that she chose. She recognised that alcohol and cannabis were her 'biggest pitfalls' but also that they also helped her achieve a difficult equilibrium. One cannot therefore truly disentangle the negative and the positive of these substances in her account. It also shows how negative and positive here, as well as in other cases, can be deeply contextual evaluations. At the same time, it is interesting that Sara G chose alcohol over cannabis when it was time for her to focus on her studies, even though her story suggested that they had similar effects on her. We could see this as an indication of the strength of societal discourses that tend to make it more acceptable for alcohol to function as a tool to let off steam compared to cannabis, or an implicit commentary on the riskiness of engaging with illegal behaviour.

Many participants argued that there was a dominant discourse in Sweden that considers all drugs equally contemptible, which they described as an unfair characterisation. Indeed, there seemed to be in participants' accounts an implicit evaluation that some substances were better than others, and therefore some forms of consumption were also better than others. Cannabis,

in particular, was hailed by respondents as much more beneficial than other types of drugs. This is perhaps understandable given the strong legalisation/decriminalisation discourses that have developed in relation to cannabis over the last decade or so (Gabri et al., 2022). In short, cannabis appeared to be a more respectable choice than, for example, heroin. This may have partly to do with modes of ingestion, as smoking may have appeared less formidable than injection, but this may also be because heroin has mostly been associated with socioeconomically marginalised people with problematic patterns of drug use (Richert, 2014). As such, respondents were more eager to frame their cannabis use as healthier than other types of substances, especially alcohol, as we saw with Ebba S and Emma S.

This appeared quite clearly when Anna S and I started discussing the specific meanings she attributed to drug consumption:

> O: I'm wondering if you could describe to me the meaning drugs have had in your life.
>
> Anna: Eh.. it has meant something both good and bad [*Note: sad chuckle?*] because, as I've said, hash, in particular, has truly been a way to self-medicate. *Partly*, because.. I mean, I have ADHD, quite serious ADHD, so I want to do 14 things at the same time, and that can be really tough sometimes. Whereas hash enables me to sort and prioritise a little better, so I just want to do 2 things, instead of 14. But it also calms me down a lot because, as I've said, I was abused at a quite young age, and I've had to see a psychologist for my PTSD, and that has really helped, together with [hash], to really *calm me down*. That's the best way I can put it. At the same time, it has also really caused a lot of problems, but that is mostly because we live in a country where [drug use] is so fucking illegal.

She went on to explain that cannabis presented to her several medicinal benefits:

Anna: When it comes to the benefits, there are so many medicinal benefits to it. It can help with a variety of conditions. I think it's a much better alternative to many medicines: for example, that prescribed medicine I got for my ADHD, [product name], that is pure amphetamines. And then I think it's so much better to use a little flower that makes me feel calmer so that I can eat and sleep and function like a normal human being, instead of having to ingest amphetamines every day [*O: Right*]. So I think it's a good thing.

There are several features of note in Anna's account: Anna discursively positioned cannabis as much more appealing and beneficial than the medicine prescribed to her. She did so by pointing out how smoking actually helped her treat her ADHD and PTSD symptomatology by, for example, helping her calm down and prioritise tasks. This shows how Anna S became conversant with medical terminology and used it to her advantage, as it indirectly bolstered her assertions and helped her to appear a capable drug user and individual, thus worthy of respect, much like the participants in Lander (2018) ended up doing. We can also note how cannabis was described in this account as 'a little flower', which sounds harmless and natural, and is a far cry from other popular, more malevolent constructions.

This account also helps to let us see Anna as a *deliberate* drug user: hash helped her to 'function like a normal human being', but there is no indication in her words that using had become a compulsion by any means. Rather, drugs were conceptualised as an aide, a tool to be wielded capably and deliberately. And they were a tool to be wielded consciously because Anna sought 'to function' and be perceived as normal by others, and this suggests to us again that Anna and others who expressed similar considerations felt the need to carry out some kind of image-control vis-à-vis me and the rest of society. This is significant for two reasons: first, it shows a profound awareness of the stigma attached to drugs and drug users and how this is even truer for women involved with drugs. It is therefore not surprising that Anna S and others would choose to discursively position themselves as far away as possible from these conceptualisations. Second, it suggests to us that respondents also experienced pressures to conform to certain gendered and classed standards of

behaviour and that drugs helped to achieve them. This type of situated concerns was also highlighted by Miller and Carbone-Lopez (2015: 704), who described how their working-class respondents in rural US used drugs to achieve the gendered ideals of '*supermom, superwoman,* and *superthin*'.

This desire to both *become* and *be perceived* as 'functioning' came across quite clearly in He-Ping's account:

> He-Ping: I had been using cannabis almost every day for years; I consider it as a long-term powerful connection. Undoubtedly, it hugely improved the quality of my life without any side-effects. From the bottom of my heart, I feel so grateful for coming into contact with this plant. Not only that I connect to this plant; it helps me to connect with people – my partner, family, friends, strangers, myself. Every important person in my life witnessed my transformation. I was a miserable kid who had a lot of mental issues plus a drinking problem. I was angry, violent, stressed, negative and superficial. Bad relationship with family, had problems accomplishing things, got easily angry and lost control, screwed up great career opportunities.

Here He-Ping provided an account of the transformative power of cannabis in her life: she had struggled in the past with mental issues and an alcohol problem, which were 'cured' when she turned to cannabis:

> He-Ping: I tried several legal medicines from the hospital but gave up very quick. They made me numb: they shut down my negative side but also shut down my positive disposition. I had the feeling these medicines weren't for curing me, to achieve happiness, but more to make me "normal", so that I could fit into the system better.

He-Ping described her experiences with licit drugs as ill-suited for her needs, similarly to Anna. Although helping her to dampen the negative feelings of anger, stress, and so forth, they also prevented the more positive emotions she associated with creativity from coming forth. As such, He-Ping argued that the price to pay for being 'normal' was too high. While I presume that these experiences applied mostly to her home country given the timeframe implied in the rest of the letter, she clearly seemed to resent the pressures she

experienced from a society eager to mould her. As such, drugs also represented a way for He-Ping to reclaim her autonomy and become functional on her own terms rather than society's. This functionality could thus be felt to be more genuine and authentic.

If we zoom in on some of the practices connected to functionality, we can also see how drugs enabled participants to carry out specific tasks that could, in the longer term, provide a sense of capability that might not otherwise have been achievable. This appeared clearly in the accounts provided by Siri S and Mia U. Siri, for example, recalled bitterly:

> Siri: Had I not been so fucked up by society, maybe it wouldn't have been as tough, I thought that you had to be in a specific way. Had I not thought that, maybe I wouldn't have been as attracted to drugs […].

More specifically, she felt she needed:

> Siri: To turn off my feelings, get calm in my head, be that person I could not be otherwise, be social, even though, as I said, I'm very introverted and I need my own time. But with drugs I became more forward: I got the energy to be more social and be that strong, tough woman. Drugs helped me be the person I thought I had to be.

Much like He-Ping, Siri also perceived the need to act in a way that conformed to societal expectations: in her case, this partly stemmed from being a sensitive woman experiencing pressure to instead act as a 'strong, tough woman'. She explained that at school she would act as a 'tough girl who always stood up for her beliefs', only 'to then go home and cry [her] heart out'. While Siri greatly enjoyed using drugs ('I used to think "Why should I stop when I feel so good?"'), much of this enjoyment derived from drugs enabling her to be the person she thought she had to be.

We can see clearly how drugs could fulfil certain needs that could, in turn, support specific identity projects. In Siri's case, this meant being less sensitive and more grounded in herself by turning 'off [her] feelings' and getting 'calm in [her] head', as well as being more able to connect with others. As such, we

can interpret this particular identity project as a projection of a socially competent individual.

On the other hand, Mia U had a slightly different identity project. Having begun higher education at a later stage in life, and having been concomitantly using amphetamines, she told me that she found that the drugs came in useful when needing to finish her take-home assignments. I asked her:

> O: I'm wondering if you could describe what drugs meant to you and what kind of pros and cons they had.

> Mia: Yeah, well, the pros were that you could feel good and that…Yes, for example, I attended a university course for 6 months, when I started my studies, and I had also started injecting [amphetamines]. So then I could write my take-home exams and stuff very quickly. […] [*O mimes intense writing*]. Yeah, exactly, I'd always get the essays back, and I'd pass for some reason, but then they'd always write, I remember, "It was a very interesting essay but try to stick to the point next time" [*M chuckles*], because I'd just start with the prompt and then run with it.

Mia explained that she had not originally aimed to go onto higher education, but her former sister-in-law had enrolled on a university course and her interest was piqued. While Mia ultimately considered the high given by drugs as quite fatuous, we seen, in this specific instance how drugs could help to achieve objectives, such as succeeding academically.

Finally, drug use could sometimes be considered a convenient, even if not an altogether pleasurable, pursuit. Liv S, for example, told me of a time when she temporarily put her sobriety on hold to carry out some minor renovations to her flat. She had stopped using amphetamines because she had started to experience the comedowns as unpleasant. However, she considered the pros and cons of taking the drugs, reasoning thus:

> Liv: The reason why I took them was really because… I wanted to finish painting, of course, but I was also so anxious and tired. But I knew that, "If I take amphetamines, I will be so fucking effective". So it was a bit like that, "OK, maybe I'll get anxiety from the drugs, but

I will still have finished painting the kitchen. [*O: Hmm*] Yeah, so it was just that time, then.

As such, in this account, drugs become a functional one-time tool that enabled Liv to eliminate the source of her anxiety by finishing the task she had set herself, thus allowing her to rest.

We saw above how drugs could be appealing because they could be experienced as pleasurable, or convenient, and thus we understand the *pull* factors that may lead to drug use. Now, however, we can also see how external triggers at both the meso and micro level are presented and can be understood as *push* factors towards drugs. For this reason, we can say that drugs can be functional in accomplishing situational and situated concerns.

Seeking Pleasurable Breaks from Respectability

So far drugs have been depicted in participants' accounts as either a pleasurable pursuit or as an aide to being perceived as worthy of respect. As we will see in this section, drugs were also useful when respondents felt the need to take a controlled break from reality. The account provided by Helena G is particularly illuminating in this respect:

> Helena: I go to festivals sometimes – actually, not as much as I would like to, but I went to one last summer [abroad], and I hadn't gone in many years, and it was really, really nice. And that's a bit different and exceptional because you're, like, partying for three, four days in a row intents, and there are a lot of different things to do, and activities, and [...] the music is on all the time. So, the concept of time doesn't really affect you that much.

As a high-level professional, Helena G found it difficult to put by some time from her schedule to attend these kinds of events: this festival she spoke of was the first in a long time ('I hadn't gone in many years'), even though it was something that she enjoyed considerably. It was a 'different and exceptional' type of event, that can be understood outside of the realms of normalcy and where we can assume that the "normal" rules of living were suspended. She remarked that 'the concept of time doesn't really affect you that much'

because there were so many activities, and the music was always on, that the regular rhythms of life were subverted. The music festival, in this case, became a little, circumscribed, alternate universe that did not impinge on Helena's regular life. It was a separate reality where constraints of respectability were upended, where time could not prescribe what type of activity was appropriate, and where Helena could enjoy herself freely by using drugs. At the same time, she also hinted that this break from responsibility occurred only infrequently, which suggests that pleasure had to be controlled and negotiated vis-à-vis certain constraints.

It appears, then, that drugs could allow participants to enjoy themselves without feeling constrained by the gendered and classed demands many described experiencing. However, while some of these breaks could be understood as positive and pleasurable at the time, their retelling in the research setting could sometimes acquire a more melancholic tinge. We saw at the beginning of this section, how intoxicants became a way for Sara G to self-regulate in her daily activities. She told me:

> Sara: I was sick for eight years […] and yet, at the same time, I had a functioning social life, I spent time with friends, and I never missed out on anything, I wasn't socially isolated at all. So, there I developed some kind of tactic to maintain, unconsciously, a normal social life. To do so I shut out all that pain, so that I could be [focused][27].

This 'normal social life' was enabled by these periodic pauses brought on by the use of, first, cannabis and then alcohol. Rather than seeking a "fun way out" of reality for her, this break from reality appeared to be needed to sustain 'a functioning social life' outside of her drug use. Nellie U, a former drug user and part-time seller, also seemed to experience similar effects. She explained

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[27] Sara tutted instead of using the word 'focused'. I distinctly remember that, as she did so, she made one of her hands descend onto the palm of the other in a sweeping, cutting motion. The gesture, together with the context, made me interpret the sound as standing in for 'focused'.

that, because of her difficult childhood, her drug debut was a form of 'self-medication':

> Nellie: Partly because I wanted to escape myself and my everyday life, and partly because I experienced that, by taking drugs, I could have control over my feelings in some way, which I didn't have when I didn't take drugs.

Similarly, both Katja K and Mia U described how amphetamines allowed them not to focus on their lives, which they found less satisfying than drugs. The former, for example, would 'take amphetamines every day to stop feeling old'. This suggests some kind of gendered and perhaps even aged fear of losing value, in a society that values both youth and productivity, and in which being older and unable to support oneself can be considered extremely problematic (Lander, 2018). In a slightly different vein was Mia's desire to use drugs to 'stop thinking about how boring life [was], [since] you didn't have much going on'. Again, this suggests some preoccupation with not feeling useful and not being perceived as useful, something that Mia grappled with in her interview:

> O: You mentioned that people tend to be quite surprised about your… [past]
>
> Mia: Yes!
>
> O: Do you tend to be very open about it?
>
> Mia: Yes, I am very open about it. […] Perhaps too open, but I have often gotten positive feedback, and that's because it's gone well for me, and they see that I have a normal life and live a normal life, without any [drug] problems, so then you can be open about it. But if you're still in it and have maybe not done anything with your life, if you continue to be addicted and lives in that misery, then it's, of course, much harder. So yeah, if you're still in it, you can't really talk about it […]. I haven't used drugs since that time [I told you about], so I do have that going for me.

Therefore, even though these breaks from reality can be understood as functional in that they helped manage medical conditions, 'make [your] existence more bearable', or provide pleasure, broadly defined, we have also seen throughout this section how potently certain stigmatising narratives appeared throughout these accounts.

Despite the benefits that participants found in using drugs, they constantly had to negotiate their use and justify it in order not to be perceived negatively by others. Part of this is because respondents experienced some negative side-effects from their use of drugs. Mia U explained that 'put quite simply, the negative sides to drugs were that [she] felt worse psychologically because of them'. Mia ultimately stopped using drugs when she became a mother and got serious about her studies, at the same time as drug use gave her progressively worse experiences. She said:

> Mia: I wanted to do something with my life, that's what it was, instead of continuing like that. I realised.. I realised that this was not rational; I realised that this was *just* not real, something fake that, regardless of how good I felt, was not real. You are not supposed to have a bunch of chemical substances in the body to feel good. And then, the fact was, that I *didn't* feel good afterwards, anyway.

We can take this to mean that Mia's priorities changed as a result of both internal and external stimuli, which ultimately made drug use unsustainable for her. This quote reflects some of the tension that many participants felt when becoming involved with drugs. Drugs were perceived by Mia and other sober people as unreal, fake, as substances that only appeared to provide respite and pleasure at a terrible cost. As such, we can see a link to this same discourse in one of Jane's accounts above, where she imagined others asking her, 'Why fuck up your brain like that?'. This is because it suggests that others would not see it as a 'justifiable risk'. Further, we see how drugs are constructed as not only antithetical to "regular" life but also as relatively meaningless, even though we have seen how other participants instead attributed considerable significance to them.

It is within this context that we see how those respondents who continued to use drugs had to negotiate their drug use vis-à-vis what they perceived as a general disapproval of their choices. This became apparent when I asked Ebba G about her drug preferences:

> O: And you mentioned that you also moved in circles where it would be common to get pills [*E: Yeah*]; which ones do you prefer? What do you feel gets you going really?
>
> Ebba: I have a very complicated relationship with drugs: like, there are definitely moments where I wanna escape reality, and I really like it, but I'm not a daily user. I don't even drink on weekdays. So, if it gets too much, or if I feel like doing drugs is a required part of hanging out with my friends, I get... I don't like that [*O: No*].

It is possible that my question came across as insensitive or insulting, which is why perhaps Ebba provided this framing before going on to describe the substances she enjoyed. Her answer, nonetheless, does spur some further reflections on what I perceive as an expression of tension between drug use and respectability in Sweden. Ebba G stressed here the importance of self-regulating her use both as it related to her personal practice, and what the audience might think. Because she did not use drugs daily, and because she did not 'even drink on weekdays', she felt she could position herself as a moderate consumer of intoxicants. This enabled her to discursively set herself apart from others who might have more-problematic relationships with illicit substances. It also begins to suggest a wariness of the mind-altering potential of drugs, as outlined in the discussion in the previous chapter. We see, therefore, how Ebba and other participants sought to discursively position themselves as different from other, less respectable users, which suggests that there are some unique gendered and classed challenges in appearing to engage in unsanctioned behaviour with drugs.

Losing Control Uncontrolledly: Problematic Relationships with Illicit Substances and How to Stop Them

We will see in this section how some participants discussed developing what they experienced as problematic relationships with drugs. While some of these framings coincided with more-expected narratives of compulsion, the stories in this section also tend to transcend them in more-nuanced ways.

Developing Problematic Consumption Patterns

So far we have seen how many participants were wary of what they saw as an excessive consumption of drugs and, particularly, how this would be perceived by others. We have also seen how these worries tended to reflect gendered and classed understandings of what was appropriate behaviour worthy of respect. The type of accounts we see, in this sense, tended to focus on either internal or external reasons for developing a problematic relationship with intoxicants. Some spoke of an undesired loss of control due to an immoderate drug consumption, whereas others framed their substance issues as a result of struggles in other parts of their life that spilled over into their drug consumption, such as the loss of loved ones. The account provided by Anna S tended to adhere to the first framing. She told me that she would most probably continue to be a hash user because of its medical properties, but she tended to be wary of other substances because of her experiences with amphetamines:

> O: I'm wondering if you've had experiences with other drugs, both in using and selling?
>
> Anna: I have actually used…quite a lot of things. I have *tried* many things, so I've tried different types of psychedelics, I've tried cocaine, […], but the only thing I've really liked beyond hash was amphetamines. But I nonetheless have quite a lot of respect for other drugs because I know how easy it is to get caught up in them. Some years ago, I myself got stuck with a quite bad case of amphetamine addiction over the summer. I mean, it was as if I was forced to take to… survive, kinda. It was very hard, so I'm trying to keep myself away from such things, and I don't want to sell them either.

The first notable aspect here is the way Anna framed her experimentation with drugs: she underscored that she had only *tried* several substances, an image to which she juxtaposed 'getting stuck', specifically, on amphetamines. We could see this as an indication that, on the one hand, Anna was keen to remark that she was knowledgeable of several types of drugs but not to the extent that would make her risk becoming an immoderate user or appearing as one, hence the verb shift from "using" to "trying" ('I have actually used… I have *tried*'; *brukade* vs. *provade*). This is further confirmed by Anna choosing to highlight that she had 'quite a lot of respect' for drugs, which positioned her as a knowledgeable and deliberate user. On the other hand, she felt comfortable enough to remark how her wariness of drugs derived from having had a problematic relationship with amphetamines and how she made the professional decision not to sell 'such things' based on her experiences. She noted in other parts of our conversation that part of her success in procuring and providing drugs came from the cumulative weight of her past experiences. As such, to claim this knowledge and expertise in a credible way, she also had to describe how she came to develop them in the first place.

A second feature of note in this account is how Anna framed amphetamines, and more generally drugs, as something that people can easily get 'stuck in' ('*[…] jag vet hur lätt man fastnar i det*' she told me in Swedish), which requires the person to constantly consume in order to 'survive'. As I mentioned above, this wariness of drugs stems from the conceptualisation of drugs as a powerful entity in and of itself (Copes, 2022). We have begun to see this, as many respondents acknowledged the balancing act they felt they had to carry out vis-à-vis drugs given that some substances were not necessarily physically addictive, but some may have nonetheless found it difficult to stop using them for a variety of reasons. More so in particular, this framing tends to suggest that drugs were thought to have a power of their own that was juxtaposed to the power of the person using them. This occurs according to what we can conceptualise as a zero-sum game: the more drugs took over and acquired power over the person by appearing as necessary, the further the person retreated and the more they lessened their hold on power and self-control.

We will see in the next section how Anna extracted herself from this problematic relationship, but it is worth analysing how this conceptualisation of drugs as dangerously powerful is reflected in the way she described the reasons why she developed this problematic relationship with amphetamines:

> O: May I ask how- if you know, why did you get stuck on amphetamines?
>
> Anna: I know *exactly* why. It started with the fact that it was fun, and you didn't want the fun to stop. [*O: No.*] And then, what can I say, I was forced to continue. It was because I had a job from which I could *not* take time off. When we had taken amphetamines over the weekend, and then Monday rolled around and I felt terrible.. I knew that I needed to take a line because otherwise I wouldn't able to handle work [*O: Aha*] and then it just continued. Because then I could never allow myself to feel sick, I was always forced to do something… So then I simply continued [*in a matter of fact, practical tone*], it was fucking stupid, but there it is. I was forced to take amphetamines, partly because I wanted to preserve this façade, I mean, I didn't want the guy I was working for to realise that there was something wrong with me [*O: No.*], that I was feeling so ill that I… I didn't take big doses, but just enough that I could stand on my feet, more or less, and then it just continued in this way until suddenly two months had passed. And that's how it happened.

Anna reflected on this moment quite straightforwardly: she showed awareness that it was not optimal to continue using drugs, but she also made it sound as if it had made sense for her at the time to do so. It is also notable that, while she avowed that she had lost control over amphetamines, she also underscored that she 'didn't take big doses, but just enough' to be able to work. This excerpt highlights a recurring tension between drug use and external pressures to appear respectable. On the one hand, Anna quite candidly admits that she found amphetamines very enjoyable: had she been left to her own devices, it is quite possible that she would have continued using them. On the other hand, her work duties were such that continuous use was not sustainable over a longer period of time, which is why Anna then decided to stop. Further, it also suggests that she did not want to appear as if she had lost complete control

over herself. She did so by noting that she could control her intake and her behaviour at work.

If drugs were, in this and similar excerpts, considered all-powerful and attractively dangerous, other participants described them as being comparatively attractive because of issues they experienced in other realms of their lives. Similar to the section above, while some respondents experienced problematic relationships with drugs as a result of *pull* factors, others did so because of *push* factors towards drugs. While it may appear to readers to be a purely cosmetic difference, I would argue that greater awareness of these mechanics can help us understand better the nuance of respondents' experiences. The emergence of push factors towards drugs became apparent in the account provided by Linda K, a former street-level drug seller and user. She told me about how she became involved with heroin after being abused by someone in a position of authority over her:

> Linda: So, I met this [person].. and he helped me escape from rehab, he said he was a lawyer, I thought he was a lawyer, but he was [a person in a position of authority]. Then, we took drugs together and stuff, so on and so forth, and then… we partied: I had a girl-friend (*vännina*) with me and we took drugs, and it was too much morphine, so I passed out, and he took the opportunity, do you understand? So my girl-friend caught him. […] And so I started with heroin after this happened, because he got me addicted to morphine first, and then I started with heroin after this happened.

In this excerpt, we see how this man took advantage of Linda when she was very young by plying her with drugs and then exploiting her vulnerable position. It was clearly a very painful event for Linda, as we can see in the way she avoided explicitly discussing how she suffered. First, she glossed over the details of what she experienced by asking rhetorically, 'Do you understand?'. Later, she preferred to mention what he was accused of during the trial rather than what she herself experienced. She said that he was indicted for the 'purchase of sexual services from a child, attempted purchase of sexual services, rape, minor drug offenses, and unlawful possession of weapon(s)'. Linda

imputed her initial heroin use to the chain of events described above because, as she mentioned at another point of our interview:

> Linda: *I* love heroin because.. there's nothing else that makes me feel as good, so it's pretty self-evident to me.
>
> O: Right, do you think you could describe a little more about how it feels?
>
> Linda: No, but, it's like.. when you inject heroin straight in, you experience a calm, warm feeling. It feels that everything sinks down; how you can breathe anew; it feels good, so you can't really describe it [more than that].

As such, it is possible that Linda's ordeal may have been a push factor towards drugs. At the same time, it is important to note here that heroin appeared, and later proved, to be attractive enough for her to start using regularly, or it might not have been 'self-evident' for her to continue (Becker, 2018 [1963]). It is also worth underscoring that Linda came to try heroin because she had been first introduced to morphine by her abuser, and she started using heroin after the events described above. This is in line with my reflections in the previous chapter, where I noted that drugs may compound vulnerabilities brought on by gender-based violence by further exposing women to difficult drug procurement conditions.

It is within this context of considering the push factors towards drugs that Linda tended to see her involvement with them as partly inevitable given the sum of her experiences, her diagnoses, and her family's history. When we were discussing the meanings that Linda attributed to her involvement with drugs, she told me:

O: May I ask what drugs meant to you?

Linda: Ehhhmm... a little both good and bad, I mean, when it comes to the upside, if you think of the fun things that happened during misuse and stuff, and the people you have met and that have made an impression. But at the same time, when I think of drugs, I think of sorrow because no whole human being injects drugs. Even if people don't want to admit that they feel unwell, [even if they think] that it's actually good and so on and forth, it's not like that. Rather, there is a hidden side and people probably realise that but act as if it's not there. So then I think of sorrow, and how it destroys families, and what it has done to my sisters and my family. So there.

Her account therefore sought to emphasise the external circumstances that led to her drug use, rather than the intrinsic properties of drugs.

It is in this sense that we must note that Anna's and Linda's examples above can be understood as the two poles of a spectrum along which we can locate a variety of other experiences and conceptualisations. This is, for example, the case with Mia U, whose account is somewhere in between Anna's and Linda's regarding the way she framed her problematic experiences with amphetamines. She identified both push and pull factors towards her involvement with drugs, alternatively describing amphetamines as making her 'feel on top of the world' and allowing her to stop thinking about the 'emptiness' of her life. These conceptualisations, again, challenge unitary visions and overly simplistic categorisations of drug-related meaning-making processes.

Identity Work in Institutional and Informal Pathways to Drug Sobriety

As we saw above, drugs allowed participants to achieve specific situational accomplishments (Measham, 2002), thus making it difficult for some to stop. However, quitting drugs also enabled some respondents to develop feelings of agency. In this section, we will look at the ways in which respondents described this process, both within the framework of drug rehabilitation programmes and more informal pathways to sobriety.

The Narcotics Anonymous setting and drug treatment facilities were two important institutions that helped respondents break drug consumption patterns that they found problematic. Twelve-steps programmes advocate for 'complete abstinence from the use of drugs', assuming that users have lost control over their consumption patterns because of biological or psychological reasons (Deding et al., 2013: 4). Further, they encourage in users an 'acceptance of the disease model of addiction, (i.e. that addiction is a lifelong disease), [and] of an "addict" identity' (ibid: 4). This conceptualisation seemed to work for many of my participants, particularly the ones who passed through the Swedish criminal justice system, and they had nothing but words of praise for it. I asked Asta, for example, about her experiences with this programme and she explained:

> Asta: It's about accepting that you're powerless in your dependence, and that your life has become unmanageable. You accept a higher power than just your own to become free. […] And then, if you want, it's recommended that you continue with somebody who has taken the steps before you. So, for me it was another woman, and then it's about looking at yourself and your life and taking responsibility for what you did. Like… You take responsibility for your fears, for your behaviour, for your anger. You look at this with your sponsor, "What is my responsibility in all this?". And then, if you wronged someone, then you try to go back to them and atone for that, to become free from what you did when you were sick. And then it's about developing spiritually, through meditation, prayers, and by helping others […] It's about becoming a better human being, in a sense […] You're never free from your illness, you will always be sick, you will always be an alcoholic or a drug addict: dependent (*beroende*). But I can free myself from the consequences of that and be typical [inaudible] instead of being actively sick.

In this account, Asta emphasised both her powerlessness in her drug dependence and being accountable for her actions. We can see therefore how going through the 12-steps programme involved a complex process of identity work that required juggling simultaneous feelings of powerlessness and powerfulness, unaccountability and accountability. Further, this programme

entailed working towards 'becoming a better human being', whilst still acknowledging being an 'addict' and 'dependent'. As such, individuals appeared to be encouraged to take on a stigmatised identity and simultaneously work hard to prove to themselves and others that they were over it.

While it may appear a contradiction in terms, some participants found this type of treatment particularly meaningful because it allowed them to develop an identity that straddled life with and without drugs. As we saw above with Felicia, some respondents struggled to know themselves outside of drugs. Others embraced their experiences with drugs even after becoming sober because they saw drugs as an integral part of their current self-image. Indeed, several, including Asta, said they were 'grateful' for their experiences despite the suffering that these had engendered. As such, we can see how these treatment programmes could help respondents to quit drugs and acknowledge the impact these had on their lives, thus achieving an identity with which respondents could be comfortable.

At the same time, some participants also made use of non-institutionalised ways to stop what they perceived as a problematic use of drugs. Mia U, for example, chose, as a 'conscious.. tactic', to get pregnant on purpose because she knew that she 'would never continue using drugs while pregnant'. Similarly, Vera chose to go "cold turkey" to stop using methadone. She told me:

> Vera: I remember very well when I stopped using methadone. I didn't seek help; I have never trusted either drug rehab or mental health services in this country because I've seen the way they treated my [loved one]. And I.. lay down.. a whole day and vomited and my bones hurt and I felt like I was burning up and.. I think it was also a wake-up call [*in English*] for me to stop taking depressants, because.. Yeah, I didn't want to feel like that again. You also get really dead inside [on methadone], and I'm actually a person with a lot of feelings, who shows a lot of feelings, so yeah, no, it was really weird. […] And I can still- I mean, it was twelve years ago, but I can still feel it today. I had a friend who had methadone at home and I couldn't

be there. So I realised that.. The psychological dependence was absolutely there, still.

We can interpret Vera's quitting methadone as a meaningful practice, both in the moment and during her life course. This is because she found methadone to be antithetical to her self-image: as such, maintaining sobriety enabled her to live a more authentic life by allowing her to be in touch with her feelings. Further, she found significant meaning in her studies, which provided additional motivation to achieve sobriety. She commented,

> Vera: Now that I've stopped taking drugs and [inaudible] cannabis in the evenings, I'm getting very high grades. So, this shows that, I mean, it becomes further motivation not to start taking drugs again.

We see here then how Asta, Mia, Vera, and others like them, eventually found meaning outside of drugs, which helped them to stop problematic consumption patterns. External support, in the form of institutional treatment programmes and loved ones, was often invaluable in this process, but respondents also found it within themselves to stop using certain substances. Regardless of whether participants sought out external support or not, many found it empowering to be able to stop using drugs. Disregarding whether participants became completely drug sober or just quit specific substances, the act of choosing this for themselves appears to have made the difference. Indeed, other participants remarked that being forced into sobriety did not work for them until they found it meaningful within themselves to stop.

At the same time, we can interpret sobriety, widely meant, as a situational outcome that must be constantly practised. As Sara G remarked, particularly in relation to alcohol, 'I will never be able to completely lose my grip [on it]. It's absolutely a risk factor for me'. While we saw in Asta an external encouragement to hold onto an addict identity, we see in Sara G and in Vera an internal push to do so. This is partly to renew motivation for sobriety, but we can also see it as a form of identity work: in other words, achieving and maintaining sobriety can be understood as an empowering and meaningful

identity project. Ultimately, it lent itself well to the formation of an identity project as accountable, capable, and respectable.

Significance of and Meanings in Drug-related Practices

The accounts in this chapter provided a more-nuanced understanding of how drugs could be functional to achieve certain states of being and specific identity projects. Moving beyond a narrow addiction-only perspective, the Foucauldian concept of technologies of the self allows us to see that drugs and drug involvement *did* something to and for participants (Foucault, 1988; Measham, 2002). Drugs could be sought out to produce certain effects on the body (Pienaar et al., 2020): we saw how Siri and others consumed them to become more 'social' and 'outgoing'. Drugs could be also sought out to achieve situational and situated concerns (Pienaar et al., 2020), such as specific forms of femininity that would not have been otherwise possible.

First, sourcing and providing drugs enabled some respondents to accrue material advantages, in the form of money and influence as well as more-intangible benefits, such as feelings of empowerment, independence, and capability. However, other respondents, particularly those from more socioeconomically marginalised backgrounds, shared more ambivalent accounts of the procurement and selling process. Again, social location is important for understanding this juxtaposition. The most privileged respondents sought out these situations as they enabled them to move *closer* to the edge of risky situations whilst still enjoying the benefits of socioeconomic privilege. Some of the more socioeconomically marginalised participants could have perhaps been happy to have been spared from having to enter these risky situations. We can therefore think of them as attempting to negotiate space *away* from the edge. Nonetheless, a distinct minority eventually came to turn their close position to the edge to their advantage as much as possible. At the same time, retrospective recollections tinged with negativity could also be shared by more-privileged respondents as their conceptualisation of drugs and drug involvement changed over time.

Second, drug consumption was similarly constructed as a source of ambivalence, with intoxication described as a pleasurable and purposeful pursuit in some cases as well as disempowering and isolating in others. It is in this sense that we can view drugs and drug involvement as a notion illuminating social position: as Ettorre (1992: 18) explains, drug use can exemplify the gendered constraints and concerns that users experience.

Expressions of acceptable femininity were both supported and challenged by drug involvement in multiple and sometimes contradicting ways. On the one hand, being perceived as more passive in drug procurement and drug consumption could be understood as an acceptable way to be involved with drugs as it appeared to contravene to a lesser extent established gender norms. This was the case for those participants who underscored their limited engagement with certain drug-related activities to maintain a degree of "plausible deniability", meaning they were not as "far gone" as other, more actively drug-involved people. Further, drug consumption, specifically, became a way to self-regulate emotionally and psychologically in the face of strong contextual constraints. Hence, drug use can be understood as a means to adapt to them, thus allowing participants to be perceived as conforming.

However, on the other hand, this apparent conforming to gender norms also opened some participants up to greater vulnerability because they appeared in the illicit drugs market to be both less capable and thus less deserving of respectful treatment. Further, by not occupying positions of power, widely meant, over others, women were placed in a position of vulnerability that encouraged others to engage in harmful behaviour or, at the very least, not worry about being sanctioned because of this behaviour.

At the same time, it can be said that involvement with drugs represented a departure from gender norms that could prove both beneficial and detrimental to respondents. On the one hand, certain drug practices came to be understood as empowering since they could help respondents gain self-confidence, practice new skills that then, in turn, boosted self-confidence, and

so forth. On the other hand, it exposed respondents to risk and stigmatisation *because* they were drug-involved women.

Ultimately, we can perceive here a catch-22 for participants. Involvement with drugs was a way to escape from or to function within the gendered and classed constraints they experienced. However, this involvement could become, in turn, a vehicle for victimisation and stigmatisation.

Concluding Remarks

Pleasure-seeking and meaning-making represent the second important facet of leeway negotiation described in Chapter 3. I showed that drugs facilitated participants' practices of pleasure- and meaning-seeking in a way that rejects the pathologising approach to women's experiences with drugs decried by Du Rose (2017) and others. Further, I showed that drugs and drug involvement could enable the achievement of situational and situated concerns in ways that made sense for respondents. At the same time, some participants also found it meaningful to quit drugs once these no longer served their purposes. While the process was undoubtedly challenging for many participants, doing so also supported the formation of meaningful identities.

In this chapter, we saw how participants attributed both positive and negative meanings in relation to their involvement with drugs despite and because of the risks I outlined in the previous chapter. Drugs and drug involvement enabled respondents to develop feelings of empowerment and disempowerment as well as pleasure and pain. Social position was fundamental here to understand this complex interplay of meaning-making: gender was often a factor in women's accounts of victimisation, whereas a privileged class position sometimes allowed preferential treatment within the illicit drugs market, and this had significant ramifications for how respondents related to their drug-related practices.

An important contribution to the literature highlighted by this chapter is that drugs represented for participants an attraction beyond the usual tropes of

compulsion illustrated in Chapter 1. This shows how an approach departing from participants' accounts allows for a more-nuanced understanding of women's experiences with drugs (see also, for example, Ettorre, 1992; Measham, 2002; Du Rose, 2017).

Having drawn attention to how participants developed specific identities in relation to drug-involvement, I analyse this facet further in the next, and final, empirical chapter.

MANAGING STIGMA AND SPOILT IDENTITIES: PERFORMING THE (UN)ACCOUNTABLE, (IN)CAPABLE, AND RESPECTABLE PERSONA

I suggested above that as a result of the stigmatisation participants encountered in the illicit drugs market and in conventional society, they had to grapple with "spoilt identities" (Goffman, 1990 [1963]) and learn how to manage them. This facet of their experiences is the last one I will discuss in this dissertation, as it relates to participants' tactics to negotiate some leeway for themselves as drug-involved women.

In this chapter, I discuss in more depth these stigmatisation processes but also the ways in which participants attempted to challenge them. The works of Scott (2015) and Goffman (1956, 1972 [1961], 1990 [1963]) will be particularly relevant here as I outline how respondents sought to create and maintain valued and valuable identity projects in the research setting. I first show how the "spoiling" of participants' identities can be understood to occur along two intertwined lines: femininity and drugs. I will then discuss how respondents mobilised specific cultural repertoires in the research setting to showcase their experiences in the best light possible. This mobilisation ultimately coalesced in the discursive construction of alternative, oppositional identities through the use of what Skeggs (2002 [1997]: 74) terms '(dis)identification'. I focus here on three of the clearest identity projects discernible in participants' accounts, centring on performances of accountability, capability, and respectability.

Spoilt Identities: Being a Woman Involved with Drugs in Sweden

While we have partly seen this in previous chapters, this section will briefly outline how femininity and drug involvement could have jointly contributed to the stigmatisation respondents described experiencing.

Femininity as an Identity-Spoiler: Sexist Assumptions about Women in the Illicit Drugs Market

We saw in previous chapters how women are understood to be marginal and victimised in the drug literature, partly as a reflection of the sexism entrenched in the 'criminal world' (Steffensmeier, 1983: 1013) and in conventional society. Siri's account shows quite clearly how femininity could be stigmatised in the illicit drugs market. I asked her how women who used and sold drugs were perceived in the Swedish context and she replied:

> Siri: I feel that I have experienced a huge difference […] What I saw when I was selling drugs is that I had respect, that [men] treated me with respect, and that was because they wanted to get drugs [from me] of course. But when I stopped selling, then their real views on women came out. […] There are so many men who have abused women or committed sexual assault or.. Sure, there is a hierarchy with paedophiles and rapists [at the bottom], but abusers of women are everywhere. I mean, every woman I know that is a drug misuser or has been one has a history of being abused or.. I mean, we are worth nothing. That was also a big difference when I stopped selling because then they didn't need me anymore, and they could then treat me accordingly. So my experience has been that as long as they needed drugs, and I could provide them, then I was respected, and nobody crossed a single line. But as soon as I stopped selling and couldn't provide men with drugs anymore, then their real views came out.

This excerpt represents one of the starkest instances of fortune reversal, which, all else being equal, was engendered by Siri's change of roles in the illicit drugs market, from being both a user and a seller to becoming only a user.

Being a woman and a drug user presented uniquely gendered challenges in the illicit drugs market, challenges that could only be partly alleviated by being in a position of privilege, as we saw in Chapter 4. However, Siri emphasised that in her experience men still abused women when they were in a position of power over them in sex-for-drugs exchanges, for example, but also within the context of intimate partner violence, and this was a view echoed by several participants (see also, for example, Gålnander, 2019; Yu et al., 2019). Ultimately, Siri argued that women who used or misused drugs were 'worth nothing' in this environment. Keen to underscore the point, she remarked twice about men's 'real views'.

Several respondents underscored the sexualised nature of their experiences in the illicit drugs market. As we saw in Chapter 4, drug-using women may have needed to depend on men to access drugs, and this access could become conditional upon the exchange of sexual services. We can see this in the experiences of Sara K, for example:

> O: Was there an expectation that you would pay for the drugs or..?

> Sara: Yeah, that came in later because I looked very.. mature and older, so some didn't know how old I was; some thought I was 16-17 but I was just 14, around that age. So obviously they started flirting with me and stuff. And I was just, "Ooh, ok"; I just went with the flow. I didn't have the strength to say, "No, I don't want to", but rather [I just said] "Well, alright then". So then it became a completely normal thing because love and sex became completely insignificant for me; it was just something that I could use to get stuff. So then I came to realise that I could get this, this, and that with my body, and I could use it to my advantage.

Similarly, Katja K remarked that women's bodies could be 'viable', that is, they could be used as a medium to achieve specific goals. We can therefore see how women, by simply existing in the illicit drugs market, had to face decidedly gendered challenges. As I argued in Chapter 3, this is because their femininity was construed as an essential facet of their *being*, rather than of their *doing*. At the same time, these accounts also show that these challenges

could sometimes be counteracted in specifically gendered ways, such as exchanging sexual services for goods.

Because women seemed to be considered a priori as outsiders in this environment, this had material ramifications for respondents' experiences. First, I would suggest that women's perceived otherness in the illegal drugs market placed an additional burden on them to prove themselves in the face of men's challenges. We can see this in the interview with Anna S:

> O: You mentioned that often women are disrespected in this environment. So, I'm wondering, how is one shown respect?
>
> Anna: Ehhh...how can I explain this well? What *I* think a lot about is that *I* feel that they respect me. They don't try to *cheat* me and stuff. There are many that think that just because I'm a girl and not super old, I don't know what we're talking about. Like, that they think that they can cheat you and increase drug prices. They can sell shitty products instead of something good because… They think I have no clue what I'm talking about. […] I mean, since this is a male-dominated world, it's easy for men to think that small, blonde girls, they don't understand anything, and they can cheat them and take advantage of them and sell them shit, and [women] can't do anything about it.

Second, those who could not convince others of their capability were seen as easier targets that men could take advantage of by, for example, selling inferior products at a mark-up or even pressuring them into sex, as other respondents also mentioned in their interviews. Since these accounts were relatively widespread among respondents, it seems fair to speculate that sexist attitudes were an entrenched characteristic of this environment.

This created additional problems for women, as many found they had limited recourse to justice: partly because there was relatively widespread support for these attitudes, and partly because there was no single figurehead who could enforce sanctions for undesirable behaviour. Further, for many participants, it was not even possible to count on law enforcement officials for protection or vindication. However, some participants were able to mobilise their social

network to obtain redress with the help of allies, and this may have helped to dissuade some men from attempting to encroach on them further.

Third, those with restricted leeway in terms of social location and capital appeared to be further at risk of exploitation because it was assumed that they had limited means of counteracting abuse. This is particularly true for those, for example, who were perceived to occupy the lowest rungs of this environment, which I take to be those with relatively problematic drug relationships living in socioeconomically marginal situations. By this, I therefore mean individuals for whom sobriety, in all its gradations, was not an option given that they may have relied on drugs to cover a variety of needs. As such, it was more likely for some to appear exploitable in drug procurement situations because either they had limited purchasing power or lacked the social capital needed to find and deal with more-reputable drug providers.

These accounts hint at the structuring force of sexism in the illicit drugs market highlighted in the Anglophone literature, which may also be at play in the Nordic context. Grundetjern (2015: 258) notes that Norway and the Scandinavian region enjoy a strong reputation abroad for gender equality. However, she also notes that the Norwegian illicit drugs market may offer 'a street culture with gendered "rules of the game"' reminiscent of the one described in Maher (1997) and other Anglophone contexts (ibid). Similar considerations may be applied to Sweden which makes it possible that its illicit drugs market may be at least partially gender-segregated and hierarchical (Lalander, 2009; Lander, 2018).

As Lander (2018) notes, this does not necessarily mean women's activities within the illicit Swedish drugs market are automatically of lower status. Rather, I would argue women's activities (such as using, procuring, or sharing drugs, and so forth) *in connection* with individual, specific social locations may together create the conditions for stigmatisation. Indeed, as Katja K also explained, 'if you're more of an enterprising sort of person, then your position as a woman may not necessarily be a downside'.

Ultimately, I argue here that women discussed being perceived as inherently extraneous in this environment vis-à-vis men, which led them to be singled out for victimisation and exploitation. Such victimisation and exploitation were partially alleviated by either a privileged socioeconomic position or an advantageous role in the illicit drugs market, or a combination of both. However, as we will see below, participants also mobilised several cultural repertoires to respond to this stigma and manage its consequences both discursively and materially.

Drugs as Identity-Spoilers: Drug-negative Attitudes and Gendered Norms in Sweden

Because drugs and drug-involved people in Sweden are often considered problematic a priori (see Chapter 1), the resulting stigmatisation processes have had important ramifications for respondents' experiences in several realms. We see an indication of these stigmatisation processes in Erika's account. As we were discussing her reasons for participating in this project, she told me:

> Erika: I guess I have this idea that people in Sweden don't really know who uses cannabis or why they do so. And I felt that… Yeah, it would've been good to share my story and… yeah, maybe dispel these myths because I think there are a lot of prejudices.
>
> O: Could you tell me a little bit more about these prejudices you've seen here in Sweden?
>
> Erika: […] I can tell only some of the people in my circle of acquaintances that I use drugs […] because it is quite taboo. I come from a quite traditional, middle-class family. There's nobody I know as far as I can tell in that part of my family [who has used drugs], but you hear people talk. I think there's a lot of prejudice. People think that normal people don't smoke cannabis; it's just young criminals whose lives have gone sideways. But I want to participate [in the study] to say that it's actually also normal people.

She further reasoned thus about the people in the illicit drugs market:

> Erika: People are just trying to survive. That's why we're there: we're brought together because we have peculiar survival tactics. At the end of the day we go down [to buy and sell] because…we need to survive somehow. [Dealers] need money, I need a little [*she exhales*] peace and quiet, a good night's sleep sometimes, it's quite… It's pretty basic, fundamental needs we're grappling with, but we're still all seen as criminal in this context. Yeah, we're just trying to survive.

Similarly, Emma S when describing the downsides of drugs explained:

> Emma: The downsides I see now.. For me, it has to do with society's critical view. When you take drugs, you often get paranoid or worried because you worry about being taken in by the police, about being judged, about being called a criminal, or about experiencing psychological stress (*psykisk påfrestning*) because you actually see the benefits [of using drugs]. You get stressed because of the risk of being perceived in a way you don't believe should apply to you. I don't feel like I am criminal, absolutely not at all, but there's always been that stress when I consume or use something that I think is good for me. That's probably the biggest downside to using that I see today.

In these excerpts, we see there was a strong sense that Swedish conventional society disapproved of people involved with drugs. Drugs seemed to be understood as antithetical to middle-classness, something that only 'young criminals' were involved with. This characterisation brings to mind racialised, classed, and gendered understandings of Sweden's "young criminals" as young men from an ethnic minority background from underserved neighbourhoods (Schlarek Mulinari, 2017). As such, Erika and other participants felt that popular understandings of drug users elided their experiences because it was assumed that 'normal people', such as, for example white, middle-class, older women, 'don't smoke cannabis'. Further, as Emma noted, it led to the use of stigmatising labels, which can lead to feelings of epistemic injustice (Quaglietta Bernal, 2022a).

I have mentioned how some participants chose not to disclose their drug-related activities to others to avoid these stigmatisation processes, and indeed

even Erika mentioned being careful about whom she told. Whilst absolutely understandable, this may indirectly contribute to the idea that drug use and involvement are not as widespread among white, middle-class women. Ebba S, for example, was moved to participate so that she could then be able to read stories like hers in this doctoral dissertation.

Furthermore, the invisibility of such experiences in popular culture made it more difficult for alternative understandings to the classic 'criminal' narrative to emerge. In the excerpts above, Erika highlighted that both sellers and users became involved with drugs because they were trying to create meaningful lives for themselves and others. They were 'grappling with' what she perceived as 'pretty basic, fundamental needs', such as economic security, pain-management, comfort, and belonging. This phrasing represents a stark departure from traditional understandings that would see sellers as 'death merchants' and users as enmeshed in 'hedonistic degeneration, crime and death' (Edman, 2013: 465-466). Framing it in these oppositional terms allowed Erika to discursively place herself and others on the same plane as conventional society and simultaneously articulate her experience in a way that conventional society could find intelligible. As such, Erika actively sought to counter the labels and understandings that she experienced were put on her and her experiences.

At the same time, these stigmatisation processes affected respondents in the wider Swedish context in specifically classed and gendered ways. One such example can be traced in an episode described by Asta S. She told me that after a long period of struggling with sobriety, she ultimately managed to become sober, but she had to fight with social services to obtain treatment. I asked her:

O: But why was it so hard? I'd imagine they'd be keen to- [*snaps fingers to imply speed*]

Asta S: That's what I also thought. But it was in [an underserved area] and the local administration.. had bad finances… They probably thought that my condition was not bad enough or it was too bad; I don't really know.. And they thought it'd be enough to see a therapist a couple of times a week and stuff, and no way was that enough. […]. And they were like, "There are no treatments available", and they claimed that, but it's set out in Swedish law that everyone has the right to treatment so.. […] Luckily enough, I had my dad, also my mum, but my dad came with me to all my meetings and could stand up for me and help me fight. I was quite weak during that period, and I didn't have the energy to fight, do you understand? And then, they offered some treatment that sounded very weird with a provider they had a contract with. But we were pretty determined that we wanted the 12-step programme because we knew it was effective. And we were told no, but then we said, "Then we'll contact politicians" and that I had an aunt who sat on some [political] board somewhere. She only does it in her spare time (*fritidspolitiker*), but [*continuing in a humorous tone*] we ran with it anyway!

There are several features of note in this story. It was considerably difficult for Asta S to obtain help and treatment for her problematic drug use. The system appeared difficult to navigate, and success seemed only possible if supported by a sober advocate or two who could take on the burden of actively negotiating treatment with officials. This negotiation seemed to also require both knowledge (or sufficient experience) and socioeconomic leverage. Asta's father had also struggled with sobriety in the past, but he turned over a new leaf when Asta was very young. As such, it is possible to surmise that her father might have relied on his past experiences to ensure Asta obtained the treatment she needed. Further, a stronger socioeconomic position helped to solve the conflict, but we can imagine that somebody in a more precarious socioeconomic position would have had found it even more difficult to mobilise the necessary social capital to obtain this outcome. Finally, we can see in this excerpt an instance in which being a drug-using woman could be

considered an identity-spoiler in conventional society. Asta's symptoms were dismissed, given that her 'condition' was 'not bad enough' or 'too bad' to warrant treatment. She did not go into further detail about this encounter, but we may imagine that Asta, as a drug-using woman, might not have been considered as credible as her sober father.

For these reasons, we can consider that drugs may be understood as identity-spoilers in conventional Swedish society given that these were associated to the domain of criminals' and other undesirable individuals, standing in stark contrast to 'the good citizen and the good society' (Tham, 1995: 116). This polarising conceptualisation, thus, provided fertile ground for drug-involved people to be considered extraneous and less credible vis-à-vis conventional society. As such, participants had to work hard to carry out some form of image control when facing a sober audience as evidenced, for example, in their emphasising of their relative ordinariness and conventionality. We will see the ramifications of these stigmatisation processes below.

Mobilising Cultural Repertoires to Manage Stigma and Spoilt Identities

The concept of cultural repertoires, introduced in Chapter 3, can help to understand how participants attempted to discursively counteract or even neutralise the stigmatisation processes mentioned above. Briefly, cultural repertoires can be understood as a '"toolkit" of habits, skills, and styles', as well as narratives and frames of reference, from which people develop '"strategies of action"' (Swidler, 1986: 273; Lamont et al., 2018). They are 'produced, experienced and practiced through performances' or social interactions (Lindegaard & Zimmermann, 2017: 195). This mobilisation took different forms, and I outline here some of the ones I could trace in participants' accounts: *subversion*, *resistance*, *countering*, *appeals to commonly intelligible narratives*, *lived experience*, and, finally, *code-switching*. While these processes could be discerned in participants' experiences in the illicit drugs

market, they acquired most potency when negotiating a spoilt identity vis-à-vis conventional society.

An example of *subversion* comes from Anna's account. She recognised the sexism that pervaded the illicit drugs market and shared with me her frustration at the way she was perceived negatively by others as a woman in this milieu. However, we can also see in one of her accounts how she managed to navigate these challenges precisely by virtue of her femininity:

> O: Have you ever noticed any difference between male and female customers?
>
> Anna: […] For some reason, criminal guys think that it's a little, how shall I put it, a little sexy that a woman sells [drugs]. […] When they get that I'm a girl, they start being a bit more flirty; they write more to.. you know, to get to know one another. […] I've exploited that several times, actually, to sell more.

As we saw above, respondents reported a widespread assumption that women were considered incapable, and several described how their involvement was often sexualised. Here we see how Anna subverted these notions by skilfully exploiting her femininity to achieve her objectives. In this excerpt, we see how she turned these expectations on their head by sexually manipulating men and then portraying them as incapable of realising what was going on, whilst still outwardly adhering to hegemonic norms of femininity.

Similarly, Felicia U sometimes transported drugs in her vagina because she reckoned that, as a relatively young girl, the police would not suspect her, and, even if they did, they would be less likely to carry out a thorough body search. Thus, I see here the ways in which participants took advantage of established narratives or tropes about their involvement with drugs as a form of subversion, or 'script-flipping' as Carr (2011: 190) terms it, which allowed for situational accomplishments and the managing of spoilt identities as drug-involved women.

Some participants, however, attempted to *resist* sexist or drug-negative understandings by attempting to distance themselves from them, both

discursively and materially. Linda K, for example, acknowledged that women were structurally disadvantaged in this environment ('guys have the most power in this context'). Nonetheless, she also posited that 'if they get to know what you can do, then you can still get some power'. As such, we can see how Linda rejected stereotypes about women as marginal and irrelevant in the illicit drugs market, by pointing out how being perceived as capable could allow for some accumulation of power in this environment.

This form of distancing could also take place vis-à-vis conventional society. Mikaela S, for example, as we saw in Chapter 4, clearly resented being forced into a 'victim versus monster' dichotomy by judicial authorities. Rather than 'playing the victim card', as she put it, and accept a more passive role in prison, she preferred to defend her 'rights' 'by constantly appealing things', even if this resulted in having her 'sentence lengthened'. Similarly, Katja K rejected negative understandings of drug users, arguing:

> Katja: The police is not putting their resources into the right things. I mean, how can they prioritise an exhausting process against, for example, my partner and me. We're not people who need to be converted. My partner is [60+] and I'm [60+]. We don't disturb the neighbours; we don't have anything to do with young people.

In this excerpt, Katja listed all the reasons why the police should have left her to her own devices. First, she underscored how she and her partner did not need to be 'converted' and their respective ages, thereby indicating that they had no use for rehabilitative treatment and their position as independent adults ought to be respected. Further, she specifically mentioned that her drug-taking activities did not negatively affect the neighbours or any young people in their vicinity. As such, we can see how, in a few precise lines, Katja neutralised some of the most common arguments used to criticise drug users, achieving what Sykes and Matza (1957: 667) termed the 'denial of injury'. At the same time, she also underscored the waste of resources caused by police intervention within a context where the police regularly call for increased funding (for an example of this, see Polisen, 2022). This further strengthened her arguments against such costly and ineffective interventions. We can

therefore consider how Katja was attempting to change or renegotiate some of the anti-drug tropes mentioned above by pointing out how these did not apply to her.

Other respondents went even further in *countering* these negative narratives by, for example, being open about their experiences with drugs. This was the case for Lisa S, who, at the time of the interview, had recently finished an art project. Whilst discussing her reasons for participating in this study, she told me:

> Lisa: It's partly because this past half year, the project I've been working on has had a lot to do with coming out as a cannabis user. With this art project, I've been open about using weed and the fact that I use it medicinally to treat my [health issues]. Ultimately, I see all opportunities to discuss this as very good for me because it helps me develop new insights into how I function with weed (*hur jag funkar med gräs*).

For Lisa, this process of 'coming out' as a cannabis user, as we termed it, served a double purpose: first, it enabled her to develop a relational understanding of how consuming cannabis was a meaningful practice for her. Second, being open about her identity as a user allowed her to counter partly the stigma surrounding drugs, which was a crucial driver for her participation in this study. When we spoke briefly again in June 2022, she told me she had become even more interested in the Swedish cannabis decriminalisation/legalisation movement and hoped, through her activism, to bring a new kind of awareness to the issue.

Similarly, Nellie U pointed out that, as much as her identity as a drug-involved teenager had centred on fostering feelings of nonconformism and community-building, 'if you go abroad and have the same [drug] background, you'll be accepted, it's kind of an icebreaker'. She suggested that the Swedish context was too stigmatising for drug-involved people, so we could interpret Nellie's statement to be an oblique criticism, using examples from abroad to counter Sweden's approach to drug users.

Some participants, instead, made a point of underscoring how they did things differently in relation to other actors in the illicit drugs market. As we saw above, Felicia and Siri took great pride in being capable and fair drug sellers, unlike (male) others who ended up developing bad reputations as 'cheaters (*blåsare*)'. This positioning enabled them to not only set themselves apart from other sellers in a way that helped their business ('if you're fair, customers will keep coming to you'), but helped them to develop a positive self-image that went against stereotypes of women as marginal or incapable.

Another form of mobilisation of cultural repertoires related to the tactical choosing of *common narratives and frames of understanding* that could resonate with a drug-sober audience. Several participants, for example, chose to frame their experiences using more commonly intelligible understandings, such as popular pastimes, science, and right and wrong forms of lived experiences. We saw above how Jane G highlighted the intensity of excitant drugs and how she compared them to doing particularly strenuous forms of exercise. Similarly, we also saw how she underscored the mental stimulation that being in an altered state of mind could offer. As I remarked above, these two framings seem adapted for the benefit of a conventional middle-class person who might find drug-taking off-putting. By appealing to shared understandings, Jane could render intelligible a practice that meant quite a lot to her, and thus legitimise it for a drug-sober audience.

Other participants used similar tactics. Vera U, for example, drew some strong comparisons between going out and using drugs and going out and drinking alcohol. She explained:

> Vera: I used to always say this, and I still do so today, because when you go out and take these drugs, you get some "repercussions" [*in English*], you know, aftereffects (*efterdyningar*), like different forms of hangover. I used to say that, "Yeah, but I'm borrowing tomorrow's happiness so that I can be happy today", or something along those lines. And I still think that way. Take alcohol; I don't drink alcohol now because I think it's super boring [*V laughs*]. It can be nice to have a glass or two of whisky because it's *good*; your brain geta a little drowsy, but I don't drink to get drunk; there's no point in that. But…

I'm thinking that *it's the same thing*. People are still prepared for the possibility of being hungover. That's how it is. I mean, people who become extremely hungover and can barely move the day after, they still go out and drink a lot. Or they know that, "Yeah, but tomorrow I'll have a hangover day (*bakfylla dag*) at home and buy a pizza". *But that's exactly the same thing!*

Here we can see how Vera attempted to make her use of drugs intelligible by comparing it to others using alcohol in conventional society. She drew parallels between the hangovers people could get from drugs with the ones from alcohol and showed that these were 'exactly the same thing!'. Further, rather than discussing her use in more traditionally hedonistic terms, she described it as 'borrowing tomorrow's happiness', which suggests considerably more moderate connotations. This phrasing allowed her to counteract the stigma experienced by drug users, as outlined above, and implicitly criticise what Linda K and others considered the Swedish 'double standards' on intoxication.

Many respondents appealed to scientific frames of understandings and narratives to make their points. Both Erika S and Mikaela S, for example, referenced in our interviews the so-called "Rat Park" studies, a series of experiments which sought to understand whether addiction could be attributable to environmental factors rather than strictly biological ones (Gage & Sumnall, 2018). As Erika explained,

Erika: There is a very interesting study on rats and.. heroin, no cocaine, I think. And they had a cage with a rat and two bottles, one with cocaine and the other with regular water. The rat drank the bottle with cocaine and all the researchers thought, "Oooh, drugs are super dangerous. If people have access to them, they'll all become addicts". Then came another researcher who suggested, "Perhaps we should change the parameters a little". So then they made a really nice cage: the rat had friends, toys, a lot of food, and they chose the regular water, *not* the cocaine. And I think that says a lot: if people feel good, they're not gonna need to self-medicate.

While Gage and Sumnall (2018) note that these studies all presented some methodological issues and have been communicated to the general public in relatively overly simplified ways, it is notable that both Erika and Mikaela used them as a basis for their points. Making science-backed assertions added weight to their views and legitimised them for a drug-sober audience who might not otherwise have listened to them. Further, by showing themselves conversant with the scientific literature, they implicitly presented themselves as both capable and worthy of respect, particularly when facing those whom they considered to be more prejudiced and ignorant towards drug users.

Another important framing related to how participants drew from their lived experience to add weight to their own assertions. Whilst discussing with me her wish to be more open with her family about her past drug use, Ebba S mentioned:

> Ebba: My mum is probably a classic Swedish parent in that sense, so alcohol is *great* [*O giggles*]. It's super fun! [*Both giggle*] But cannabis is shit, and everything else is shit. There are no plus-sides to it, it's just garbage. So yeah, you can't really argue with that, because when you do, their arguments are the most illogical thing; they say that it's a stepping-stone to heroin. But that theory was disproved a really long time ago. But... they still say, "That's how it is, because I had a friend who smoked hash one time and then, suddenly, he turned into a heroin addict and died". And you're just like, "Ehmm, no, actually. I don't think that's what happened; there must've been other reasons for this to have happened, in that case".

In this excerpt, we see how Ebba drew clear boundaries between credible and non-credible accounts and lived experiences. She drew attention to the fact that her mum appeared quite ignorant and prejudiced against drugs, mocking gently the way her mother cited her lived experience as a basis for her assertions. Instead, Ebba saw her mother as providing oversimplified and anecdotal evidence: as somebody who had actually consumed cannabis and had kept abreast of the latest scientific developments, Ebba S described being in a better position to counter her mother's claims. She thus did so both by using subtle humour as well as facts, similarly to the participants in Sandberg

and Andersen (2019). Indeed, the vast majority of respondents felt that their lived experiences had been marginalised in public debates and it was this that ultimately pushed many to participate in this project (Quaglietta Bernal, 2022a). As such, several participants leveraged their own experiences and observations to portray themselves as knowledgeable and worthy of respect vis-à-vis a prejudiced conventional audience.

The last mobilisation of cultural repertoires I want to draw attention to relates to *code-switching*, that is, the ability to navigate different social situations using location-specific and location-appropriate cultural repertoires. As Lindegaard and Zimmermann (2017: 971) explain, individuals who can "code-switch", that is, those who can identify the best ways to present themselves in a given situation may fare generally better than those who cannot.

Several participants exemplified this ability. Katja K, for example, whom we saw above rejecting the notion of needing rehabilitation, still considered undergoing treatment to improve her chances of obtaining a better living space. She recognised that doing so would allow her to be perceived as more respectable and this would improve her scope for action, or leeway. Likewise, Anna S seemed at times to embody a tougher kind of femininity, along the lines of the 'bad girl femininity' outlined by Messerschmidt (2004: 133). However, we saw above how she also exploited more traditional forms of femininity to persuade male customers to buy more from her. Finally, many relatively privileged participants exhibited a similarly skilled ability to mobilise different cultural repertoires, depending on the context. They could therefore seek respectable losses of control by using drugs whilst still operating respectably within high-level work environments.

At the same time, social location was of particular importance to mobilise cultural repertoires credibly. Fleetwood (2015a: 62) draws attention to 'the significance of the discursive landscape in supporting some kinds of narratives but not others – and indeed some narrators more than others'. It is clear that respondents found themselves grappling with considerably potent stigmatisation processes that threatened to invalidate and marginalise their

experiences. While all seemed conscious of this and attempted to position themselves in the best light possible, it is also indisputable that social location was fundamental in making these positionings successful. Mia's reflections about what enabled her to be so open about her past experiences with drugs come to mind here, as she felt that her current high social status allowed her to evade the stigma drug users tended to experience: 'they see that I have a normal life and live a normal life, without any [drug] problems, so then you can be open about that'. This was not always possible to others who had experiences of social marginalisation, for example, even though they could have otherwise been considerably skilled at code-switching.

Identity Projects: Conceptualisations of the Self and Drugs

I will now turn to analyse how the mobilisation of cultural repertoires discussed above coalesced in the construction of oppositional identities in the research setting, which allowed participants to distance themselves from negative understandings of drug-involved women. As it will become clear from the excerpts presented here, respondents at times chose more-ambivalent framings, which suggests they were 'continuously adjust[ing] evaluations and content' depending on the situational and situated concerns they were trying to achieve in the research setting (Sandberg et al., 2015: 1171).

The (Un)Accountable One: "It's (Not) Up to Me"

Given hegemonic portrayals of drug-involved people as irresponsible and hedonistic, it is quite understandable that many participants' stories would reveal concerns about personal accountability when becoming involved with drugs. This is to say that respondents in the research setting seemed eager to be perceived as responsible women, despite their involvement with drugs.

The first area in which this type of identification emerged related to how participants described becoming involved with drugs and the reasons for this

involvement. We saw in the previous chapter some push and pull factors underpinning drug involvement. Some participants sought drugs to take refuge from conventionality, whereas others used drugs to support specific situational and conventional accomplishments. These respondents, therefore, advanced cogent arguments for why drugs appeared a reasonable option to them while they found themselves in specific circumstances. At the same time, we also saw how other respondents' accounts presented drugs, instead, as either an irresistible force that had significantly characterised their lives, or as the natural consequence of their difficult personal circumstances. In this light, the personal responsibility of individual respondents was discursively downplayed in favour of highlighting other triggering factors.

This interplay became apparent in the two (partially contrasting) accounts provided by Linda K and Mikaela S. While reflecting on the significance of drugs in her life and how these affected her family more generally, Linda K told me:

> Linda: I have five younger sisters […]. They chose a completely different path, I chose the same path as our parents, and they chose the opposite.
>
> O: Hmm, why is that do you think?
>
> Linda: Ehhh…that's how it's been… life and handicap(s) (*handikapp*) hit me hard; that's simply how it's been.

Unlike Linda, her sisters pursued 'a completely different path', one not characterised by problematic relationships with drugs or the law, with at least one of them choosing to study for a traditionally prestigious career. Linda identified drugs as both an active choice ('I *chose* the same path as our parents'), as well as a consequence of 'life and handicap(s) hit[ting] [her] hard'. We therefore see how a fluid conceptualisation of accountability is being used in this excerpt and how Linda tapped into two different narrative framings to make sense of her origin story, namely hereditariness and disability, which may be clearly traced to medicalised and medicalising assumptions about people and drugs.

First, she emphasised how her involvement with drugs had resembled her parents' offending journey. In particular, she underscored in other parts of our conversations how her mother had also used and sold drugs. By tracing this connection here, Linda attempted to explain her own involvement with drugs as partly her own choice and partly one that continued in the footsteps of her parents.

Second, after I seemingly questioned this assumption by asking about why her sisters followed a different path, thereby implicitly suggesting the presence of other explanatory factors, Linda slightly pivoted.[28] She then argued that the circumstances in which she had to grow up ('life and handicap[s]') also played a strong role in her becoming involved with drugs, and this is what set her apart from her sisters. Consequently, in this excerpt, we see a reflection of the nature vs nurture, or victimisation vs volition, debates that tend to characterise drugs and, in particular, addiction studies (Maher, 1997). And yet I find that Linda here also partially resisted this dichotomy by providing a nuanced account of how both can be understood to have informed her involvement with drugs.

Mikaela S, instead, provided a more decidedly volitional account of her involvement with drugs. As we were discussing her first experiences with intoxicants, I asked her:

> O: Can you tell me about how it came about? I mean, what convinced you to try?
>
> Mikaela: I can say that it was very complicated... I wanted to become a drug addict. I had a hard time when I was younger […], I was trying to kill myself all the time, and that had to do with… (it sounds so inconsequential when one says it), "a bad relationship" with my father. […] I wanted to punish him in some way, I think. […] because the thing he hated the most in this world was drug addicts.

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[28] This was not my intention. I was simply curious to hear more about Linda's thoughts on this point and it did not occur to me that my question could have come across in this way.

Mikaela, therefore, ascribed her initial experiences with drugs to a desire to hurt and 'punish' her father. While she also found drugs pleasurable, her primary motivation here appeared more instrumental. Having identified her father's contempt for 'drug addicts', Mikaela strove to become one out of spite. At the same time, she also suggested that her youth was spent in a more general condition of distress given that she was attempting suicide 'all the time' due to this 'bad relationship with [her] father'. As such, while Mikaela seemingly framed this account as purely volitional, we can also see it in a more nuanced light. Given her youth and the extent of the emotional distress in which she found herself, we can perhaps understand her drug use as a response to the ways in which her care providers and other authorities were failing her.

Similar concerns with personal accountability emerged from the accounts relating to behavioural norms vis-à-vis drugs and others. They became particularly clear in the accounts of the most middle-class participants. We saw in previous chapters how, for many respondents there was a tension between drug use and possible loss of control, which led several others to become concerned with respectable forms of drug use. Ebba G, for example, put a premium on behaving appropriately, even while under the influence. She said:

> Ebba: 'Cause I don't know, in some sense, I mean, I can still feel like drugs are bad, like there is some level of, like, you shouldn't be doing too much, too many drugs, there are certain standards of behaviour that you have to maintain when you're on drugs, 'cause otherwise it's inappropriate… Like, I am not this person who is into, like, "There's no rules when we're on drugs". I can often feel, like, when I'm on drugs, I'm one of the more sober people in the room, somehow, even though I like being pretty fucked up. But, yeah, I'm not that person, like I've had other friends who were like, "Oh my god, I just didn't even realise that I took my shirt off!". Like, I'm not that, do you know what I mean? [*O: Yeah*] I'm never there… I'm also not hanging all over other guys and being, like, "I just had no idea of who my boyfriend was!". *No* [*decisively*], *I* always know. [*E laughs*]

While Ebba enjoyed using drugs recreationally, she recognised the imperatives of exhibiting appropriate behaviour. Her identification as somebody who 'always' knew how to act can be interpreted as a sign of pride in the mental collectedness that enabled this awareness. This, in turn, was made possible by her capabilities and experiences in controlling the effect of excitant substances. In a few vivid strokes, Ebba showed how taking drugs in an appropriate way that could be both externally and internally validated was a source of pride and distinction for her. At the same time, this was not necessarily a widely shared approach, and Ebba revealed some derision for how other women she met had acted in this type of situation. She therefore drew a strong distinguishing line between herself and others whose behaviour she did not condone by disidentifying herself from them ('*I'm* not that person', '*I'm* never there', '*I* always know'). In this way, Ebba showed that she was in control of her drug use and portrayed herself as an accountable person, not only in the research setting but also for her friends, who might depend on her to keep her wits in these situations. Indeed, in other parts of our conversations, Ebba noted that she had often taken the lead in drug-taking situations to ensure her friends' welfare.

As I mentioned earlier, these (dis)identifications helped to delineate acceptable behaviour and, by extension, people worthy of respect (Skeggs, 2002 [1997]: 74). On a similar note, one participant mentioned a particular friend who had a harder time adhering to established behaviour norms while on drugs. I asked:

> O: Has it ever happened that you had a good friend whom you liked when you were both sober, but whom you didn't like so much when you both took something?

> Participant: That happens all the fucking time. I have a friend now who does drugs a little bit too much and she just kind of becomes like a hazard. She's one of these people who... You have to make sure she's not wandering off, you know?

Several noteworthy aspects emerge from this account: first, we get the sense again that taking 'too much' of a drug may lead to inappropriate behaviour.

However, this was a risk borne of inexperience in that it appeared implicitly that respectable drug users ought to know how to balance pleasure and responsibility. Indeed, other participants knew 'down to a science' how to combine different drugs to responsibly maximise pleasure. Second, in the excerpt above, this respondent seemed to reveal some annoyance at her friend's behaviour because it apparently forced others around her to be in charge of this wayward friend, and this, we can imagine, can be a source of frustration. Third, because we saw that women experienced pervasively negative stereotyping based on their social position and behaviour, we can surmise that this participant may have felt that her friend was proving critics right about drug-involved women. We see here, then, an example of Goffman's 'courtesy stigma' (1990 [1963]: 44), as stigma is not only applied to the 'deviant' but also their non-deviant loved ones. At the same time, we saw above that this pressure to conform to narrow gendered norms was a reason for participants to engage with drugs, either to realise specific situational and situated accomplishments or, on the contrary, to evade these pressures. As such, we can imagine that feelings of unaccountability while under the influence of drugs could also be a powerful pull factor, even though individuals risked incurring the opprobrium of other people.

Accountability also appeared as an important personal value in participants' accounts during the longer life course. I explained above that drugs could be understood as a relatively permanent identity spoiler. We could see this because even sober participants felt called upon to qualify and justify their sobriety and upstandingness in the research setting, years after their involvement with drugs. Indeed, Mia U reasoned that she could be open about her past drug use *because* by the time of our interview she held a prestigious social position, which was seen as tangible proof that she had left drugs behind her. As such, accountability became a sought-after quality and value for many respondents.

It can be therefore said that (un)accountability appeared as a significant cultural repertoire in participants' accounts, one that respondents tapped into to present themselves in a positive light, depending on the context that they

were negotiating and describing. This may be in response to societal narratives about drug users as irresponsible. At the same time, accountability could also be a double-edged sword in that it could leave open the possibility of respondents being doubly blamed for being perceived as accountable for their drug involvement. Hence, unaccountability could also be an attractive discursive option as it could be used to redirect responsibility away from the person when advantageous to do so.

The (In)Capable One: "I Can('t) Do That"

Showcasing capability was another emergent value for several participants. Because many respondents saw themselves as mostly drug users, this desire to be seen as (in)capable appeared most strongly in drug-taking accounts. This was the case for Helena G who, during her university years abroad, smoked cannabis with her partner and his friends:

> O: And could you say a bit more about your early experiences?
>
> Helena: […] [His friends] never asked me to roll. Before meeting that group, I was always the one providing and so I was quite good at rolling joints, and they just, they never assumed that I was... Yeah. So I think that bothered me a little bit. There was also like a bit of a sexist dynamic: they were all really nice, but there was just a little bit of sexism in terms of, you know, conversations and... it's just things you sense as a woman, when you're the only woman in a group of six or seven guys and they're talking politics. They mostly talk to each other, and they don't really engage in conversation with you because I guess they assume that you don't know so much, or things like that. So, it's like it was that combined with other things. But I remember talking to my [partner] at some point and being like, "You know, I sometimes would like to just buy my own weed and roll". So every time I could, at my own house, I would try to regain my control over my use of drugs.

While these events occurred in a different context than the Swedish one, we see here how this was an incident that weighed heavily on Helena's mind,

enough that she mentioned it while providing an account of all her past experiences with drugs. We can interpret this event as particularly significant for her also because her present circumstances tended to mimic the ones she described above. As a relatively newly arrived immigrant, Helena entrusted her Swedish partner with buying the drugs they wanted. She found that this was both positive in that she avoided some of the risks, and negative in that it made her rely on his continued intermediation. To balance this perceived disrespect, Helena resolved to be the main roller at home, where she could be sure that she and her skills would not be undermined. It is notable that Helena framed this last measure as her attempt to 'regain control over [her] drug use', and this could suggest that she found this type of misrecognition disempowering in some ways.

At the same time, being seen as competent in the illicit drugs market could also be understood as a demerit in conventional society, which is why some participants chose to dissimulate their capability in the research setting. This was the case for both Asta S and Mia U, who injected drugs for a period of time, but claimed they never wanted to learn how to do so themselves. Mia U started injecting amphetamines after her then-partner introduced her to injection methods because of the heightened effects deriving from this mode of consumption. She told me:

> Mia: I had already had quite a lot of contact with amphetamines, and I knew that I preferred them. But I had never injected before. […] And in fact, I never *learnt* how to do so on my own: I tried once but everything got in the muscle [*M chuckles*], so that wasn't super fun. Because he always did it for me, he was good in that way. It was just the same that he- and we always did it together.

One could imagine that having to rely on others for injection support may create additional, perhaps unnecessary obstacles towards drug consumption. First, this reliance on her partner could limit consumption to the times when he could be present, meaning there was less room for spontaneity or individual drug-taking. Macrae and Aalto (2000) also suggest that reliance on an intimate partner for injection may introduce problematic power dynamics in

the relationship because access to drugs could become conditional and the basis for further negotiation. Further, Mia told me that her partner would also be the one to decide how much to inject based on what 'he thought [she] could handle', which she eventually started to find irritating. The amount she could tolerate 'went up over time', and she would 'get irritated that he would always get more'. These factors, we can imagine, would be enough for some to choose to learn how to inject themselves.

However, the fact that Mia emphasised that she never learnt how to inject also suggests that this shortcoming may have tactical value. First, as Macrae and Aalto (2000: 511) argue, this dynamic may 'symbolize and reinforce deference through the male partner's role as expert, provider and manager of [Mia's] injecting drug use'. This would therefore help Mia 'reproduce conventional female behaviour' that could allow her to avoid sanctions for gendered norm-deviations, as symbolised by her drug use (Macrae & Aalto, 2000: 514).

At the same time, this inability to inject may be held up by Mia as evidence for a drug-sober audience that she was never too heavily involved with drugs given the injection limits she placed on herself. This allowed her in the interview to sidestep drug-related stigmatisation processes, particularly because she had only 'a little scar' from when she used to inject which she 'know[s] it's there but it's not particularly visible'. Scars, Lander (2018) explains, can become a significant vehicle for discrimination in Swedish society. It is therefore noteworthy that Mia appeared satisfied with not having any lasting marks from her drug-using period. Consequently, we see in this excerpt how Mia tactically employed the appearance of being incapable of injecting drugs in order to discursively neutralise stigmatisation processes.

As mentioned above, performances of capability were also valued by participants who sold drugs. Some of the most successful respondents emphasised their desire to be recognised as competent by others in this environment. I was discussing with Siri about her online sales presence, and she described how drug sellers were evaluated depending on their ability to

provide not only good quality products, but also good customer service. She told me:

> Siri: It works a little like [eBay] since you get reviews. If you see a green name, then that means that you have received positive reviews. If it's red, then it means that people haven't received their packages. […]
>
> O: Do people get bad reviews only because of missed deliveries, or does it also have to do with [drug] quality?
>
> Siri: Yeah, I didn't really have much to do with quality because that relates more to heroin or amphetamines that can be of poor quality, and that I had little to do with […] There's still some kind of…prestige and pride in wanting to be a good drug seller. Partly for the money, of course, but also… I don't know, the thing that is so weird about that world is that everything becomes so normalised that… it becomes like any business, really: you want to be a good entrepreneur, get a good reputation…
>
> O: Do you think you had a good reputation?
>
> Siri: Yeah, I believe so. I'm pretty sure of that [*S giggles*]. It's… yeah, I'd say that [*more soberly*].

In this excerpt, we see how important it was for Siri to be recognised as a good drug seller: not only was she interested in its financial returns but also these feelings of 'prestige and pride'. In other parts of our conversation, Siri described how her drug-selling persona almost acquired a life of its own: developing an online alter-ego allowed Siri to compartmentalise her illegal activities, thereby creating separate 'double' lives. As such, this normalised her drug-selling activities to a degree that Siri eventually felt what she imagined conventional entrepreneurs experiencing in the course of their work. Further, both material and intangible forms of success acted as push factors towards continued involvement. She developed a drug-seller identity 'that [she] was secure in' and that she therefore found still a little 'scary, uncomfortable' to let go of because, she asked herself, 'Who am I without that?'.

At the same time, we can also imagine that being perceived as capable in the illicit drugs market could have led her to be perceived even more negatively in the conventional domain. As such, I would argue that this 'prestige and pride' she experienced may, in hindsight, also be tinged by these considerations. When I asked her if she felt she had a 'good reputation', she agreed, but it is curious to see how she framed it: she first emphasised that she 'believe[d]' so, acquiring a little more certainty by adding 'I'm pretty sure of that'. She giggled at the thought, perhaps still finding it a humorous underestimation, but then seemed to deflate a little by hesitating and concluding with a more lukewarm 'yeah, I'd say that'. This suggests that Siri, who had been decidedly image-conscious during our interview, could have been cognisant of these stigmatisation processes and may have regretted expressing herself too positively in this sense. Nonetheless, she was much more sanguine in her belief that 'nobody wants to be an addict (*pundare*)', which she mentioned in other parts of the interview.[29] This implies that appearing to be a drug misuser, instead, can be considered a step-down from being perceived as a capable seller, and indeed we saw how this shift from selling to only using brought a higher likelihood of victimisation for her.

Finally, we can see it as significant that Siri, in the excerpt above, partially rejected a discussion about her products' quality, when noting that '[she] didn't really have much to do with quality, because that relates more to heroin or amphetamines'. In other parts of our conversation, Siri, giggling ironically, pointed out that she dealt mostly with prescription medication because, 'pills' were not real 'drugs', they were 'fine'. We can interpret this to mean that Siri attempted to navigate and negotiate in our interview appearances of respectable capability and salesmanship. She was keen to underscore how she used to sell mostly, but not exclusively, prescription medication, and indeed her interview provided insight into the extent and sophistication of her

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[29] Sociological criminologist Malin Åkerström (2022, personal communication) reckons this term 'applies mostly to those who use amphetamines' and that 'it has some associations to "street misusers"'. This is an interesting point as it has been my understanding that, while Siri did use amphetamines, she had never been in a condition of social vulnerability in this specific sense.

enterprise. She was conscious of the fact that considering prescription medication separate from "real" drugs may well come across as a quite transparent fig leaf, as noted by her ironic giggling. However, she was still keen to distance herself from discussing the quality of her products because, in her mind, that was linked to other drugs, such as heroin and amphetamines, and that would perhaps make her drug involvement appear more serious than she would have preferred.

Other participants seemed to be similarly ambivalent as to whether they thought it was desirable to be perceived as capable. This appeared clear in the interview with Anna S, who credited much of her success to 'luck' several times during our conversation, even though the instances she described appeared to me to be the result of her being a considerably competent drug seller. She started by purchasing small amounts of hash for herself until she eventually expanded to buy it by the hectogram. She began to do so by buying on credit (*på krita*), meaning that she would take a hectogram, sell it in smaller portions to individual users, and only thereafter pay the supplier back with the proceeds from the retail sales. While discussing this process, I asked:

> O: How did you start? I'm guessing it can be a bit tough to start selling, or..?
>
> Anna: Except it's *not*, really. When you are… I mean, I started [being involved with drugs] when I was 13, you get to make a lot of contacts, or *I* did in any case […]. I've been lucky, if you want to call it that.
>
> O: Because you managed to sell what you needed to sell quite quickly?
>
> Anna: Yeah, exactly. I managed to put together that little capital that I needed quite quickly, and then it was like I got that hectogram for free, basically. Because I didn't put in any of my own money, but rather it was the buyers who actually paid for what I picked up.

In this way Anna was able to generate 15,000 crowns from retailing for the first time:[30] 8,000 crowns went to pay the supplier back for the drugs, whereas

[30] Approximately 1,500 euros.

the remaining amount made up a tidy profit of 7,000 crowns for her first proper foray into drug-selling. She had been initially hesitant to begin selling, but not because 'it was illegal'. Rather, she did not 'want to sell because [she] didn't think [she] *would be able to*' (Anna's own emphasis).

Again, one could interpret her ability to sell so quickly what is, in principle, a large amount for a young first-timer as a testament to her selling capabilities, but we see how Anna appeared a little ambivalent. She said, instead, that she had been lucky 'if you want to call it that'. I take this expression to indicate that, on the one hand, Anna felt that she actually did well in her debut as a drug seller given that she did not feel that it was 'hard' to get started. On the other hand, she stopped from fully acknowledging her capability by framing this series of events as fairly unremarkable and something many others could also do.

Further, she also recognised that her personal relationship with suppliers who knew and trusted her made this whole process easier: even in those cases where she had had more difficulty sourcing drugs, she 'has always had friends, if you will, who have supplied [her]'. She reasoned that she was able to avoid these problems because of these friendship ties; in other words, other, less well-connected individuals would have experienced more difficulties in this sense. Again, this framing appears to undermine Anna's showcasing of capability. Nonetheless, it suggests that Anna was able to establish herself as a competent seller and a trusted business partner. While her friendship with suppliers can certainly be understood to have helped, this, instead, rather emphasises her capability because it speaks to her ability to establish meaningful interpersonal relationships to achieve her objectives (what I described in previous chapters as *power with*). Given the precarity of the illicit drugs market and the gender-based discrimination women experienced, this is arguably no trivial accomplishment. It is notable, therefore, that she sought to discursively underemphasise her capability, given that she prided herself on being someone 'very direct' who 'mean[s] what [she] say[s]'.

Therefore, (in)capability is the second major cultural repertoire emerging from participants' accounts, as we have seen how this may be useful for respondents to navigate specific environments. It appears as if this comes out as a response to, or a way of handling, the stigma of being a woman in the illicit drugs market. Because they were assumed to be less capable than their male peers due to their gender, it then became a point of pride for many to show that they were actually capable. Further, showcasing capability was a way for women to evade, to a certain extent, victimisation, as we saw in Anna's account.

At the same time, being perceived as capable in the illicit drugs market could lead women to be penalised in conventional society. Indeed, it appears as if women could not simultaneously be understood as victims in the eyes of the criminal justice system as well as volitional actors in the illicit drugs market. Women appeared to be called upon to choose either identity, but each would give them an advantage in one milieu but not the other. Victims in the criminal justice system appeared better supported, but women understood as vulnerable in the illicit drugs market attracted further victimisation, and vice versa. Consequently, some chose to underemphasise their capability, or at least to consider only some settings as appropriate to showcase capability.

The Respectable One: "I'm (Not) Like Everyone Else"

This final section will highlight how participants constructed themselves as individuals worthy of respect by attempting to 'normify' or normalise their involvement with drugs (Goffman, 1990 [1963]: 44), both in the illicit drugs market and in conventional society. This was done in part by making use of the identity projects outlined above, in that (un)accountability and (in)capability were used to portray oneself as somebody worthy of respect. Whilst discussing acceptable forms of behaviour under the influence of drugs, Emma mentioned:

Emma: I'd like to point out in this context [of behavioural norms] that when you're taking ecstasy, amphetamines and this kind of stuff.. Those times that I did that were at a rave, at parties, where it's.. OK, accepted, and everybody does it. Those are also parties where I experienced the least fights, the least bickering, the least problems with security guards and the police and stuff. Because everyone comes to this place, to this event, with the same expectations and desires that make it so… The whole group enjoys this gathering and gets on the same page in a whole different way, because it's OK, now there's only loving, hanging out, dancing, and enjoying what the evening has to offer. I think it's really important that.. People understand that it's this type of drugs that you consume in such events and that they provide something good. It is often much, much better than you would think. When I go to the pub [instead and drink alcohol], I'm irritated and irritable (*småsur*), so then I end up bickering with someone.

In this quote, we see Emma discursively tapping into the identity projects outlined above to show herself and, by extension, her experiences as worthy of respect. A sense of accountability and capability emerges from this excerpt in that Emma emphasised using drugs moderately, given the relatively muted terms she uses to describe such events. Emma also implicitly projected a sense of capability in managing drugs and an altered state of being by highlighting the positive sides to these substances. As we saw in previous chapters, there was a widespread sense among participants that drugs could be powerful influences that needed to be wielded expertly and properly. As such, in this excerpt, Emma implicitly showed proof of her abilities by discussing how she could be thought of as an expert drug user. Finally, Emma exemplified respectability by engaging with drugs in a way that was sanctioned by her surroundings ('it's OK, accepted, and everybody does it') and adhering to a type of conduct that would be deemed appropriate even by conventional society. Indeed, her behaviour might even be considered *more* appropriate given that there were no 'fights', 'bickering', or tense encounters 'with security guards and the police', as there might be when conventional people consume alcohol.

However, because of the stigma attached to drug users, as mentioned above, we can also see how Emma tried to describe her experiences in a way that would be intelligible to a conventional audience. First, she pointed out that drugs allowed her and her friends to engage in 'loving, hanging out, dancing, and enjoying what the evening has to offer'. We can interpret this description as a moderated version of commonsensical understandings of the pleasure that drugs may offer. Further, we can see how 'really important' it was for her to underscore the good things that this type of drug could provide when consumed in this type of context. She was therefore implicitly addressing an imagined drug-sober audience and attempting to make intelligible a practice that she experienced as particularly stigmatised. We can, nonetheless, trace a slight hesitancy in her way of describing her experiences given the use of ellipsis in this excerpt, which suggests the difficulties of discursively managing stigma.

While we can say that Emma tried to express intelligibly for a drug-sober audience her experiences of drug use, Lisa preferred to draw some boundary lines between how she used drugs and the ways in which a drug-sober audience handled other substances. She mentioned that she was very purposeful when consuming cannabis by checking in with herself before, during, and after use. I remarked:

> O: I'm thinking that there can't be many people who would be so careful about checking in with themselves, so I'm wondering how and why you started? I'm thinking that it sounds lovely but also uncommon, or..?

> Lisa: Hmmm, I think so too. I think it's uncommon regardless of what substances we have in mind. I think there are very few people who would drink on a Friday but only after first sitting themselves down and asking themselves, "Why do I want to have a beer on a Friday?" [*L giggles*]. I don't think there are that many that do this, but it was important for me when I got introduced to cannabis as an adult, and then I also had experiences of… I'm not very good with substances.. I have used and misused nicotine for long periods of my life, I quit like 4-5 years ago. I've had moments where I had issues

with managing alcohol, sugar, food, sex. So, when I started smoking weed as an adult, I had that kind of experience with me, so that if I was going to learn about a new substance, I was going to do so carefully, because I was very conscious that… Ehh… exactly like all substances, you can develop habits or dependences and that will affect me [negatively].

In this excerpt, we see how Lisa attempted to exemplify both accountability and capability by showing the ways in which she consumed cannabis responsibly by being deliberate and exercising reflexivity when analysing her drug use. It is in this sense that we see a claim that there is a difference to and a distance from the commonsensical understanding of drug users as hedonistic and irresponsible. Further, she adduced her mindful habits to past experiences of using or misusing various substances, which was the reason for her current management of cannabis. As such, she tapped into her lived past experiences to contextualise her current practices in a way that would make her appear at an advantage.

At the same time, we can also trace here an explicit claim to being different from conventional others because she argued that not many would be as mindful of their habits as she was ('I think it's uncommon', 'I don't think there are that many that do this'). She indicated as an example drinking on the weekend, and she found it amusing to imagine someone interrogating themselves as to why they were drinking a beer. This is partly because alcohol drinkers might not need to justify themselves as much as drug users, but we could also imagine that Lisa, like many other participants, was trying to show that her practices were *better* than those found in conventional society. Indeed, Lisa pointed out how drinking alcohol proved to be harmful to her. She explained:

Lisa: I.. experienced that, for me, alcohol was a way to shut myself off, to distance myself from something, whereas weed has helped me to feel that I'm coming closer to something. It increases my awareness and my empathy, how I sense reality, ehh.. And that feeling has been very "empowering" [*in English*] for me.

This is a conceptualisation of alcohol and cannabis that occurred several times in other participants' accounts: by enabling a greater connection to one's innermost self, cannabis could be conceptualised as a relatively healthier option. Further, it allowed Lisa to be more mindful of her consumption patterns; she could thus be considered a more responsible consumer than those who preferred alcohol. Consequently, we can trace in this excerpt how Lisa attempted to portray her experience of cannabis as different to both those in the illicit drugs market and those in conventional society.

However, experiencing stigma and otherness as drug users and drug-involved people was a reoccurring theme among participants, particularly when it introduced a divide between how respondents perceived themselves versus how they were perceived by others. We see this particularly in Liv's account of a drug-sober friend she had when she was regularly using cannabis. She explained:

> Liv: To be able to take quite a lot of drugs but still manage your whole life (*sköta ditt liv*), like having money, having a job, a flat, studying. And still be able to take quite a lot of drugs, I mean… That I think it's rather a sign that you have managed to hold everything together, you have succeeded in keeping it to a level, I mean, you don't reach a level where everything falls apart, but rather you keep it the whole time at a reasonable level.. Eh… And to go over that limit, meaning you actually start misusing or you become addicted or you lose control, that's something that you don't want to do, nor would you want to be seen as doing. Ehmmm… So that's a little how she saw me in a different way than how I saw myself. So my self-image… ehhh, didn't match her image of me. Ehhh.. And it was a bit tough but it never became like a big thing because I never smoked in relation- I never smoked when we hung out.

This difference in perception introduced a tension in the friendship that Liv sensed. Her way of resolving this tension was to avoid smoking cannabis when she would be likely to meet her friend. So 'it never became a big thing' because Liv chose not to disclose her habits or consume in a way that would make it visible to her friend. It is also worth noting the divide in conceptualisations of

Liv's drug use. On the one hand, Liv reckoned in other parts of our interview that she had managed her drug use in a way that did not negatively affect her. As such, we can imagine that this would enable Liv claim sameness in relation to other drug-sober people. However, her friend strongly disagreed with her assessment, which eventually led Liv to only consume drugs with her then-partner or by herself. Further, I suggest that, even retrospectively, her friend's negative judgement appeared as a destabilising force, in that Liv showed some degree of hesitation when discussing her experiences, as signalled by a greater use of 'ehhh' in this excerpt.

Given this sense of otherness, it comes as no surprise that many respondents sought to project an image worthy of respect. As we were discussing power and powerlessness in relation to drugs, Asta S mentioned:

> Asta: It was as if, in a way I was hugging the walls the whole time, pretending to be normal, fake-yawning on the bus in the morning, even though I had been up the whole night. "Oh, what is everybody else doing? They're yawning. I should do that, then" [*exaggerated yawning noise*]. You tried to look like everybody else, and maybe somebody once in a while would look at you a little longer. Then it'd be immediately, "Shit [*in English*], he's looking (*han tittar*), he sees (*han ser*), fuck. Fuuck!" Something along those lines. There was some powerlessness in that.
>
> O: That sounds very stressful.
>
> Asta: Yeah, it was. There was a lot of trying to maintain some kind of façade.

As with other participants, we can see in Asta's account a constant need to perform some kind of image control, which sounds remarkably exhausting. She made sure to keep a keen eye on her surroundings to identify the ways in which others did sobriety and made sure to provide a credible façade behind which to hide what she perceived as her problematic use of drugs. We get the sense that this is, however, a precarious undertaking given how she described panicking once she felt that her performance was under scrutiny. Further,

even though she represented this undertaking as rather routine for her, we still can sense the intense emotional labour underpinning this performance.

Ultimately, respectability, or an existence worthy of respect, was the third most emergent identity project that the respondents made use of in our conversations together. There seems to be a fundamental ambivalence in how they related their experiences with drugs. As we saw in the previous chapter, drug use and drug involvement could be profoundly meaningful practices for participants, but they still discussed experiencing negative judgements. As such, several interviewees found themselves carrying out a fine balancing act where they attempted to discursively manage this stigma by portraying themselves as worthy of respect in environments that saw them as only worthy of disrespect.

Concluding Remarks

In this chapter, I discussed the ways in which respondents' accounts revealed the processes of stigmatisation they experienced as drug-involved women. Cognizant of this spoiling of identities, participants sought to mobilise specific cultural repertoires to present themselves in the best light possible. The three most emergent identity projects respondents made use of centred on the performance of accountability, capability, and, above all, respectability. Recognising that these were particularly valued and valuable identity projects, respondents attempted to tactically use them in the research setting. At the same time, they recognised that tactical performances of unaccountability and incapability could also help them to maintain appearances of conventional respectability. For this reason, I highlighted the fundamental ambiguity of these performances since this ambiguity allows 'narrators to explore existential issues without having a clear answer and to continuously adjust evaluations and content', depending on the context (Sandberg et al., 2015: 1171). In so doing, participants could attempt to evade some of the stigmatisation they experienced.

An advantageous social location was sometimes required to provide credible performances, but not always. At the same time, given the drug-negative attitudes outlined above, and the intense identity work that even the more successful participants carried out in the research setting, it is likely that completely evading stigma was not always possible. As such, there is reason to believe that structural constraints might have limited participants' chances of being considered individuals worthy of respect, both in the illicit drugs market and in conventional society, because of their being drug-involved women. It is in this sense that I see respondents attempting to negotiate leeway discursively and materially for themselves in the challenging circumstances they found themselves in.

The contribution of this chapter lies in highlighting the ways in which respondents sought to construct discursive identities to suit the demands of the context. This insight would not have been possible without a methodological approach centring women's accounts of their experiences with drugs and a theoretical lens that could appreciate the complex interplay of agency and structure these accounts revealed.

This final facet of participants' experiences concludes my discussion of the ways in which participants tried to create meaningful lives for themselves as drug-involved women in Sweden.

CONCLUDING REFLECTIONS: NEGOTIATING LEEWAY, OR DOING WHAT ONE CAN WITH THE RESOURCES AT HAND

O: What have drugs meant for you?

Vera: They've been a constant companion, if you will [*said with some amusement*]. What meaning have they had? When I was a child, they were something that could "trap" people […]. Something that was dangerous. Then, as I grew older, they came to mean danger, excitement, but even destructiveness. So then for me, personally, they became like a tool, both to create my ruin, but also to reinvent myself.

This excerpt encapsulates well what it can mean to be a woman involved with drugs in Sweden. The riskiness of illicit substances and the incidence of sexualised and gender-based victimisation in the illicit drugs market presented participants with considerable challenges. The stigmatisation they experienced in conventional society only added to these issues, particularly as many informants resisted societal constructions as 'criminal' or 'deviant'. At the same time, these challenges could coexist in respondents' accounts with both material and intangible benefits, such as feelings of identity and pleasure; something that problematises hegemonic accounts of drug-involved women as merely 'pathological, powerless and sexualized objects' (Anderson 2005: 393).

In this concluding chapter, I reflect on the findings of this study and their implications for the wider scholarly literature. I start by providing an overview of the doctoral dissertation, summarising the contribution of the individual chapters. I then connect the research questions guiding the study with its findings to ground my discussion of the contribution this doctoral dissertation can make to the field of drug studies. I conclude by outlining the points of departure from which future studies may be developed.

Overview of the Doctoral Dissertation

In the Introduction, I posited that women's involvement with drugs in Sweden was an imperfectly understood phenomenon that merited further investigation. This study has attempted to do so by providing a more-nuanced account of the pros and cons of being involved with drugs as a woman in Sweden.

I first presented some of the major features of the discussion on women's involvement with drugs. I have shown that the literature suffers from an androcentric focus that tends to obscure and marginalise women's experiences with drugs and the illicit drugs market. A crucial feature of the debate, as highlighted by Maher (1997), has centred on the opposing discourses of victimisation and volition, but there have been relatively few works that have tried to show how women can be both powerful and powerless in different ways and in different moments of their lives.

Further, even though more-contemporary literature has highlighted the importance of considering pleasure-seeking and meaning-making in drug involvement (e.g. Grundetjern, 2017; Eleonorasdotter, 2021), the literature on women has, overall, tended to highlight more its negative facets. While it is certainly important to acknowledge the ways in which women can be structurally constrained within the illicit drugs market and within conventional society, these works also risk perpetuating narratives of 'pathology and powerlessness' (Anderson, 2005: 372).

Having identified some crucial gaps in the literature that could serve as points of departure for my work, I then described the methodology underpinning this study. I explained that I approached fieldwork seeking to centre participants' accounts and experiences with drugs in Sweden. I employed a fairly wide recruitment process, aiming to locate women who had, at some point in their lives, been involved with drugs and were willing to describe their experiences to me. This led me to recruit twenty-six women, the majority of whom can be thought of as socially integrated, in contrast to some of the

studies presented in Chapter 1. In hindsight, it appears that respondents were particularly eager to share their experiences to counter some of the stigma they experienced as drug-involved women. For this reason, we can think of them in some way as "success stories", but they nonetheless offered significantly nuanced accounts of the pros and cons of being involved with drugs.

To read and interpret respondents' accounts, I synthesised three theoretical perspectives: social constructionism, intersectionality, and symbolic interactionism. This helped to develop a lens through which to read participants' accounts of attempting to create meaningful lives for themselves whilst located within a web of constraining, but not determining, social structures (Crossley, 2013). I focused particularly on three of the most emergent facets of interpretation and action I discerned in participants' accounts by developing an understanding of the processes of risk-management, pleasure- management, and stigma-management. Ultimately, inspired by the work of Lander (2018) and Lipsky (1969), I suggested that we could think of these processes as respondents' attempts to negotiate some leeway for themselves in their lives as drug-involved women in Sweden. This was meant as a heuristic lens through which to read participants' experiences rather than a more definitive conceptualisation.

This theoretical framework allowed us to understand some of these emergent facets of drug involvement according to respondents' accounts. I first analysed the most significant risks that drug involvement posed for participants: risky substances and consumption practices, difficult procurement situations, domineering and violent others in the illicit drugs market, as well as criminalisation processes and stigmatising circumstances in conventional society. I showed that these experiences put respondents' well-being in significant jeopardy. Nevertheless, it also became clear that respondents also worked hard to manage these risky circumstances. The concepts of power and edgework which I developed in Chapter 3 were of significant help in understanding these processes of risk-management. This allowed us to go beyond a narrow victimisation vs volition perspective (Maher, 1997) and

provide instead a more-nuanced understanding of respondents' risk-management practices.

I then set out to analyse the significance and the meanings participants attributed to their experiences with drugs. I was inspired by the works of Ettorre (1992), Measham (2002, 2004), and Du Rose (2017) to seek explanations of pleasure that went beyond a narrow, addiction-only perspective. Their works helped me to show that pleasure-seeking practices also comprised seeking out feelings of comfort and creating valued identities. However, the risks outlined in the previous chapter also had significant ramifications for the ways in which participants related to their drug involvement. This shows the need for us to develop theoretical accounts of meaning-making that allow for a more-nuanced understanding of the pros and cons of drug involvement.

The practices of risk-management and pleasure-seeking in drug involvement described above were necessarily characterised by the larger Swedish anti-drug context. This allowed me to consider the ways in which respondents sought to develop a valued and valuable identity in the research setting because of the stigma attached to being a drug-involved woman. Their accounts showed considerable awareness of this stigma and they skilfully employed specific cultural repertoires to attempt to present themselves and their experiences in the best light possible. These efforts culminated in the performance of three identity projects, centring on (un)accountability, (in)capability, and respectability. Respondents enacted these performances in different ways depending on their social location, the meanings they attributed to their experiences, as well as the situational and situated concerns they meant to achieve. We must therefore consider these identity projects as fluid and contingent, deployed as the respondents experienced the situation required.

Studying Women's Involvement with Drugs in Sweden

This study has sought to answer a number of questions relating to women's experiences with drugs in Sweden, partially in response to the gaps in the literature highlighted in Chapter 1.

I first sought to understand how respondents described their experiences with drugs in Sweden and the meanings they attributed to them. I did so by centring participants' voices and assumptions and allowing these to steer my analysis. It emerged that drug-involved women led risky and stigmatised lives that greatly conditioned the meanings they attributed to their experiences. While many found pleasure in drugs and drug involvement, broadly defined, they were nonetheless exposed to certain risks because of the riskiness of certain substances, because of the entrenched sexism in the illicit drugs market, and because of the clear anti-drug stigma in conventional society.

All this led some respondents to stop, either partially or completely, their involvement with drugs. However, other participants continued using drugs recreationally and/or for their medicinal benefits. Furthermore, through their involvement with drugs, they seemed able to establish valued identities as buyers, procurers, sharers, and sellers, which might not have been possible through a more conventional lifestyle. This is because they saw their involvement with drugs as a meaningful practice worth continuing, even though it exposed them to risky and stigmatising circumstances. This insight would not have been possible without a methodology that deliberately centred respondents' voices and sought more-nuanced explanations of this phenomenon.

Indeed, risk, pleasure, and stigma were the three most emergent facets of participants' involvement with drugs in Sweden, the subject of my second research question. Respondents predominantly discussed their experiences in nuanced ways, implicitly acknowledging the complex interplay of agency and structure. They did so by pointing out how they perceived themselves to be structurally disadvantaged in the illicit drugs market and in conventional

society, *as* drug-involved women. However, they also noted times in which they could negotiate for better conditions for themselves, for example by leveraging business associates and friends to buy drugs at advantageous prices. These accounts can be said to blur the line between victimisation and volition, as they highlight respondents' processes of negotiating leeway for themselves.

Further, their accounts clearly showed the interrelatedness of risk, pleasure, and stigma. Participants suggested that certain aspects of risk could heighten the experience of pleasure, at the same time as conceptualisations of pleasure were to a certain extent marred by hegemonic negative understandings of drugs and drug-involved people. To interpret these accounts, I chose an analytical approach partially inspired by narrative criminology that paid attention to the ways in which respondents sought to present themselves in the research setting. This approach was fundamental to uncovering these subtle aspects of meaning- and identity-making.

My third research question guided me in understanding how respondents discussed navigating the often sexist and anti-drug contexts in which they found themselves. A recurrent theme within this aspect of the study has been the importance of considering respondents' social location as well as their creativity and resilience as they negotiated leeway as drug-involved women in Sweden. This perspective allows us to acknowledge the significance of social structures to constrain, but not determine, interpretation and action whilst recognising participants' attempts to create meaningful lives for themselves. Ultimately, I suggest that respondents' accounts show they were doing what they could with the resources at hand, contrary to hegemonic assumptions of 'pathology and powerlessness' criticised by Anderson (2005: 374).

Finally, the fourth research question underpinning this study related to the use of an intersectional lens to read respondents' accounts of their experiences with drugs in Sweden. I have shown that intersectionality holds significant promise for understanding this phenomenon. This is because it allows for a theoretical framework that locates individuals within a complex web of power relations (Mattsson, 2010), such that social location at the intersection of

different categories of being both facilitates and limits interpretation and action. It is a conceptualisation that accounts for how gender, class, and type of drug involvement, to name the most significant categories of being in this study, provided both advantages and disadvantages for drug-involved women. Being a woman in a male-dominated environment, for example, could be disadvantageous in that it exposed participants to sexualised violence, but it also allowed some to evade police scrutiny. Similarly, a privileged socioeconomic background gave respondents stronger purchasing power, which provided for better procurement conditions in the illicit drugs market. However, respondents' accounts also show that acquiring and maintaining personal ties in the illicit drugs market could be similarly effective tactics to ensure good buying conditions. As such, an intersectional lens allows for a conceptualisation of human experience flexible enough to accommodate both accounts of victimisation and volition as well as accounts of victimisation tinged by volition and vice versa. This enables approaches that transcend the facile dichotomies and simplifications that sometimes characterise the literature on women and drugs (Maher, 1997; Fleetwood et al., 2020).

Ultimately, I suggest that respondents attempted to negotiate some leeway for themselves as drug-involved women in Sweden. They did so by seeking to manage drug-related risk, pleasure, and stigma. Social location as well as creativity, and resilience were of fundamental importance in this negotiation of leeway, but structural constrains meant that such negotiation was not always successful. Acknowledging that women did the best they could with the resources they had does not exclude that sometimes these resources were not enough and that respondents often experienced harrowing circumstances. What I think it does, instead, is help us interpret their accounts in more-nuanced ways.

Contributions of the Study

My study has the potential to contribute to the literature on women's form of involvement with drugs methodologically, theoretically, and empirically. I accepted Schemenauer's invitation (2012: 97) to develop research that accounts for the ways in which respondents 'made demands, calculated costs and benefits, negotiated, reasoned, resisted, had hopes, and felt compelled', whilst still acknowledging their location within a complex web of power asymmetries and inequalities.

I therefore developed a methodological and theoretical approach that aimed to centre participants' voices and experiences and interpret them through nuanced lenses. I argued that an approach centring respondents' accounts, informed by feminist research principles and inspired by the work of narrative criminologists such as Jennifer Fleetwood (2014b, 2014a, 2015a) and Lois Presser (2009; with Sandberg, 2015b), has been well-suited to develop accounts of respondents' experiences with drugs. It provided greater space for participants' reflections and assumptions, both during the data-generating process and the analytical phase.

I then developed a theoretical lens derived from the synthesis of social constructionism, intersectionality, and symbolic interactionism through which to read respondents' accounts. I departed from a social constructionist perspective to recognise the historical contingency of social phenomena. This was to avoid predetermined conclusions about participants' experiences with drugs. This was also particularly important to centre respondents' conceptualisations and views as much as possible, to counter the androcentric assumptions underpinning the literature. Symbolic interactionism helped instead to develop a theoretical framework that could consider human interpretation and action in interaction with others within a specific context. Further, it clarified the meaning- and identity-making processes that characterised and often propelled participants' experiences. However, Brickell (2006) notes that these two theoretical perspectives are sometimes hampered by their inattention to power structures and differentials. For this reason, I

synthesised these approaches with an intersectional lens to account for the ways in which different social locations at the intersection of multiple categories of being may characterise human experience.

In addition to the above, I contribute to the literature by highlighting empirically respondents' ways of negotiating their involvement with drugs in Sweden. First, respondents' accounts showed that women in Sweden may be involved with drugs in a variety of different capacities, from user to smuggler to larger-scale seller, and in several forms (episodic, regular, constant, and everything in between). This problematises conceptualisations that describe women's involvement with drugs in relatively more stereotypically gendered ways (e.g. Anderson, 2005). Rather, my study shows the importance of countering a priori assumptions about women's marginality and peripheral status in the illicit drugs market (Fleetwood et al., 2020).

A second important contribution lies in my analysis of how participants attempted to manage the risky circumstances they had to face as drug-involved women. Here the deconstruction and redefinition of the concept of power provided in Chapter 3 were particularly important. I channelled Allen's insights (1998: 37) to consider the various facets of power as interrelated and 'analytically distinguishable features of a situation' to break down the different types of risks that drug involvement posed for participants. Then, building principally on Allen's work (1998, 2016) and that of Kabeer (1999), I showed how respondents made use of the different forms of power to contrast the risks they experienced. They utilised *power within*, or agency, to formulate plans of action. *Power to* and *power with* when acting in concert with others helped them achieve what they proposed to do. Finally, *power over* was experienced when structural constraints proved too strong to oppose concretely. This nuanced approach to power, coupled with an intersectional perspective, enables us to continue the path tracked by Schemenauer (2012) whilst acknowledging the limitations set by power structures.

My analysis of the meanings participants attributed to their experiences is a similarly important contribution. I have shown that a narrow addiction-only

perspective is not helpful in trying to understand why some choose to continue being involved with drugs despite the risk and stigma this may entail. Departing from a wider conceptualisation of pleasure, provided by Du Rose (2017), I argued that seeking comfort, self-expression, self-development, in addition to the "highs" traditionally associated with drug use, are important drivers of drug involvement. Furthermore, it appears that respondents assigned a multitude of meanings to these practices, and that these developed because and despite of drugs and drug involvement. These can be alternatively understood as both empowering and disempowering and are deeply personal: social location can account for some differences but not all. I therefore continue the work of Ettorre (1992) and Measham (2002), among others, in highlighting the role of drugs in the performance and achievement of situational and situated concerns.

The fourth way in which this study contributes to the literature centres on highlighting respondents' self-presentations in the research setting. This focus has been allowed by centring participants' accounts in the data-generating and data-analysing process, in accordance with some of the feminist methodological principles outlined in Chapter 2. Moreover, it has also allowed for insight into how respondents are called upon to discursively manage the stigma they experienced as drug-involved women. I have shown that this may be a fairly deliberate process in that respondents seemed to consider situational constraints and demands while crafting a particular presentation of themselves and their experiences. Consequently, insight into their mobilisation of cultural repertoires contributes to the literature on how drug users and drug-involved individuals draw symbolic boundaries between themselves and others (e.g. Järvinen & Demant, 2011; Pedersen et al., 2015; Copes, 2016; Edland-Gryt et al., 2017). Further, it begins to suggest accountability, capability, and respectability as valued and valuable cultural repertoires for drug-involved women in the Swedish context, and this may be helpful for research seeking to understand anti-drug attitudes in Sweden (e.g. Tham, 1995, 2005; Abalo, 2021; Tiberg & Nordgren, 2022).

The last empirical contribution worth highlighting here relates to the continuity of experiences between the illicit drugs market and conventional society in Sweden for respondents as drug-involved women. This is because, as Maher (1997: x) reminds us,

> The street-level drug economy is not an anomaly. It cannot be understood as a peculiar bastion of […] male domination; a product of cultural values unique to a particular group, system, or way of life. It does not stand alone, independent of, and isolated from, broader systems of social stratification. The production of inequality within the street-level drug economy mirrors the production of inequality within […] the formal economy. […] It is in this sense that the drug economy, no less than the family, the state […] serves as a site of social and cultural reproduction.

My study shows that respondents' experiences of social control within the illicit drugs market echoed the ones within conventional society, and vice versa. Consequently, I argue that we ought to pay attention to how social structures characterise conventional society to understand more fully the gendered, classed, and racialised dynamics within the illicit drugs market. For this reason, I have sought to avoid exotifying drugs and respondents as something fundamentally other whilst acknowledging the force of othering mechanisms, both in the illicit drugs market and in conventional society, in a process that Lalander (2017: 247) following Butler's lead, terms 'reframing'.

Further, my study helps to undermine the idea that all women face the same challenges and opportunities. Rather, adapting Ettorre's notion (1992: 18) of substance use as 'a gender illuminating notion', participants' accounts showed how drug involvement occurred in ways that could be gendered and classed, at the same time as drug involvement was done to achieve situational and situated concerns that reveal position at the intersection of several dimensions of being.

I therefore accepted Miller's and Carbone-Lopez's invitation (2015: 699) to develop '[i]ntersectional analysis, which focuses on how multiple structural inequalities are produced, reproduced, and resisted through social action'. As

mentioned above, being a woman in a male-dominated environment heightened the risk of sexual violence, whereas a relatively privileged socioeconomic position allowed for better purchasing conditions. At the same time, some respondents adapted to these conditions and sometimes even subverted them to negotiate better leeway for themselves. This was the case, for example, of those who used their femininity to sell or buy drugs at advantageous prices despite and because of hegemonic understandings of women as marginal and incapable actors in the illicit drugs market. Similarly, other respondents exploited their positions as socioeconomically underprivileged women to establish ties to established drug providers and secure support in their respective contexts.

Points of Future Departure

The findings of this study may direct future research directions in several ways. First, a longitudinal approach, such as the one in Lander (2018) and Gålnander (2020a), would allow us to capture the ways in which practices and meanings change over time, or whether some remain constant throughout. This aspect would also tie in well with research aiming to understand ageing processes in relation to drug involvement, which, according to Lander (2018) and Sultan (2022), is a quite understudied phenomenon, both in Sweden and abroad.

Second, my study has employed a relatively wide recruitment process, such that I have made little differentiation between different forms of drugs. As both my empirical results and those in Ludwick et al. (2015), among others, suggest, the types of drugs used will have a significant impact on the experiences of the people using them. Even though Wanke et al. (2022: 317) observe that 'cannabis is still heavily stigmatized in many places throughout the world', it is on its way to being depenalised, decriminalised, or even legalised, in several countries (Gabri et al., 2022). This means that many users, buyers, and sellers might move to the legal or semi-legal economy, which may lead to a decrease in stigmatisation for them. People involved with other types

of drugs, like amphetamines and heroin, however, may continue to face comparatively greater risk and stigmatisation. As such, an intersectional analysis that takes into consideration different types of drugs could bring greater insight into the different experiences of users, buyers, sharers, and sellers.

Third, my study has focused on cisgender women and their experiences with drugs as the obvious "Other" in the illicit drugs market and in conventional society. While there is value in shedding further light on the experiences of a marginalised population in these contexts, this in part reflects relatively outmoded conceptualisations of gender identities and expressions. Gender may now be understood as a spectrum that also includes, but is not limited to, non-binary and gender-fluid individuals (PFLAG, 2022). However, many contemporary societies tend largely to be still predicated on a dichotomous view of gender (Buist & Kahle Semprevivo, 2022), which will characterise the experiences of people finding themselves outside this binary. As such, it becomes interesting to understand how different gender identities and expressions fare, both in the illicit drugs market and in the criminal justice system.

Another avenue of investigation ought to centre on how processes of racialisation intersect with drug-averse contexts. Musto (1999 [1973]) and Rosino and Hughey (2018) argue that the conceptualisation of drugs as "foreign" and the ensuing criminalisation of these substances in the United States, to cite one example, allowed authorities to disproportionately investigate and prosecute ethnic minorities in the country. It has been suggested by Tham (1995), Gould (1998), and Nordgren (2017) that similar processes may have occurred in Sweden. Future research ought to develop this hypothesis further. This could be help understanding the experiences of people of colour in Sweden: research suggests that first- and second-generation immigrants have become particularly associated to drugs and, more generally, crime by law enforcement agents (e.g. Lindgren, 2009; Schlarek Mulinari, 2017; Wästerfors & Burcar Alm, 2019). Moreover, experiences of racialisation as white in relation to drugs have been less

researched in Sweden, but Ludwick et al. (2015) and Miller and Carbone-Lopez (2015) suggest that this is an important factor conditioning drug-related practices in the United States. It would be interesting to see if this is also the case in Sweden.

In her follow-up study, Lander (2018) investigates how (dys)functionality appeared as a significant cultural repertoire among many of her participants. She explains that her respondents conceptualised themselves, and were also conceptualised by others, as both functional and dysfunctional in relation to their involvement with drugs. Lander (2018: 343) further explains that 'our society is organised around the adult, productive, functional age-category', which is why the Swedish correctional systems tend towards conceptualisations centring on the 'immature Other' rather than the ageing one when it comes to drug-involved people (my own translation). This focus on the different facets of (dys)functionality and how these intersect with drug-averse conceptualisations could be worth investigating further. This consideration leads me to my next point.

Throughout this doctoral dissertation, it has often been both implicitly and explicitly a question of societal norms in Sweden and what may sometimes happen when individuals find themselves running afoul of these norms through their involvement with drugs. I would argue that further investigation of these norms can help us understand how anti-drug constructions have come to be and how we can move beyond them. As Goffman (1990 [1963]: 151) points out:

> [T]he contingencies [stigmatised people] encounter in face-to-face interaction is only one part of the problem, and something that cannot itself be fully understood without reference to the history, the political development and the current policies of the group.

This work of analysing anti-drug constructions at the macro level has been pioneered by the likes of Lindgren (1993) and Tham (2005, 2022), but it can be fruitful to investigate further at the micro and meso level how conventional others perceive and conceptualise drug-involved people and to what extent

Swedish anti-drug policies have fostered such attitudes. This can help to eventually illuminate the ways in which we can advocate for different and more-humane understandings and therefore make the lives of drug-involved individuals less risky and stigmatised.

Finally, negotiating leeway in this study appears as a rather contingent and heuristic conceptualisation. This has been done purposefully because it relates in this study to the most emergent facets indicated by participants as drug-involved women in Sweden. It is possible that other respondents and other researchers might highlight other more emergent concerns, such that this conceptualisation centring on risk- management, pleasure- management, and stigma-management might need to be revised. This is an aspect that future research ought to investigate further because it can be a fruitful lens through which to read individuals' attempts to create meaningful lives for themselves whilst acknowledging their location at the intersection of different power structures.

This final discussion concludes my doctoral dissertation. I have shown that respondents had to pay a steep price for their involvement with drugs in Sweden, often facing risks and stigma, both during and after their involvement with drugs. While some chose to leave drugs behind them, others continued because of the benefits deriving from drugs and drug-involvement. My hope has been to provide the reader with a more-nuanced understanding of participants' experiences and, in so doing, contribute to a more-humane treatment of drug-involved people in Sweden.

APPENDIX A: OVERVIEW OF PARTICIPANTS AND ILLICIT DRUGS

Overview of Participants

Contacted through Gatekeeper:

- Ebba G - Helena G - Jane G - Sara G	At the time of our interview, all were between their late 20s and early 30s and led socially integrated lives, either working in high-level professional jobs or studying. All but one had relatively recently immigrated to Sweden from Western countries. The fourth participant was born and raised in Sweden but had partly foreign roots. All participants in this group were either white or passed as white. Further, at the time of our interview, all were active drug users and drug sharers. Their preferred recreational drugs of choice were cannabis, consumed either alone or in group and so-called "party drugs", such as ecstasy and ketamine, consumed instead at parties. Additionally, all had purchased drugs for their respective circles of friends without profiting materially from it but, rather, as a form of collective purchasing

Contacted through Kriminalvården:

	Participants' ages ranged between their early 20s and early 60s. Most came from more socially marginalised backgrounds, with low educational and employment attainments. All but two participants appeared to be native Swedes. Of the remaining two, one had been born abroad but had emigrated to Sweden during childhood, whereas the other came to Sweden as an adult.
- Birgitta K - Katja K - Lena K - Linda K - Manuela K - Maria K - Sara K	Overall, participants described more-problematic relationships with drugs in comparison to other respondents, with most using amphetamines and heroin for mostly self-medication purposes, although there were also some accounts of recreational drug use. Most participants were also mainly former users, with some having either purchased or sold drugs.

Contacted through Social Media or Unknown Media:

• Anna S • Asta S • Ebba S • Emma S • Erika S • He Ping S • Liv S • Mikaela S • Siri S and • Felicia U • Lisa U • Mette U • Mia U • Nellie U • Vera U	This group of participants mostly comprised drug users, although several had also shared and sold drugs. Some of the participants at the time of the interview were active users, whereas others had quit. They described both recreational and medicinal drug use, and their drug consumption patterns ranged from the occasional to the habitual, and from non-problematic to addiction-like. Background-wise, most participants could be located in between the two groups mentioned above: most had skilled jobs, with many having gone on to higher education. While perhaps not as well-off as participants in the first group, all could be said to lead socially well-integrated lives, with only a few having had first-hand experiences of the Swedish criminal justice system. Ages and nativity backgrounds for this group were similar to the others: as far as I could tell, most were between their late 20s and early 60s and ethnic Swedes. Only one participant was not Swedish, but still from a Nordic country.

Illicit Drugs and How to Take Them

This section will look at the most commonly used substances among the respondents and their general effects. We will therefore discuss cannabis, amphetamines, MDMA and other psychedelics, and last, heroin.[31] This section will conclude with a discussion on the licit drugs that figured prominently in some of the participants' accounts, namely benzodiazepines and alcohol.

Cannabis

One of the most commonly used substances among participants was cannabis, both as a "first-time" drug and as a regularly used one. Dahl and Sandberg (2015: 696) note that '[c]annabis is sometimes associated with feminine or gender neutral values' as it introduces feelings of calm and serenity. A substance of plant-origin, cannabis may be either smoked or ingested, and its effects may be more or less strong depending on the specific part of the plant used: '[t]he resinous exudate is the most valued part of the plant because it contains the highest concentration of tetrahydrocannabinol (THC), an active hallucinogenic principle associated with the plant's potency', whereas the plant's vegetable components may also be used but are less potent (Steiner, 2019: n.p.). Health risks and opportunities associated with cannabis use are not entirely clear: given its illegal status in several countries, it has been difficult to assess the induction or amelioration of long-term pathologies. Nonetheless, a review of the extant knowledge by the US NASEM (2017) suggests that the substance may cause long-term respiratory problems such as bronchitis when smoked, but that it can also be used in the treatment of chronic pain and chemotherapy-related side effects, for example.

Looking at how one particular participant prepares to smoke cannabis, we see that it a quite flexible substance, in that one may choose the potency

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[31] MDMA is technically an amphetamine-like substance, but I have chosen to class it together with other psychedelics because of its properties and usage modes.

depending on the amount ingested, by rolling 'proper joints', containing only weed, or 'something called spliff, which is like tobacco and weed […] [containing] like, 90 percent tobacco and 10 percent weed'. This appears, based on some participants' comments, to be one of the few socially-acceptable drugs to use alone. While cannabis can definitely be taken in groups, it can also be construed as a meaningful practice to carry out alone.

Amphetamines

Amphetamines are also particularly established among respondents. Of synthetic origin, ingestion of amphetamines can be used to induce '[…] increased initiative and confidence, euphoria, lessened sense of fatigue, talkativeness, and increased ability to concentrate' (Encyclopaedia Britannica, 2020: n.p.). These properties have made amphetamines appealing to a diverse range of people, such as US soldiers since World War 2 (Bower & Phelan, 2003), those seeking to lose weight (Bruening et al., 2018), and children with attention disorders (Cohen, 2013). As such, we can see that amphetamines are quite frequently used also in licit contexts, which some participants thought was quite the double-standard.

Amphetamines can be ingested orally in powder form. However, intravenous use delivers more-potent effects, which makes it preferable to some, although drug injection also figured as a particularly stigmatised practice in participants' accounts. One participant who preferred to inject amphetamines described the process of preparing the drug as quite straightforward in comparison to heroin, which appeared to her to be a more involved process. She explained that 'you just dissolve it in water, or other stuff […] sometimes good, sometimes bad substances […] But you just put it on a spoon with some water, and then you draw it up with a needle'. Given that it is difficult to purchase clean needles without prescription, amphetamine users could not be too particular about the type of needle to use. One respondent, however, did not like the ones used for insulin shots 'as they are thinner and cannot take up as much of the drug' as other types of needles.

An excessive dosage of amphetamines may lead to 'hallucinations and paranoid delusions' (Steiner, 2019: n.p.) and 'neurodegenerative side effects in animal models' that may be 'cause for concern in humans', although these results cannot be directly 'extrapolated to patients' (Steinkellner et al., 2011: 12). According to some participants, amphetamines can 'remain in the body for so fucking long' that it can be uncomfortable in the long run and coming downs were often so anxiety-inducing that they needed to be tempered with other substances. Much like cannabis, amphetamines can be consumed in both groups and individually for a variety of different purposes. Most participants who used amphetamines reported having wanted to 'be able to focus', 'be active', or 'feel that little kick', particularly when they are injecting them, and this seems to be in line with the findings in Pedersen et al. (2015), who underscored similar motivations for amphetamine users in Norway.

Psychedelics

Many participants who took drugs at social events favoured several psychedelics, such as MDMA, ecstasy, and LSD. One of my respondents explained that these types of substances were more straightforward to use and required less "know-how", although her account also hints at hidden expertise and practices that a person just learns through direct exposure to drugs:

> I mean, the thing is, with a lot of club drugs, there's not much you do, right? So, you don't need to know how to take MDMA: you just stick your finger in a bag. I mean, I guess if you get it in crystal [form], you should know that you have to crush it. […] But with most stuff that's, like, pill-based, there's less to do with it.

Another participant who particularly appreciated the effects of these drugs described how:

> MDMA [which can be inhaled or ingested] has the effect that it gives you a lot of love when you're in contact with other people. You get very sensitive both emotionally and physically, it feels incredible to touch something soft or some animal. I like it both because of that

and its stimulative effects. So it's perfect when you're out dancing if
you want to feel happy and energetic.

Both MDMA and LSD produce psychedelic effects, but it appears that former
is more appropriate for group use than the latter. This becomes apparent in a
participant's description of the effects of LSD:

> All your senses are aroused the whole time and they're different, partly
> visually, because you see different colours and they move and it can
> be very, very intense. But it can also be emotional because different
> waves of emotion come over you, and it can go from you [being very
> happy] to feeling a strong sense of sorrow, and that sorrow doesn't
> have to be something negative per se, but it's just a strong feeling that
> you get [that moment].

This has also been confirmed by Holze et al. (2019: 464), who note that 'LSD
produced greater "introversion," "inactivity," "emotional excitation," and
"anxiety" compared with MDMA and [amphetamines]'. Edland-Gryt et al.
(2017: 1) explain that MDMA is enjoying a recent surge in popularity at the
expense of ecstasy, 'even though the active ingredient in both drugs is
MDMA'. This is adduced to the fact that participants in their study
considered MDMA to be a safer substance, given the 'growing reports of
ecstasy being mixed with other dangerous substances, and of ecstasy-related
fatalities' (ibid: 2). While there are concerns that MDMA may cause long-
term negative effects, it also shows promise 'to assist in psychotherapy', along
with LSD (Holze et al., 2019: 462).

Heroin

Finally, the last frequently illicit drug used was heroin, although only a few
participants used it regularly. Heroin is an opiate derived from the chemical
treatment of morphine, so its origin can be considered partly synthetic and
vegetable (Encyclopædia Britannica, 2018). As we saw above, most dissolve it
in liquid and warm it to inject it, although it is also possible to inhale it or
ingest it in powder form (ibid). A participant with experience of both heroin

and amphetamines commented that she preferred the latter to the former, since she preferred to feel 'active' and 'self-confident'. Nonetheless, she could helpfully describe the effects of the drugs in order to contextualise her dislike:

> The first thing that happened when I took [heroin] for the first time was that I vomited like a fountain. It's [a] quite common [side-effect], but it wasn't uncomfortable. […] Then the heroin takes all feelings away, and you get a little floaty (*flummig*). Kinda like when you are on amphetamines, but with amphetamines your mind is still clear. […] [With heroin] you are in your own bubble, not a care in the world […] I realise I must look quite floaty, but I don't feel that, and I don't care about what others think. Not a care in the world around me.

Because of the effects of heroin, one participant remarked that this was not a type of drug someone would do in a group setting. She went on to explain:

> I started hanging out with a girl who was on amphetamines and she didn't like heroin. So then, when I went down [on heroin], she was up [on amphetamines], and we were so out of sync that, in the end, I switched to amphetamines [for a while].

Tolomeo et al. (2020: 2) note that there is a 'well-established relationship between early-life adversity, psychiatric disorders and opioid use disorders in adolescents and adults'. While the evidence of the long-term effects of prolonged heroin use, such as neurological disorders, is somewhat limited, Tolomeo et al. (2020: 2) suggest that 'some of the impairments observed in active heroin users are transient effects of intoxication by the drug itself' and may thus improve upon sobriety, although a combined approach of both pharmacological and therapeutic 'interventions' is needed for sobriety to occur. However, it must also be noted that intravenous drug use may present further risks, particularly in contexts where needle-sharing is necessary. As mentioned above, intravenous drug use may offer more-potent effects, but this also means that users may require increasingly higher doses to obtain the same effects, which may explain why heroin users make up approximately half of Sweden's yearly overdose deaths (Richert & Svensson, 2008). Further,

needle-sharing may become a necessity in contexts where it is not possible to obtain fresh syringes, but it may also lead to higher incidences of transmittable viruses such as HIV and hepatitis C (Park et al., 2019).

Prescription Medication

Respondents also used prescription medication with varying degrees of legality, such as tramadol, benzodiazepines. These, mixed together in several configurations, can give pleasurable effects, and combinations may even make them more potent than if they were to be taken alone. Benzodiazepines, in particular, were quite popular among some respondents as they are 'capable of producing a calming, sedative effect and used in the treatment of fear, anxiety, tension, agitation, and related states of mental disturbance' (Encyclopaedia Britannica, 2019: n.p.). They are widely in circulation under familiar branded names, such as Xanax, Valium, and Klonopin (ibid).

Benzodiazepines may be taken both on their own or in combination with alcohol; the latter process increases the potency of the effects of the medication and of the alcohol. One respondent particularly liked this mix, but she was also very aware of its side effects. As we were discussing pills and their effects, she explained her 'complicated relationship with drugs': sometimes she wanted to experience an 'escape [from] reality', but she also wanted to be present in a way that would have been difficult had she used more regularly. She told me:

> I could really feel with.. especially with benzoids, that it was more addictive, like [there] was something more that was happening, and that's why I stopped doing them. But, I mean, I definitely prefer them, like, I love them, I *love* them. [Take] Klonopin: I love it with all my *soul*, but also, I'm like a twitchy, nervous, itching-my-nose asshole, and I don't want to be that person.

We see here how this respondent had to negotiate pleasure and responsibility, but she seems quite right to be wary of benzodiazepines, as users may develop relatively quickly dependence and experience withdrawal symptoms, even

'those who have used the drugs for only four to six weeks' (Encyclopaedia Britannica, 2019: n.p.). Besides dependence, long-term use of benzodiazepines is linked to higher incidences of dementia, although causality must still be established (Tampi & Bennett, 2021), and even overdoses, when combined with other sedatives (Hirschtritt et al., 2021).

Appendix B: Working with Kriminalvården

Negotiating Access

As I prepared to contact Kriminalvården I found myself faced with two possibilities: either contact individual prison facilities, starting with the closest to the university, or contact the agency's research centre to establish a formal working relationship. The former presented the very strong possibility that they would simply refer me to the central office in Norrköping or a very conditional acceptance that might affect my work in considerable ways. The second, instead, could offer access to several institutions across Sweden and potentially funding to carry out my research in the field. This, however, proposed a potential conflict of interest as the prison authorities might – more or less consciously – attempt to direct the study towards certain avenues of investigation (Ferreccio & Vianello, 2014). I, in turn, could feel pressured to comply out of "gratefulness" for having gained entrance to the prison facilities and access to the participants. In the end, I decided that the most fruitful way forward would be to contact the Research and Evaluation Unit directly (*Kriminalvårdens Forsknings- och utvärderingsenhet*): I submitted a research proposal in June 2019.

The research supervisor replied after a week and asked for some clarifications on my research project. Given Kriminalvården's strained resources, they have become very restrictive in allowing visits from those who are neither friends nor family of the inmates. I was then requested to explain the importance of conducting my research in Kriminalvården's facilities given that there had also been a researcher in Norway with a similar focus to mine (Grundetjern, 2017). I was advised by my supervisors to draft a long response as this might probably be circulated. Moreover, it could forestall other questions that might lengthen the process. These amendments were accepted and I was asked to resubmit the request with these additions; the proposal would then be

evaluated by their internal committee and the research plan fine-tuned depending on the resources available.

This revised project proposal was sent to Kriminalvården's Research Council in July 2019, which, in turn, approved it and sent it to the board of directors for final approval. Here the proposal hit a snag as some issues were raised concerning the theoretical framework underlying the project and some of its methodological aspects. I then prepared another, more in-depth version of the project proposal addressing the issues raised which was sent to the research supervisor in September 2019. The revisions were accepted, and the supervisor contacted one prison facility to facilitate access for me the following month. In November 2019 I met the director of an all-women prison (henceforth Spring Valley) for an exploratory first meeting: we discussed the modalities of the initial study and what would be the potential ramifications for clients and staff (see the section *Interviews in Prison* below for more).

I was asked by Kriminalvården to write an initial report after this first study: only then would Kriminalvården be prepared to sign an official partnership agreement. This report was sent in early March 2020 and was well-received by Kriminalvården, which allowed me to carry out a fuller study at a second site ("Mountain View"). However, because of the Coronavirus outbreak, the facility was closed to external visitors, including me. I therefore recruited participants remotely, with the results noted above. A final report outlining some of the main empirical findings was sent to Kriminalvården in early 2022 and shortly thereafter it was published on its website (see Quaglietta Bernal, 2022b).

Interviews in Prison

I have written above about the theoretical starting points that I employed to frame my interview questions and prepare the interview guide. Here, instead, I have recorded an overview of those methodological issues that came up during my fieldwork in prisons.

After my initial meeting with the prison staff at the Spring Valley prison, they thought it would be best if they spoke directly with some of the inmates who could potentially be interested in being interviewed. I had originally proposed to meet all or most of the inmates directly and present my research project to them. However, the prison staff reasoned that reaching out to all 60+ inmates would not make sense given that many were not known for having had experiences with drugs. I was, admittedly, unhappy with this way of going about things: I feared that inmates would not feel comfortable highlighting their drug experiences with the staff if they had managed to keep it under wraps so far, and I worried that the prison staff could, inadvertently, pressure women to participate. Only one person, however, ended up agreeing to be interviewed, so I was then invited to present my project, as per my initial proposal. I had hoped to show a nice Power-Point, but given that the prison is not so used to having external visitors, there were some technical difficulties that meant I had to simply present without the aid of slides. One of the inmates did not speak Swedish, so I offered to switch between English and Swedish but eventually the other inmates agreed that I could simply continue in English as all were moderately fluent. The audience for this presentation was six inmates. Although initially it seemed that I would be able to interview more women, the person who had initially signed up was the only one who actually was interviewed. Due to the paucity of participants, my initial idea of carrying out a focus group with the inmates was obviously scrapped.

The Spring Valley prison staff and I had originally decided that we would be able to do the interview in a visiting room. I assumed I would be able to record the interview, as I had been very open about that from the beginning. On the day of this first interview, however, we were placed in the inmates' common, room and I was not allowed to use a voice recorder, which necessitated me taking notes throughout the conversation. I had not been informed that a separate request for the use of a voice recorder would have to be evaluated by the institution. This, in particular, was less than ideal: taking copious notes during the interview limited the amount of eye contact between us, and it felt quite akin to a psychologist taking notes. Further, the interview became a

more question-answer exchange that left very little room to a natural discussion outside the narrow confines of the original question. Additionally, I had originally been assured that we would be able to sit in one of the visiting rooms, but sitting in the common room felt decidedly exposed. I wrote to my contact at the prison to explain why I needed to have the voice recorder with me during the interview and why the interview had to be conducted somewhere more private. After some days of deliberation, the prison gave me the necessary authorisation; my follow-up interview with the participant was thus recorded.

Surprisingly, recruitment at the Mountain View site was relatively less problematic, even though it occurred during the height of the coronavirus pandemic. I attribute this to the fact that I could contact prospective participants directly without the overt intermediation of prison authorities. Indeed, my initial presentation letter seemed to generate some clear interest. As indicated above, the consent forms sent to prospective participants also included interviewing options: reaching interviewees by letter proved quite easy, whereas interviewing participants by phone required the mediation of prison authorities. Nonetheless, I believe that because initial contact was made directly without their overt involvement, the issues encountered in the first phase of fieldwork, as recorded in the methodological chapter, did not appear.

APPENDIX C: RECRUITING & INFORMATIONAL MATERIAL

Introductory Letter to Participants in Prison

LUNDS UNIVERSITET
Samhällsvetenskapliga fakulteten

Sökes: intervjupersoner för forskningsprojekt om kvinnor i droghandel

Hej!

Oriana Quaglietta heter jag och jag är doktorand vid Sociologiska institutionen i Lund.

Jag tycker att det är viktigt att förstå kvinnors egna upplevelser och erfarenheter. Jag söker nu därför intervjupersoner som har erfarenheter av droghandel i Sverige. Vill du dela med dig av din berättelse så är du helt anonym.

Tidigare forskning har framförallt sett kvinnor som offer och medhjälpare till män, men stämmer verkligen detta? Jag vet inte, men du då? Jag vill veta vad du tycker om det! Din berättelse är värdefull och kan ge ny insikt om hur det är att vara kvinna i droghandel!

Intervjuerna kan ske via telefon eller brev: du bestämmer vilken metod passar dig bäst. Är du intresserad av att delta? Hör av dig! I det här paketet hittar du en samtyckeblankett och ett kuvert. Om du är intresserad av att bli intervjuad, skicka blanketten till mig så hör jag av mig så fort som möjligt för att ordna en intervju.

Du kan när som helst ångra att du vill medverka så klart. Även om du skrivit under att du vill vara med på samtyckeblanketten. Bara hör av dig i så fall!
Bästa hälsningar,
Oriana Quaglietta

Mejladress: oquaglietta@gmail.com / oquaglietta@protonmail.com / oriana.quaglietta@soc.lu.se
Wickr: littlequail
Postadress: Oriana Quaglietta, Sociologiska Institutionen, Box 114, 221 00 Lund

Information Letter and Informed Consent Form[32]

Med egna ord: Studie om kvinnors erfarenhet av droger och droghandel.

Information till forskningspersonerna

Jag vill fråga dig om du vill delta i ett forskningsprojekt. I detta dokument får du information om projektet och om vad det innebär att delta. Har du fler frågor kan du ställa dem vid början av intervjun.

Vad är det för projekt?

Kvinnor som begår brott är ett kontroversiellt ämne i kriminologi, och då framförallt kvinnor involverade i droghandel. Tidigare forskning har framförallt sett kvinnor som offer och hjälpare till involverade män, medan kvinnor som köper eller/och säljer narkotika ej har beforskats lika mycket.

Vid Lunds universitet pågår nu en studie om kvinnor i droghandel: syftet med detta forskningsprojekt är att förstå hur och varför kvinnor börjar köpa, sälja och/eller använda narkotika, på vilket sätt de är involverade i droghandel, och hur de själva förklarar och ser på sin inblandning i droghandel.

Jag tillfrågar dig om att delta i studien om du har varit någonsin involverad i droghandel. Jag heter Oriana Quaglietta och jag är doktorand på Lunds universitet. Övriga medverkande forskare är: Sara Eldén och Malin Åkerström (handledare) på Lunds universitet.

Projektet har godkänts av Lunds Etikprövningsnämnd (Dnr 2018/440).

Hur går studien till?

Studien består av informella intervjuar för att samla in levnadshistorier om dina upplevelser och erfarenheter i droghandel. P g a besöksförbudet kommer forskningen att först utföras på distans: du väljer själv om du vill intervjuas via

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[32] This is the material sent to prospective participants in prison, but I used very similar forms for my external recruitment process.

telefon eller via brev. Det kan bli möjligt att en intervju till kan behövas: i så fall, väljer du själv om du vill delta i den andra intervjun. Om du samtycker till det kan jag antingen åka dit där du befinner dig eller kontakta dig för att utföra den andra intervjun beroende på de pågående pandemiorsakade omständigheterna.

Om intervjun/intervjuer sker via telefon, kommer de att ta cirka 1,5 timme och spelas in på diktafon, om du samtycker. Du kan välja att inte svara på frågor, ta en paus under intervjun, eller avbryta din medverkan i forskningen under datasamlingsprocessen.

Du kan välja vilket språk du vill prata på bland svenska, engelska, italienska eller spanska.

Vad händer med dina uppgifter?

Om du samtycker, kommer intervjun att spelas in på diktafon. Om detta inte är möjligt kommer jag att föra anteckningar. När intervjuer skrivs ut och anteckningar renskrivs, kommer alla data som kan leda till identifieringen av dig att redigeras, t.ex., namn, platser eller situationer.

Du har rätt att se alla uppgifter som vi samlar in om dig och så du kan få en kopia av anteckningar och transkriptioner av intervjuer. I så fall, kan du kontakta mig som ska genomföra intervjuerna, Oriana Quaglietta.

All personlig information behandlas i enlighet med EU:s dataskyddsförordning. Enligt denna har du rätt att kostnadsfritt få ta del av de uppgifter om dig som hanteras i studien, och vid behov få eventuella fel rättade. Du kan också begära att uppgifter om dig raderas.

Huvudansvarig för personuppgifter är Åsa Lundqvist, Lunds universitet. E-post: asa.lundqvist@soc.lu.se och telefon 046-222 87 39.

Hur får du information om resultatet av studien?

Om du vill få en kopia av den bok vi publicerar, då kan du kontakta oss så skickar vi gärna den till dig. Boken, på engelska, kommer troligen att

färdiggöras under hösten 2021. Om deltagarna vill och Kriminalvården samtycker till det, kan jag åka dit och ge en presentation men detta beror på de pågående pandemiorsakade omständigheterna.

Allt deltagande är frivilligt

Du kan när som helst välja att avbryta deltagandet. Om du väljer att inte delta eller vill avbryta ditt deltagande behöver du inte uppge varför. Du kan välja att inte svara på frågor, ta en paus under intervjun, eller avbryta din medverkan i forskningen under datasamlingsprocessen.

Om du vill avbryta ditt deltagande kan du kontakta mig, Oriana Quaglietta, eller den ansvariga för studien, Sara Eldén. Våra kontaktuppgifter är nedan.

Ansvariga för studien

Huvudansvarig för studien är Sara Eldén, Lunds universitet. E-post: sara.elden@soc.lu.se och telefon 046-222 04 36.

Forskaren som ska genomföra intervjuerna är Oriana Quaglietta, Lunds universitet. E-post: oquaglietta@gmail.com / oriana.quaglietta@soc.lu.se och telefon 046-222 95 71.

Samtycke till att delta i studien

Jag har fått skriftlig information om studien och jag får behålla den skriftliga informationen.

☐ Jag samtycker till att delta i studien "Med egna ord" och bli intervjuad

☐ Jag samtycker till att kontaktas för att bli intervjuad återigen om det behövs

☐ Jag samtycker till att uppgifter om mig behandlas på det sätt som beskrivs i forskningspersonsinformationen.

Jag vill ha intervjun via (*välj ett alternativ*):

☐ Telefon

☐ Brev

Plats och datum	Deltagares underskrift och namnförtydligande

…………………………………………………………………………

Forskarens underskrift och namnförtydligande (vid mottagandet av blanketten)

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APPENDIX D: INTERVIEW GUIDE

Följdfrågor: Kan du utveckla? Kan du ge något exempel?

SAMTYCKE! Och Pseudonymen

- **Tema 1: Bakgrund**
  - Vad gjorde dig intresserad av att delta i studien?
  - Kan du ge lite bakgrund till vem du är?
  - Hur skulle du karaktärisera din erfarenhet av narkotika?

- **Tema 2: Narkotika**
  - Kan du berätta om dina första upplevelser med narkotika?
  - Kan du berätta för mig om när och hur du började köpa/sälja/dela narkotika?
  - Fanns det några faror/möjligheter när du köpt/använde/ sålde narkotika som du kommer ihåg?
  - Hade du några strategier för dessa situationer?
  - Var du oroad för att uppmärksammas?
  - Har du nånsin känt dig maktlös eller maktfull i samband med narkotika? Kan du berätta mer?
  - Hur skulle du definiera makt?
  - Vilken betydelse har narkotika för dig i ditt liv? Vad har narkotika för fördelar och nackdelar?

- **Tema 3: Sveriges narkotikapolitik och syn på kvinnor**
  - o Hur brukar andra (t.ex. vänner, partners, drogsäljare, drogbrukare, osv) se på kvinnor som drogbrukare eller försäljare av droger??
  - o Skulle du vilja berätta om dina upplevelser med polisen och/eller rättsväsendet?
  - o Vad är Sveriges syn på narkotika och vad tänker du om den?
  - o Enligt dig, varför blev det så?
  - o Skulle du vilja se några ändringar i Sverige i framtiden när det gäller narkotika?
  - o Tror du att de flesta skulle hålla med dig? Varför det eller varför inte?
  - o Vad är det viktigaste som borde komma ur avhandlingen?
- **Tema 4: Avslutning**
  - o Finns det något du vill tillägga? Finns det någonting att jag borde ha frågat om? Vad tänker du om intervjun?

APPENDIX E: CODING GUIDE

Name	Description
(1) Background	Information on participants' backgrounds in terms of e.g. first experiences, contact with the CJS, etc..
(1a) Contact with CJS	Contact with the Criminal Justice System, in Sweden or abroad.
Courts	Contact with, or experience of the courts, in Sweden or abroad.
Police	Contact with, or experience of, the police, in Sweden or abroad.
Prison	Contact with, or experience of, the prison system, in Sweden or abroad.
(1b) First Experiences with Drugs	First experiences with drugs (both legal and illegal)
First Experiences	
First Information about Drugs	How they got information on drugs (licit and illicit) early on.
Motivations for First Experiences	Reasons for engaging/getting involved with drugs for the first time(s).
(1c) Introduction	Particularly responses to question "Can you tell me about yourself and your background?"
General Experiences with Drugs	Specifically, answers to question: "Can you tell me about your experiences with drugs?"

General Meanings of Drugs	Particularly in relation to question: "What meaning have drugs had for you in your life?"
(1d) Meta	How the participant goes "meta", referring to e.g. their interest in the project, how they relate to me, etc.
Research setting	Notes on how they relate to me, my project, etc.
Lessons to learn	Particularly responses to question: "What do you think is the most important thing that should come out of my book?"
Motivations to Participate	Particularly responses to question "What made you interested in participating in this project?"
Something to Add	Responses to questions: "Should I have asked you something else?" "Is there anything else you'd like to add?"
(1e) Relatives and Drugs	How relatives and partners (both present and former) relate to drugs themselves or react to drug use by the participants.
Attitudes	Specific attitudes these relatives and partners have to drug use and drugs.
Experiences	The experiences relatives and partners have had with drugs (connected to the participants in some way).

(2) Drugs	References to drugs, that is to say all mind-altering, consciousness-altering, or body-altering substances, both legal and illegal (e.g. alcohol, cigarettes, pills, etc.).
(2a) Ethics and Drugs	Navigating drug involvement with specific reference to ethics.
(2b) General meanings of drugs	Especially for answers to "What have drugs meant for you?"
Negatives	Especially for answers to "What are the pros and cons of drugs?"
Positives	
(2c) Giving - Selling Drugs	How to give or sell drugs. General situations.
Comparisons with Others (Giving-Selling Drugs)	
Motivations to Give-Sell Drugs	Reasons for giving/selling drugs.
Motivations to Stop Giving-Selling Drugs	
Tactics	Tactics to give and sell drugs
(2d) How to Do Drugs	How people assume drugs (both licit and illicit): timings, practices, etc.
Comparisons with Others (Doing Drugs)	Comparing one's own experiences with drugs with others' experiences.
Doing Drugs (Alone)	
Doing Drugs with Others	
Learning to Do Drugs	
Motivations and Feelings in Doing Drugs	Motivations to do drugs, but also how drugs affect one psychologically and emotionally.

Stopping	
(2e) Types of drugs	Explaining the different drugs that have been used, along with specific practices.
Amphetamines	
Cannabis	
Doses	
Heroin and other Opiates	
Non-party Pills	For example benzodiazepines and other anxiolytics.
Party Drugs and other Psychedelics	Including, but not limited to, ecstasy, MDMA, cocaine, and LSD.
Prices	
(2f) How to Get Drugs	How to acquire or get drugs: Tactics and practical considerations.
Events-Stories	
Motivations to Get Drugs	
Tactics	
(2g) Smuggling Drugs	
Tactics	
(2h) Stories about Drugs	

(3) Identity	Mostly on how the participants view themselves and how they think they are viewed by others to a lesser extent.
(3a) Health Background	Diagnoses in relation to drugs
(3b) Identification and Drugs	How participants conceptualise themselves in relation to drugs and drug involvement.
(3c) Perceptions about Women and Drugs	How participants feel women active with drugs are viewed
(3d) Stigma and Stigma MGMT	How participants navigate feelings of stigmatisation
Appeals to Authorities	E.g. science, lived experiences, etc.
Capability	
Comparisons to Other Substances	
Other Tactics	
Accountability	
Respectability	
Stigma and stigmatisation	Experiences of stigmatisation.
Technologies of Self	

(4) Risk and Risk MGMT	
(4a) Power (General)	General discussions of power, particularly in relation to question "What do you think that power is?"
Powerful	Particularly in relation to question "Have you ever felt powerful in relation to drugs?"
Powerless	Particularly in relation to question "Have you ever felt powerless in relation to drugs?"
(4b) Risk	
Risk (General)	
Risk with Authorities:	
Healthcare System	Relationships with doctors and the health care sytem in Sweden both through their own experiences and others'.
Other Agencies	
Police	Experiences and recollections regarding the police, both their own and through others.
Risk with Drugs	
Risk with People (Drugs)	
Risk with People (Society)	
(4c) Risk MGMT (Tactics)	
Other	
Power Over	Instances of power over
Power To	Instances of power to

Power With	Instances of power with
Power Within	Instances of power within

(5) Sweden-Swedes	
(5a) Behaviour Norms (Abroad)	
(5b) Behaviour Norms (Sweden)	How people believe that others should act/behave/think.
(5c) Comparison to Other Countries	How people might use other countries as a frame of reference to compare Sweden to or the opposite.
(5d) Swedes-Sweden and Drugs	
Attitudes	
Changing Drug Laws or Not	Particularly in relation to question "What kind of changes, if any, would you like to see in Sweden's future when it comes to drugs?"
Current Policies	

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In Her Words

We know relatively little of what motivates women in Sweden to become involved with drugs as users, buyers, sellers, and sharers. We also know little of their experiences in the illicit drugs market and in conventional Swedish society as drug-involved women. My study seeks to provide a more-nuanced understanding of this phenomenon.

In Her Words departs from the accounts of twenty-six women who had, at some point in their lives, used, bought, sold, and/or shared drugs in Sweden. These accounts were analysed through a theoretical lens developed by synthesising social constructionism, intersectionality, and symbolic interactionism. This made it possible to see how participants described navigating the contexts in which they were located and managing the challenges these posed.

It emerges that drug involvement could be supremely pleasurable and meaningful for respondents, but also considerably risky and stigmatising. Seeking to go beyond traditional victimisation vs volition frames of understanding, this dissertation captures the nuance in participants' experiences to understand how they managed drug-related risk, pleasure, and stigma.

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