Socially Integrated Drug Users: Between Deviance and Normality
Sharon Rødner Szittman
Socially Integrated Drug Users

Between Deviance and Normality

Sharon Rødner Sznitman
To my husband Josué Sznitman, the sunshine of my life, and my parents Mirjam and Harry Rødner, my own personal cheerleaders.
List of papers and appendices


PAPER IV  Sharon Rodner Sznitman, (in press) An examination of the normalization of cannabis use among 9th grade school students in Sweden and Switzerland. Accepted for publication, *Addiction, Research and Theory*.

APPENDIX I  Interview guide for the project: “Socially integrated drug users, myth or reality?”

APPENDIX II  ESPAD 2003 Questionnaire

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SUMMARY

The purpose of this thesis is to improve our knowledge of substance users in the normal population. The main concern has been with how the meaning of drug use is constructed, and with what effect. To answer this, the thesis draws on different theoretical principles and mixed methods design.

The dissertation is made up of four sub-studies, with interconnected foci. The first three papers are based on a qualitative research project in which 44 socially integrated drug users in Stockholm, Sweden were interviewed with open-ended questions. The fourth paper is a cross-national quantitative analysis of nationally representative student samples.

The first of the three qualitative papers explores the construction of the informant’s self-identity. The second paper analyses the informant’s perceptions of drug-related risk and risk management, whilst the third paper analyses the drug users’ perception of differences between men’s and women’s drug use. Through their different foci, all of these studies explore the dialectical relationship between drug users and the society they live in.

The fourth paper is based on the European Schools Survey Project on Alcohol and other Drugs data. This study sets the detailed analyses of the first three papers in a broader comparative frame, exploring differences in the correlates of drug use, in light of the different levels of drug use in Sweden and Switzerland.

The thesis reveals that the drug users are striving to be understood as normal integrated citizens of Swedish society. They present themselves as inherently different from drug abusers and the informants’ risk perceptions are based on a modified form of core Swedish cultural ideals of conscientiousness. The informants also waver back and forth when called upon to discuss gender and drug-taking. On the one hand they were explicit about existing differences between men’s and women’s drug use; on the other hand they were quite uncomfortable having to explicitly explain them, as this meant that they needed to draw on conservative gender roles, something which in Swedish society is a strong sign of being old-fashioned and politically incorrect. Furthermore, the thesis shows that young drug abstainers and cannabis users are quite similar in regards to conventional social bonds.
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## Abbreviations

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<tr>
<td>CAN</td>
<td>Swedish Council for Information on Alcohol and other Drugs, Centralförbundet för Alcohol- och Narkotikaupplysning</td>
</tr>
<tr>
<td>ESPAD</td>
<td>European School Survey Project on Alcohol and Other Drugs</td>
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<tr>
<td>MOB</td>
<td>Mobilizing Against Narcotics, Mobiliserings Mot Narkotika</td>
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<tr>
<td>SoRAD</td>
<td>Centre for Social Research on Alcohol and Drugs, Centrum för Socialvetenskaplig Alkohol- och Drogforskning</td>
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ACKNOWLEDGMENTS

I feel a tremendous joy to be able to reflect on a four year project that ends with the publication of this dissertation. At the outset of my PhD I had no way of grasping exactly what I had got myself into. Writing this doctoral thesis has been a demanding task, full of surprises, disappointments, positive turns as well as stressful moments. There is no way that I would have been able to complete this work on my own and one of the pleasures of finally finishing is this opportunity to thank various people.

First of all I would like to thank my supervisor, my mentor and mental supporter – Professor Robin Room. You have given me support and helped me see the solution when it all seemed doomed to me. As many of your students have pondered upon before, I have still not understood how you always find the time to give lectures and presentations, write various papers, and still have time to talk, share a joke or a story, and then read my first chapter within a couple of hours and give thoughtful comments that will keep me busy for the next couple of weeks. Besides this puzzle which will continue to haunt me, your advice and encouragement has eased my journey, made it more interesting and inspiring. I feel privileged having had the chance to learn from you.

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During the last four years I have interviewed young drug users and I have worked on a large scale data set brought to life by the students who filled out the questionnaires. I would like to thank all of the anonymous informants who have given support to this research by contributing their experiences and points of view.

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I would also like to give special thanks to my friends at SoRAD who have provided a lively and supportive environment for my research. Last but definitely not least, I would like to thank my family and friends for the endless support throughout the last four years. I am forever grateful that I did not have to be without this. To my parents, Mirjam and Harry Rødner, and my brother, Ruben Rødner, who never stopped believing in me or supporting me and always told me that you were proud of me. Your warm and kind words gave me much needed courage when I felt hopelessly clueless regarding what I was actually doing. To my amazing husband, Josué Sznitman, your endless encouragement made me believe in myself, more than I have ever done before. You helped me set higher goals, some of which I have met, and some of which I am confident I will continue to move towards. I am forever grateful to you for your smile, comforting words, endless love and the cheer joy you bring to my life.

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INTRODUCTION

When we think about drug use and users, various images come to mind. These images are influenced by a variety of culturally specific connotations. Indeed, on a purely descriptive level drugs are simply “any chemical entity or mixture of entities, other than those required for the maintenance of normal health, that alters biological function or structure when administered” (World Health Organization, 1973: 227). Furthermore, a drug user is a person who ingests such substances. At the connotation level, however, drugs and drug users are terms loaded with complex cultural meanings. In a very broad sense, we may agree that drug use is commonly understood as a problem, as deviance and as abnormality. In different ways the consumption of mind-altering substances can be linked to health problems, violence and other crimes, neglect of work and family, waste of public resources, poor work and study performances and various other social evils. In Sweden, as elsewhere, drug use is most commonly condemned behavior. It is perceived of as harmful, dangerous and leading people into destructive lifestyles. In turn, drug users themselves are often thought of as being incapable of taking part in normal life activities such as studies or paid employment, maintaining a place to live or fulfilling the role as a parent (Bluthenthal, 1998).

Certainly, the image of the upper class banker who sits in the exclusive restaurant eating a superb steak with a glass of red wine on the side, before he goes out to a party where he sniffs cocaine is just not likely to be the image that comes to mind when we think of the words “drugs” and “drug user”. This does, however, not mean that this kind of drug use does not exist, nor does it mean that this kind of drug use is much rarer than the kind we normally think of when we hear the word “drug”.

Although drug use may refer to licit as well as illicit substance use, this thesis is only concerned with the consumption of drugs that are currently illegal in Swedish society. Furthermore, this thesis explores the kind of drug use that is most likely not to come to mind when we hear the words “drug use”. The studies presented explore drug use by people who are well integrated in society, who are unknown to the treatment services, and who, if we did not know about their drug use, would seem quite like everybody else. The crude question that comes to mind is, however, are they or are they not like everybody else?

In its broadest sense this thesis is concerned with the boundaries between normality and deviance in the realm of drug use. This central theme places the four
studies in this thesis firmly within an ongoing debate among social scientists regarding drug normalization. In sum, the debate is concerned with how we may best understand, conceptualize and theorize drug use in post-modern society. The leading figures in this debate are Parker and his colleagues in Manchester, who have developed the “drug normalization thesis” (Parker et al., 1998, 2002). In their work, the researchers lay down their account of what they see as a “cultural accommodation” of drug use, meaning that the British youth they study, drug users as well as non-drug users, do not see drugs as closely associated with deviancy. It is instead part of everyday normal life, and drug users are seemingly normal kids going about their daily tasks.

In general terms normalization can be defined as a process in which a phenomenon that was previously considered as extraordinary (unknown, large, small, good, bad, threatening or enriching) loses this status and becomes a part of the world of familiar and customary perception and action (Rosenbrock et al., 2000). Normalization is thus concerned with the opposite phenomena to what the concept of deviance is concerned with. The deviance concept has gone through various theoretical transformations (Sumner, 1994), yet it has an underlying continuous theme: the construction and effect of behavior that is considered immoral and unacceptable. In the early years of the Chicago School (1930s-1940s), the main perspective of deviance theorists was that the delinquent had failed to learn dominate values and learnt delinquent values instead (see for instance Thrasher, 1927). Later on, Merton (1938) put forward a theoretical frame which placed the causes of crime and deviance in the disjunction between dominant culturally defined goals and the institutional norms regulating the accepted modes of achieving these goals. In the 1960s labeling theory focused on the tremendous power of social control agencies to shape people's identities, behavior and lifestyles (Sumner, 1994). It was recognized that the power of social control was not only intrusive, it was also biased, in that it only seemed to affect the homosexual, the drug user, the sexual deviant female, rebellious young men, etc. Furthermore, labeling theory described in detail the processes of alienation set in motion by the defining and ascribing of deviant characteristics (see for instance Becker, 1963; Goffman, 1963, 1961).

In sum, in its different forms deviance theory has focused on the socially constructed part of immoral and unaccepted behavior, and the main focus has mostly been on the creation and effect of deviance. The normalization concept, on the other hand, turns the relevant processes on their heads. As I will describe more in detail below, the normalization concept has at least four different meanings, all of which are concerned with the redefinition of deviance to non-deviance.

The drug normalization thesis was originally based firmly within the British context, and it is also in the UK that the normalization thesis has received most attention. Nevertheless, drug normalization has been seen as associated with
Western post-modern societies in general (South, 1999), and researchers outside the UK have taken part in the normalization debate (see for instance Duff, 2005, 2003; Pape and Rossow, 2004). In Sweden, drug normalization has rarely been on the political or public debate agenda. This does, however not necessarily imply that the concept of normalization is irrelevant to the Swedish drug situation. As this thesis testifies to, when taking a broad and a historical look at the normalization concept it becomes evident that the concept can inform both the immediate discussion of the Swedish drug situation and the continued drug-related debate in general.

**Outline of the thesis**

In the sections which immediately follow, I will lay out the historical developments related to the normalization concept, in effect also discussing the theoretical underpinnings of this thesis. I will then describe in detail the exact purpose of this thesis. I will also attempt to examine reflexively and critically the practical and epistemological issues that I encountered during my doctoral research, and what effects these had on the research results. The analysis below also provides a summary of the studies and their independent main findings. The chapter concludes with a discussion of the combined results. By drawing upon the normalization concept, this chapter explores the state of drug use in the normal population and to what extent we may speak of drug use as a normal or deviant part of contemporary Swedish society.

**Theoretical underpinnings**

The normalization thesis, as it was developed by Parker and his colleagues, is not a well-defined theory. It is rather a loose concept that includes various interconnected parts, and as the debate goes on these concepts have evolved. In my view, in order to reach a better understanding of the concept “normalization” it is not sufficient to lean only on relevant drug research. Indeed, the concept of normalization has a long history, and it has been applied in different fields and with different connotations. These different usages are important to take into consideration when discussing the term in relation to drug use in contemporary society.

*Normalization as adjustment*

Although normalization as a theme in drug research has gained force only in the post-modern research tradition, normalization is far from a new concept. It was originally developed in the 1950s in Denmark, where it was used in terms of people with learning difficulties becoming included in as many features of conventional everyday normal life as possible (Emerson, 1998). Throughout the 1960s, the notion of normalization came to have considerable impact upon the development
of services and associated enabling and supportive legislation for people with learning difficulties, in Denmark (Bank-Mikkelsen, 1980) and in Sweden (Nirje, 1980).

Inspired by the dominant labelling perspective in American sociology in the 1960s and 1970s, Wolfensberger reformulated normalization as it was developed in Scandinavia into a scientific social theory. Wolfensberger viewed the fundamental aim of normalization in terms of changing the status of social groups, and his theory is, in his view at least, applicable to any social group who are devalued or at risk of devaluation in any society (Wolfensberger and Thomas, 1983).

Although Wolfensberger recognized that society's views on disabled people must be challenged, his focus was more on how to change disabled people so that they would conform to what is regarded as “normal”. Without a doubt, when Wolfensberger (1983) adopted the term social role valorisation to replace normalization and stated that “the creation of valued roles is the highest normalization goal”, it looked as though he intended that society should replace its negative conception of disability with a positive one which valued difference, rather than conformity to rules. Yet, as noted by Szivos (1998), Wolfensberg's writings never fulfilled this promise. Wolfensberger never spoke about disability as something which could be valued or accepted in its own right. Indeed, valorisation did not mean the creation of something new, but instead it was about enhancing people's skills and images to bring them in line with valued social norms.

The manner in which Wolfensberger developed the normalization concept has strong links to Goffman's work, as both are preoccupied with disabled people passing as normal. Indeed, as part of the disability literature, normalization has had close links to the term “stigma”, which refers to any persistent trait of an individual or a group which evokes negative punitive sanctions. In his classic work *Stigma* (1963), Goffman offers a rich exposition of the causes, forms and effects of stigma. He argues that stigma is best explained by reference to some notion of deviance, for instance, deviation from prevalent or valued norms. Furthermore, he pinpoints that deviance is not inherent in the person per se, and a person is not deviant until the person’s acts or attributes are perceived as negatively different.

In his writings, Goffman puts focus on the daily details of the life of the individual and how social forces are important to these microscopic elements of everyday life. Goffman argues that individuals at risk of a deviant stigma are either “the discredited” or “the discreditable”. The discredited's stigma is known to others either because the individual in question revealed his or her deviance or because the deviance was not concealable. The discreditable, on the other hand, are able to hide their stigma. The majority of the discreditable “pass” as non-deviants by avoiding stigma symbols, meaning anything that would link them to their deviance, and by using “disidentifiers” which are actions that would lead others to believe
that they have a non-deviant status. Goffman also notes that people carrying a stigma may eventually resort to covering, meaning that the person in question tells deceptive stories.

In this manner, Goffman describes how deviance and stigma are interesting to study as they are bound up in processes of passing as normal. Furthermore, Goffman highlights that the difference between deviance and normality is fluid rather than clear-cut. What comes out most clearly in his book *Asylums* (1961) is that there is a constant back and forth movement between deviance and normality. As such, one of the most interesting theoretical clues that we may pick up from Goffman is that many individuals continuously move between the two worlds of normality and deviance. Lived borders are not systematic and coordinated. Instead, societies are heterogeneous and pluralistic and our identities often change.

Very much influenced by the labelling perspective and Goffman’s ideas, it was clear that Wolfensberger’s conceptualization of normalization took an assimilationist rather than revolutionary position in that it incorporated a sort of “let’s pretend I’m normal” activity. As Susman (1994) has noted, normalization defined in this way is an attempt to adjust to society, and as such it is linked to the internalization of socially devalued personal identities. In this respect, Wolfensberger’s normalization theory did not involve any inherent challenge to dominant culture or norms. Instead, dominant norms, values and culture are accepted as they are.

Interestingly enough, this limitation in Wolfensberger is similar to the voiced criticisms of aspects of Goffman’s work. Critics have argued that a major problem in Goffman’s work is that deviants are presented as passive, and that Goffman’s subjects are thus forever doomed to the feelings of discredited people, because ultimately they adopt the dominant norms and therefore the view of themselves as failures (Gussow and Tracey, 1968). In fact, Goffman observed that stigmatized persons are often unable to usefully challenge imputation of negative difference, in part because they themselves accept the premises and values which underlie their discredited social identities. Furthermore, Fine and Asch (1988) note that much work stemming from the theoretical framework of stigma views the disabled as dealing with self-blame, reinterpreting their experiences of suffering or denial. Indeed, studies on substance use have been closely affiliated with this line of research. In McCaghy’s (1968) study on convicted child molesters, for instance, the researcher found that reference to drinking in connection with the molester’s offence plays an important role in deviance disavowal, as it permits the molesters to admit their behavior without accepting responsibility for it – it was the alcohol which caused the unacceptable behavior.

1 Although it is true that Goffman's main interest in stigma management led him to give little attention to how stigma may be resisted, he did acknowledge in *Stigma* the possibility of stigmatised people organizing and gaining recognition as a legitimate political group (Goffman, 1963: 112-114).
Normalization as transformation

Despite the early emphasis on personal strategies to achieve stigma disavowal or concealment, researchers have noted that “passing” is only one of the available options for stigmatized groups. An alternative involves creating a separate group identity which re-evaluates the group’s hitherto negative perceived characteristics. Empirical sociological research has noted that, in the face of stigmatization, deviants are not necessarily passive recipients of stigma and prejudice. Instead they attempt to reject prevalent constructions, and also seek to influence the “normal” to do so as well. An example is, for instance, related to how former mental patients use political activism to change prevailing negative societal beliefs and assumptions about them. As Jones et al. (1984) have noted, change of stigma perception may take the form of redefining an attribute of the self that was considered negative to the positive. Active responses to managing stigma often involve attempts to confront stigma in the hope of breaking through societal prejudice.

This and similar research presents a different definition of normalization from the original version developed by Wolfensberger. As discussed in the next section, this new version is a corollary of minority group consciousness (Susman, 1994) which became particularly forceful in the US in the 1960s. In regards to disability, normalization has been transformed into a way for disabled people to gain social success without denying their handicaps (Phillips, 1985). According to this new definition, normalization is seen as a way of interacting with normals which does not entail an internalization of devalued personal identities.

Although the perception of deviance as something which can be actively challenged and transformed has not dominated sociological theory, it is far from a new idea in sociology. For instance, one of Merton’s (1938) five alternative modes of adjustment to incompatible goals and means of success was “rebellion”. This alternative differed from the other four that Merton describes in that it represented a transitional response which sought to institutionalize new procedures oriented toward restored cultural goals. According to Merton, rebellion “thus involves efforts to change the existing structure rather than to perform accommodative actions within this structure” (Merton, 1938: 676).

A similar notion of deviancy can also be found in Lemert’s (1951) work. In his book Social Pathology, Lemert made a distinction between primary and secondary deviance. The former occurs when an actor engages in norm-violating behavior without the individual viewing himself or herself as engaging in a deviant role. The deviations “are rationalized or otherwise dealt with as functions of a socially acceptable role” (Lemert, 1951:75). Secondary deviance, on the other hand, occurs “when a person begins to employ his deviant behavior or a role based upon it as a means of defense, attack, or adjustment to the overt and covert problems created by the consequent societal reaction to him…. Objective evidences of this change will be found in the symbolic appurtenances of the new role, in clothes, speech,
posture, and mannerisms, which in some cases heighten social visibility...” (Lemert, 1951: 76).

Normalization through social movements
Although the idea of deviants challenging the dominant values was present in sociological theory as early as the 1930s, the idea became much more prevalent and important in the wake of the US black civil rights movements of the 1960s. By the late 1960s, parts of the civil rights movements in the US fought a different fight from those previously fought. The fight was for the recognition of beauty and dignity within difference, celebration of diversity and the pride in a valued identity. This is something which various other social movements, such as the gay movement and the feminist movement, have followed since. As Shakespeare (1993) has argued, these social movements are about the “subversion of stigma: taking a negative appellation and converting it into a badge of pride” (Shakespeare, 1993: 253).

The struggles have, however, taken different forms over time, and celebration of difference has not always been central. Just as the disability normalization movement, other identity-based social movements have found expanding mainstream conceptions of normality a source of internal disagreement (Edelman, 2001). There were, for instance, two distinct tendencies in the black civil rights movement. The theme in the early 1960s was “integration”, not celebration of difference, which sounded too much like the segregationist’s model of “separate but equal”. The celebration of difference became a dominant theme only around 1968 with the rise of the Black Muslims and Black Panthers, etc. Similarly, the gay movement has always hesitated between an assimilationist and a celebration-of-difference rhetoric. The early gay liberation movement has been described as “assimilationist”, as the movement was characterized by denial of difference intended to gain access to mainstream social institutions (Cohen, 2001). The gay politics changed, however, with the advent of AIDS in the 1980s. The shift was towards confrontational tactics through which activists attempted to destabilize the “gay white middle-class identity” which had dominated the movement and to ally with a wider range of sexually, economically and racially marginal groups in society. In contrast to the “assimilationists”, the new movement involved an assertion of fundamental difference with “heteronormativity” as well as a greater acknowledgment of how gay and lesbian identities were plural, socially constructed and inflected by race, class and national origin (Adam, 1995).

Drug normalization
As noted above, the concept of normalization has recently gained force in the drug research field. However, here too this application is far from new. Blackman (2004) notes that the first modern sociological application of the term “normality” applied
to drug consumption was put forward by Lindesmith who, as early as 1938, argued that theories of drug use tended to be moralistic rather than scientific.

Lindesmith's project was to criticize dominant perceptions of the drug addict, which held “that people become addicts because they are inferior or abnormal and because the drug offers them an artificial support or means of escape from their problems” (Lindesmith, 1940: 914). Lindesmith noted that this misinformed notion of drug users, which included descriptions such as “defective psychopaths”, was not only widespread among psychiatrists, but also in popular discourse (Lindesmith, 1938). In an attempt to challenge popular notions of the “monstrous drug addict”, Lindesmith explored international data on drug use and found that more than half of drug users have “no criminal records of any kind prior to addiction” (Lindesmith, 1938: 204). Furthermore, Lindesmith could show that 2/3 of drug users show no changes in their general behavior as a consequence of their addiction. He also noted that the categories widely used to define drug addicts as abnormal (e.g. inadequate personalities, emotionally unstable, criminalized, paranoid personality, nomadic and homosexual) were poorly defined and that it was uncertain as to whether the abnormal traits occur prior to or post addiction (Lindesmith, 1940). In sum, and upon searching the literature, Lindesmith notes that there is not much empirical support for the widely accepted conceptualizations of drug addiction.

More importantly, however, Lindesmith put forward the noteworthy argument that the reason why a dominant and well-accepted theory of addiction can prevail without evidence is due to assumptive attitudes towards addiction.

“Addicts, to a greater or lesser extent, always have been a pariah class which has not been in a position to refute any charges leveled against it…. The modern ‘scientific’ theory is, in short, merely a reflection and a rephrasing of old folk attitudes and is, in this sense, moralistic. It did not grow out of any body of tested evidence.” (Lindesmith, 1940: 919).

In this manner, Lindesmith made an important contribution to drug research, in that he made the case for the “normality of the drug user” and the socially constructive force of social values and morals in our perception of drug addiction. Undeniably, Lindesmith's project was bound up in a constructivist and normative approach. In much of Lindesmith's work it is not the society or the societal arrangements that constitute the object of critique and target of change. In other words, drug addiction is not the topic of study in its own right. Instead Lindesmith studied and challenged the claim-making processes which gave rise to conventional wisdom about drug addiction. By challenging the factual status of the social problems as part of an independent and true reality, Lindesmith used the
constructivist approach to undercut the normative thrust of the “professional problems professions” (Gusfield, 1987).²

In his constructivist project, Lindesmith was trying to change the image of the drug user. Lindesmith was, in other words, taking the role of an advocate for a culturally oppressed group by constructing a new “story” of drug use, critiquing conventional theories of addiction rather than merely describing the social constructions he found in front of him. Indeed, one of the most important contributions of Lindesmith’s work is that it placed drug use in the sphere of normality as opposed to abnormality. This enabled the researcher to study drug use without starting from moralistic and pathological understandings of the phenomena under study.

More recently, the normalization concept has seen a revival in drug research. Parker et al. (1998, 2002) have taken a new step in applying the concept of normalization in the study of drug use in the normal population. Although Parker and his colleagues never refer to Lindesmith’s work, it is clear that one of the underlying ideas of Parker’s concept of drug normalization is to get beyond narrow understanding of drug use as deviance by showing that drug use has become a part of mainstream normalized youth culture. In this regard, Parker and his colleagues attempt to escape conventional descriptions of drug use in a frame of “othering”, so long a part of dominant understandings of drug use.³

Parker’s work is mainly based on a five-year longitudinal study of a cohort of young people aged 14-25 living in north England (see Parker et al., 1998, 2002). Parker and his colleagues have tracked the attitudes and behavior of approximately 2500 young people. Their work has primarily sought to account for the dramatic increase in illicit drug use in the UK found in their own and other data. Indeed, Parker et al. (1998) found that more than 50% of their sample had experimented with some kind of illicit drug use before the age of 18, with the most popular drugs being cannabis, amphetamines, ecstasy and LSD. Perhaps even more significantly, Parker et al. found that 25% of the research participants were regular drug users by the age of 21 (Parker et al., 1998, 2002).

It is important to recognize that Parker and his colleagues do not merely include a behavioral component in their data analysis. Parker et al. (1998) have also been preoccupied with the way drug use has been conceptualized by youth, or in other words how young people conceive drug use and drug users, as well as changes in the perceived availability of drugs and shifts in the way young people manage their

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² Lindesmith was far from alone in this struggle. The labeling perspective was especially used in the field of studying and critiquing public agencies; Goffman’s work (1961, 1963) presented, for instance, a critique of mental institutions and Becker’s (1963) work critiqued professional drug warriors.

³ Parker et al. are, however, slightly more ambiguous than Lindesmith was. Indeed, Parker and his colleagues are mainly describing the social constructions that appear in their data instead of confronting dominant theory and the lack of evidence at its base.
leisure time. As such, the normalization thesis goes beyond conventional epidemiological accounts of prevalence rates among the young population to include the more difficult study of cultural change and the shifting symbolic value of drug use as a distinctively cultural practice.

Based on quantitative and qualitative data, Parker et al. (1998, 2002) conclude that among young people, drugs are not closely associated with deviance. The researchers go on to argue that recreational drug use is embedded in a range of interrelated social processes, including education, the youth labor market, housing and living arrangements, marriage and the family. It is argued that changes in these spheres of life has led to the “cultural accommodation of the illicit”, reflecting a growing tolerance of “sensible recreational drug use” among both those who use and those who abstain from drugs (Parker et al., 2002). In essence, the researchers end up describing extensive recreational drug use among what is described as “well-adjusted and successful goal oriented, non-risk taking young persons, who see drug taking as part of their repertoire of life” (Parker, 1997, p. 25). Parker et al. argue that drug use has become a normal part of leisure time, and that drug use in the UK has thus moved from the “margins” of youth subculture into the mainstream of youth lifestyles and identities. In other words, the meaning of drug use has changed from one which is associated with stigma, to one which is associated with normality.

In their normalization thesis, Parker et al. pay no attention to the potential micro-politics that drug users have been engaged in when trying to challenge the stigma attached to them. Parker’s story starts from the assumption that drugs have become normalized, and the process by which this has occurred is measured based on parameters related to large-scale structural changes of post-modernity rather than micro-politics. The focus of Parker et al.’s work is on the following five different dimensions (Parker et al., 2002):

1. Access and availability: the authors found that there has been an enormous increase in availability of a greater variety of drugs over the past decade.
2. Drug-trying rates in adolescence and young adulthood: the authors found high and continuous rising prevalence rates.
3. Rates of drug use: Parker et al. draw attention not only to normal population samples but also to samples of clubgoers, in which drug prevalence rates are particularly high.
4. Attitudes to sensible recreational drug use of adolescents and young adults, especially of non-users: this refers to the large extent to which drug use is personally and socially accommodated by young people in general, including abstainers and ex-tryers.
5. Degree of cultural accommodation of illicit drugs: the authors found that drugs constitute a regular theme in the media. Furthermore, Parker et al. note that cannabis decriminalization is favored by a majority of British adults. In other words, cultural acceptance of drug use is now also seen in conservative cultural and institutional arrangements and by the adult world.
Normalization: one concept, various meanings

In sum, the normalization concept has been applied in different ways and with different meanings over time. Very broadly, we may say that the concept has at least four different meanings:

1. Descriptive normality: focus is on “normal” in terms of a social condition that is the most statistically generally distributed.
2. An assimilation agenda: deviant people's attempts to “pass as normal”
3. Lay peoples' transformation agenda: deviants attempt to redefine what is considered deviant as normal. At this level the role of the researcher is to describe the agenda of the people in question.
4. Researcher's transformation agenda: researchers are part of the normative project in that they attempt to redefine phenomena widely interpreted as deviance.

The concluding section of this discussion addresses the question of where this dissertation is situated with regard to these different meanings.

Purpose of this thesis

In a broad sense, the aim of this dissertation is to improve our knowledge of substance users in the normal population. More concretely, the thesis attempts to move towards a better understanding of what happens in regards to drug use and drug users that are at the border between normality and deviance. In this dissertation, the group under investigation is most often referred to as “socially integrated drug users”, by which is meant that they fulfill three criteria. Firstly, they all had a structured everyday life. They had a job, were students or had other kinds of legal economic resources. They also had a permanent residence. Secondly, the informants did not have any contact with the drug treatment system due to their drug consumption. Thirdly, the informants used drugs during leisure time, outside their daily obligations.

The dissertation is made up of four sub-studies, with interconnected foci. The first three papers are based on a qualitative research project in which 44 socially integrated drug users in Stockholm, Sweden were interviewed with open-ended questions. Through these papers, much emphasis in this dissertation has been on reaching an in-depth understanding and an insider's view of drug use processes. In my view, interpreting the drug users’ own perspectives is important because it can provide valuable insight into the social meaning the drug users ascribe to drugs and their social world. As such, an insider perspective might lead to an understanding of the social processes and contexts in which social meanings of drugs are created, reinforced and reproduced.

The first of the three qualitative papers explores the construction of the informant's self-identity. The second paper analyses the informant's perceptions of drug-related risk and risk management, whilst the third paper analyses the drug
users’ perception of differences between men’s and women’s drug use. Through their different foci, all of these studies explore what happens at the personal and individual level in regards to drug use and the connected boundary between normality and deviance.

However, there are aspects of drug-taking that cannot be easily investigated by exploring insider's in-depth qualitative accounts of the situation. Indeed, relevant concepts may also be understood from a numerical point of view, in which quantitative statistical analysis may provide useful insight into drug-taking in the normal population. Thus, apart from three qualitative studies, this thesis also includes one quantitative study. This study sets the detailed analyses in a particular society of the first three papers in a broader comparative frame. In paper four I analyze a quantitative data set to examine the “normalization thesis”, systematically assessing different dimensions of the concept. The analysis examines cannabis normalization and applies some of the logic of the term to the comparative study of adolescent cannabis use in Sweden and Switzerland.

The focus in this thesis is on the socio-cultural part of drug-taking rather than on drug use per se or the physical and mental effects of drug use. In different ways, the four papers of this dissertation contribute to a better understanding of the meaning of drug use on an individual and aggregate level. Since my main concern has been with the boundary between normality and deviance in drug use in the normal population, normalization has constituted the broad theoretical frame in all the four studies. The exact and detailed manner in which the terrain of normalization has been handled in this thesis is treated in each separate paper. Sufficient here is to state that different theoretical principles have been used.

On a more abstract level, central to all the papers is a concern with the social construction of meaning and its relation to drug use, with the use of categories in the area of drug use, with the boundaries between the categories, and with the stories that serve to reproduce or challenge these categories. As such, the purpose of all the articles is to move towards a more comprehensive understanding of drug use, one which is sensitive to the fact that apart from the ingestion of a physical substance, drug use is a subjective construct, with meanings that are constructed, challenged and reconstructed. In this realm of construction, drugs have different meanings depending on who is gauging, and among the important meanings are those assigned and recognized by the drug users themselves.

Part of the reason why certain images as opposed to others come to mind when we think about drug use is bound up in the media presentation of drugs (Reinarman and Levine, 1997). Furthermore, the law, the public and drug users themselves all play important roles in the development of images related to drug use. Less recognized is, however, the role of the researcher. This introductory chapter serves to identify how my epistemologies and research methods have contributed to the
images of drug users presented in this thesis. As such, this introductory section has a somewhat broader perspective than the frames of the individual papers. The immediate goal here is to provide a general frame of reference for the following four papers by offering a critical overview of the epistemological strands that have influenced the different stages of my research, and thus also the results found. Furthermore, the intention of this introductory chapter is to explore the combined results of the four studies in this thesis. Indeed, the four studies say something else together than they do separately, and this is discussed at the end of this chapter, where I return to the concept of normalization and I discuss the thesis findings in relation to a possible “drug normalization process” in Sweden.
DATA MATERIAL AND STUDIES

PROJECT 1: Socially integrated drug users, myth or reality?

Papers 1-3 in this thesis are based on a project undertaken within the framework of “Socialt integrerade narkotikaanvändare, myt eller verklighet?” (Socially integrated drug users, myth or reality?), a project at SoRAD funded by MOB (Mobilizing Against Narcotics). MOB is a Swedish state agency founded in 2002 with the responsibility for implementing and following up the National Action Plan on Narcotic Drugs, as well as for coordinating national drug policy in general. From the outset, the head of MOB, Björn Fries, noted that past practice in which decisions regarding drug policy were made without evidence had to change. For instance, one day after the institution of MOB, Fries was quoted as saying “We know almost nothing about drugs today. The misuse has continued, but the level of discussion has been too low. It is today embarrassing to discuss Swedish drug policy in international arenas” 4 (Foleker, 2002).

Björn Fries’ remark signaled a clear turn in Swedish drug policy, with more funding and emphasis given to social research on drugs. The three first papers in this thesis are a direct result of this funding policy, as they are derived from a MOB-funded project in which the overarching aim was to better understand drug use by people not known to the criminal justice or drug treatment systems. The principal method of data collection was through open-ended qualitative interviews.

Informants

Forty-four socially integrated drug users were interviewed for this project. The sample consists of 16 women and 28 men between the ages of 18 and 30 (the average age was 21). In order to be included in the study, the informants needed to be “socially integrated drug users” which, as stated at the outset, entailed that they fulfilled three criteria. Firstly, they had to have structured everyday lives; they had to have a job, be students or have other kinds of legal economic resources5. They also had to have a permanent residence. Secondly, the informants needed not to have been in contact with the drug treatment system due to their drug

4 My translations.

5 By other kinds of economic resources is meant that they were on paid sick leave, or had parental leave.
consumption. Thirdly, the informants needed to have used drugs within the last year in order to participate in the study.

*Education and employment*
In regards to the highest completed education level, 11 of the informants had finished schooling after elementary school. Twenty-four of the informants had completed a gymnasium (high school) degree, 7 had completed a university or college degree, and 2 informants had completed another type of degree (level of degree unknown).

Fourteen of the 44 informants were students at the time of the interview, with 7 of these working as well as studying. Four of the student informants were gymnasium (high school) students, 8 were university/college students, and 2 were students in other forms of higher education.

Twenty-one of the informants were in paid employment, whilst two were on parental leave. Seven of the informants were unemployed or on long-term sick leave. Although this figure might seem to be quite high, it does in fact reflect the situation among this age group in Stockholm in general. Statistics from SCB (Statistics Sweden) shows that the unemployment rate at the end of 2004 among 16-19 year olds was 18.7%; among 20-24 year olds the figure was 10.9%, and among 25-34 year olds 6.4% (SCB, 2004).

*Drug consumption*
The average age of onset drug use was 16 years. Forty of the informants had used cannabis the first time they consumed any drug. Other onset drugs where amphetamines, ecstasy, opiates and prescribed medicine in non-medical use.

At the time of the interviews the informants’ substance use included use of a variety of illicit drugs; the most common were cannabis, amphetamine, ecstasy, cocaine, GHB and LSD. Heroin, ketamine, morphine and buprenorphine were also mentioned, but these drugs were only used once or twice by individual informants. All informants except one had used cannabis.

Eighteen of the informants used drugs 4 or more times per week; only cannabis was used on such a frequent level by any informant. Twenty of the informants used drugs 1-3 times per week. Two informants reported drug use 2-3 times per month and 1 informant reported drug use once a month. Three of the informants used drugs only a few times during the year. The informants tended to use and experiment with different types of drugs, but they also seemed to prefer one drug to others. The preferred drug varied from one informant to another. The informants used drugs during leisure time, outside their daily obligations.
Recruitment

The exact number of informants that were to be interviewed during the project was not determined at the outset. Indeed, from the start we were uncertain as to whether or not we would be able to recruit any “socially integrated drug users” at all. This was mainly based on experiences from another study at SoRAD a few years earlier, in which the research team wanted to recruit “socially integrated cocaine users”. This study had not proceeded as planned, as it was impossible to get in contact with enough informants in Stockholm (Prinzleve et al., 2004).

Certainly, it was no straightforward task to get in contact with informants for this study. At the outset it was planned that the informants were to be recruited through snowball sampling, in which the basic idea is that existing research subjects recruit future subjects through their personal networks (Agar, 1980; Whyte, 1953). The first step in the recruitment process was to contact relevant persons from our own personal networks. We described the research project to them and asked if they themselves wanted to participate and if they could possibly put us in contact with other socially integrated drug users. Our initial idea was that the informants contacted at this stage would be able to generate contact with other informants, and that these in turn would provide other contacts. However, it quickly became evident that this method did not generate enough informants. Indeed, most of our initial contacts were unable to recruit others for the study. This led to a modification in our sampling procedure in which we placed advertisements for the study in restaurants.

Recruitment through the restaurant ads was a time-consuming task, as not all restaurants were willing to have our ad put up. Some argued that they had no customers who use drugs in their venues, so it would anyway be useless to put up the ad there. Others thought the ad would give the restaurant a bad reputation; in other words, it was implied that the ad would somehow signal that drug users were welcome to the venue. Clearly, there were restaurant owners that were highly skeptical and thus refused to cooperate with the research team.

At the cooperative restaurants, the ads did often not hang there long. Although I did not revisit all the bars and restaurants where I had placed an ad, in some of the restaurants which I revisited the following week, the ad had already disappeared from the toilet door or the wall where I had hung it. Despite the short time-frame for the visibility of the ads, this method did nevertheless generate quite a few informants. When I realized that no more informants would contact me, we tried yet another strategy: we placed an ad in the free newspaper handed out on Stockholm’s underground trains. This generated yet another wave of informants.

When this wave of informants stopped, we had arrived at 44 interviews. The extended recruitment methods not only enabled access to an increased number of informants, they also had positive results in that we were able to recruit informants
from a broader network than we had originally planned. As such, we increased the sample variety in terms of social background and geographical spread, and possibly also in drug use experiences. Of the 44 individuals interviewed, only a minority can be said to be derived from a real snowball effect. One informant eventually generated contact with eight other informants. Another initiated a snowball which put us in contact with three other informants. Other than these groups, the sample consists of one group where three have personal relations and six groups in which two have personal relations. The rest of the informants are individual cases that have, as far as we know, no connection to the others.

The total number of informants should not be interpreted as the total possible number we could get in contact with. It is plausible that another set of ads would have generated more waves of interested informants. Instead, the total number of informants should be seen as the total number of informants we could get in contact with through the recruitment process just described. After having interviewed 44 informants, the material was deemed substantial enough for the purposes of the project. As will be described in depth below, the project was influenced by grounded theory and its principle of theoretical sampling as a guide in the recruitment process. In other words, the sampling was not based on neutral techniques created to get a representative sample capable of speaking reliably and validly for the whole population of socially integrated drug users in Stockholm. Instead, informant recruitment was an ongoing process, and as I will show later, we were not sampling a population per se. Instead the “sampling frame” so to speak was “meaning” – the whatsof experience – that emerge only through discovery within the interviewing itself (Strauss and Corbin, 1990). As we realized that the last few interviews did not seem to bring much in the way of new aspects regarding the core themes we wanted to investigate, we decided that the final number of interviews for the project would be 44. At this point the interview material was evaluated as large enough. Each interview lasted for more than 60 minutes, and each transcript was approximately 20 pages. This meant that we had more than 968 pages to analyze. As Kvale (1996) has pointed out, it is important not to generate too much material, as the data may become too much to handle. If too extensive, the in-depth interview material becomes too extensive to overview and work out the depths of the meaning of what is being said.

Analytical methods
The qualitative data material was analyzed following core aspects of grounded theory (Strauss and Corbin 1990). Yet, one of the most central parts of grounded theory, namely the generation of theory from data, has not been the focus in the present data analysis. Instead, grounded theory has been used as a systematic methodology for data analysis -- specifically its elements related to categories and
concept development, an ongoing interaction of data collection and analysis, a
flexibility and emphasis on “being-on-the-way”, and theoretical sampling.

In the current project collection and analysis were interrelated, meaning that
analysis began immediately after the first interviews were conducted. After the first
few interviews the research team discussed the interviews, and I also transcribed
the first set of interviews myself in order to get a better feel for what had come up
in the interviews. These early discussions and readings of the interview transcripts
were used to direct the questions and probing in the next interviews. In practice
this meant that what was determined at the outset of the research project was the
general theme, namely to better understand socially integrated drug users’
perspectives on drug use, rather than specific themes. In the first set of interviews,
the central and broad theme was addressed by asking general questions regarding
the informants’ drug use experiences, and letting the informants speak as much as
possible on their own terms. The questions posed to the informants were, however,
altered throughout the research process as we became aware of more well-defined
research topics that we wanted to pursue. For instance, after a few interviews we
realized that positive self-presentation was crucial for the informants, so we looked
closely for this theme in subsequent interviews, taking specific note of references to
it and encouraging the informants to elaborate on this topic. In this regard, the
principles of grounded theory (Strauss and Corbin, 1990) stimulated generative and
comparative questions to guide the research in the next phases. Thus the research
themes pursued in the papers presented in this thesis were not clear from the
outset, prior to the first interviews. Instead, familiarity with the field through the
first couple of interviews allowed the research team to note and thus also to
investigate more intensively topics and areas that came up in the interview
conversations and which somehow seemed to be of particular importance in the
informants’ own experiences and practices. Through gaining more familiarity with
the field, we were also able to probe more intensively and directly. Thus,
throughout the interview process we altered some of the questions posed to the
informants, and added and took out others.

Each concept that has been explored in this thesis became embedded into the
study either by repeatedly being present in the interviews in one form or the other,
or by being absent. As a primary example of the latter, the gender issue constituted
one silent theme in the initial interviews. At first we thought the issue of gender
would somehow arise on its own, through the general discussion in the interviews.
However, we soon realized that this was not so. We thus responded by adding
direct and explicit gender questions. When we added direct questions it became
clear that gender was in fact important to drug-taking, but it was a dimension that
the informants were reluctant to be explicit about (see paper 3).

The process by which data collection and analysis were integrated does not mean
that the methods used were unstandardized (Strauss and Corbin, 1990). As already
mentioned, the researchers entered the field with broad areas of research questions in mind, and data for these research questions were gathered throughout the whole project. Yet, in order not to miss any areas that might be passed over otherwise, it was seen as important to analyze the first data for cues on how to proceed in gathering data and also to define better the areas we wanted to investigate further. Thus it was the research process itself that guided us towards examining the potentially interesting avenues to be explored. As such, the interview and analysis process was one of discovery and grounded in reality (Strauss and Corbin, 1990).

Another major principle used in the analysis is that concepts were treated as the basic units of analysis. As pointed out by Strauss and Corbin (1990), the grounded theory researcher works with concepts, not with the actual responses per se. This point towards another important feature of this research, namely that sampling proceeded not in terms of drawing samples of specific groups or individuals, but in terms of concepts, their properties, dimensions and variations. As already mentioned, when we started the project we had some general idea of the phenomena we wanted to study. We wanted to understand better the social world of integrated drug use in terms of the experiences and points of view of the drug users. Based on this focal point, socially integrated drug users were selected for study. Once in the interview setting, however, we were not sampling the drug users as such. Instead we were sampling the incidents, the events and happenings that were meaningful to them and expressed or not expressed by them. At this point, we started to realize that from our informants’ perspectives there are different kinds of drug use: there is unacceptable drug use (in terms of gender, paper 3) and there are drug abusers (papers 1 and 2). As we realized that the informants made these differentiations, and in order to maximize the potential for uncovering these phenomena, we started to focus more strongly on these issues in the interviews.

In the articles, quotes from the informants are presented, sometimes at length. The purpose of the interview extracts is not so much to introduce the reader to the life of a particular informant, but rather to illustrate or elaborate on a conceptual theme drawn out of the material.6 The themes discussed in the different papers represent the integration of the most important and densely supported categories that emerged from the interview material. Instead of building theory from actual incidents or activity as reported on by the informants, the incidents, experiences and events spoken about in the interviews have been taken as potential indicators of phenomena which were then given conceptual labels. This may be illustrated with a concrete example from the interview material. Take, for instance, the following interview extract:

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6 See Blauner (1987) and his differentiation between “Interview books” and first-person studies.
Informant: Well, I use, I don’t abuse.

Interviewer: And how do you distinguish between use and abuse?

Informant: An abuse is when a person really has to have the drugs every day, or lives and hides his feelings and unhappiness and blames it on the drugs. Use is when a person can take the drugs and still have a full social life and work and take care of himself and knows what he is feeling…

This phenomenon was at first labeled “making distinctions”. As I encountered other similar incidents, and after comparison to the first labeled instance, it could be established to what extent the different extracts appeared to refer to the same phenomenon. If the comparison suggested that two extracts described similar themes, they were both labeled “making distinctions”. I started to accumulate the basic units for modest theoretical formulations only when I had a substantial number of incidents that were grouped under the same concept.

After conceptualizing the data, categories were developed and related following the principles of grounded theory (Strauss and Corbin, 1990), which meant that concepts that relate to the same phenomena were grouped to form categories. Categories are placed at a higher and more abstract level than the concepts they represent. They are, however, generated through the same analytic process as the process of making concepts: by making comparisons and thus by making evident the similarities and differences.

To highlight the point regarding categories, we may refer once more to the sample extract above, which was labeled under the concept of “making distinctions”. While coding this and similar phenomena, I realized that there were many other concepts with some relationship to “making distinctions”. These were labeled “self and other presentation”, “blaming psychological and social factors”, and “the other as passive agent” (see paper 1). Furthermore, I noted that although the concepts are different, they seemed to represent activities that were directed at a similar process. Indeed, the concepts could be grouped under a more abstract heading, or category: “negotiating drug user identities”. As the phenomenon represented by this category is more abstract than the individual concepts, the category has “conceptual power” (Strauss and Corbin, 1990; 65) and is thus able to pull together other groups of concepts and subcategories.

**Relating individuals and cultural context**

According to Strauss and Corbin (1990), broader conditions affecting the phenomena under study, such as cultural values and norms, political trends and gender roles, must be included in grounded theory research. In this thesis, broader social conditions have not just been referred to as a background for “better understanding” of the phenomena under study. Instead they have been part of the analysis in their own right.
In the three first papers in this thesis, broader social arrangements in terms of core Swedish cultural ideals of conscientiousness, and Swedish dominant discourses on drug use and gender equality, have been integrated into the analyses in their own right. In the matter of their own lives and experiences, drug users are, on the one hand, “experts” who speak from a secure position of knowledge. Interviews based on first person's accounts thus provide “an inner view of the person not accessible through other methods of data collection” (Birren and Deutchman, 1991). At the same time, however, the interviewing methods which ask about people’s life experiences give access to the supra-individual features of the informants’ social world (Kohli, 1981). Influenced by this idea, I have tried to listen to what was said in the interviews, through the words of the particular informants, to pick up “echoes” of wider social arrangements. In fact, I started from the idea that the common elements in the informants’ stories reveal how their lives are shaped by the wider society and through the network relations to which they belong (Luchterhand and Weller, 1979).

Certainly, a major theme in this thesis has been to interpret the informants’ stories in light of how the informants express and reflect broader cultural frameworks of meanings. This has most importantly been achieved by linking the informants’ experiences and stories to discourses. Crucial questions are, for instance, how is discourse about risk, the Other and gender put together, and what does this tell us about the informants’ presentation of drug issues? Indeed, the first three articles in this thesis give priority to the level of discourse, and ask about its constructions in relation to its functions. As such, I have followed what Wuthnow (1987) argues is the task of the sociologist, namely to explain narratives, not in terms of hidden mental states, but rather through determining why it was meaningful for some things to be said and for others not to be said in a given context. Each analysis has attempted to make specific linkages between broader cultural conditions and the phenomena presented in the interview material. In this way, I have noted how these cultural ideals which, for instance, place importance on self-control and risk management, are incorporated in the informants’ talk of their own drug use.

It is in this regard that discourse analysis has been a major influence on my work. Initially, discourse analysis, treating language and discourse as (partly) creating reality, came out of the confrontation of philosophers and social scientists with “pure objectivity”. Among other effects, this confrontation led to an increased preoccupation with language as mediating and creating people's reality. Seen from an objectivist point of view, words had originally been understood as labels, so that the word “chair” was referred to as “a real chair”. With the rise of social constructivism as a philosophical strand, however, reality came to be understood as firmly based on people's constructed meanings. As such, language could no longer be seen as simply expressing the world. Indeed, in philosophy at the beginning of the 20th century a linguistic turn occurred, paving the way for a shift in
philosophical paradigm; the earlier view of language as a transparent expression of the world was overruled by a focus on language itself. The emphasis was now on meaning, and researchers began to grapple with the question of how the world is made from the meaning that language expresses.

In the 1970s, the social sciences also began to recognize the importance of language as a structuring agent. The linguistic turn implied a shift in which it was, for instance, recognized that we would not be able to recognize a simple chair as a chair without knowing the meaning of “chair” as opposed to “arm chair” (Towes, 1987). With the linguistic turn, social science researchers recognized and put emphasis on the fact that all we can know about reality is conditioned by language.

Over time, the term “discourse” has been loosely defined and discourse analysis has become a hybrid field of inquiry (Slembrouck, 2006) which lends itself to various different theoretical and methodological traditions. As such, discourse analysis is a general term for a number of approaches to analyzing written and spoken language, and no single specific definition of what discourse analysis entails exists. In some places it has had a very narrow definition, in other instances very broad. In this thesis, discourse analysis has been a major influence only in terms of its broad theoretical premises. Thus, when I have referred to “discourse analysis” or simply “discourses” in the papers, much of what is included under the term “the discourse research tradition” is left out.

An important part of discourse analysis is its emphasis on the broader social and cultural perspective. Potter and Wetherell (2004), for instance, make clear that talk does not exist in isolation, because language constitutes a shared and complex symbolic representational system that goes beyond the individual's use of language. Thus, in its broadest sense, a discourse is understood as shared understandings and reality perceptions, which in turn provide acceptable ways to speak and act. What is considered normal, abnormal, deviant, right or wrong in a society and at a particular time in history is dependent on the dominant discourse. In this sense, discourse theory has been greatly influenced by Foucault (1976), who linked the concepts of knowledge, action, power and the individual when framing discourse. As such, Foucauldian discourse analysis is discourse analysis “above the text”, in which the term discourse is not used to refer to a text or particular semantics. Instead, it is used to refer to the macro level of structural orders of discourse. Foucault regarded discourse as a group of statements which provide a language for talking about and representing the knowledge about a particular topic at a particular historical moment, shaped by the relations between power and knowledge. According to Hall (1992), discourse

“constructs the topic. It defines and produces the objects of our knowledge. It governs the way a topic can be meaningfully talked about and reasoned about. It also influences how ideas are put into practice and used to regulate the conduct of others. Just as a discourse
‘rules in’ certain ways of talking about a topic, defining an acceptable and intelligible way to talk, write, or conduct oneself, so also, by definition, it ‘rules out’, limits and restricts other ways of talking, of conducting ourselves in relation to the topic or constructing knowledge about it” (Hall, 1992:44).

In *The Order of Things: An Archaeology of the Human Sciences*, for instance, Foucault (1970) argues that there are always certain underlying conditions of truth which form what is acceptable. These conditions shift throughout time. In modernity, for instance, scientific discourse is the prime underlying condition for making statements about the world. This was, however, not always the case.

The emphasis on broad discourses and their relation to truth and meaning does not imply that Foucault rejects truth in his work. He does, however, note that truth and meaning depend on historical and social discourses and means of truth and meaning production (Dreyfus and Rabinow, 1983). Fairclough (1992) follows Foucault’s line of thinking and argues that the reason why one set of dominant ideas prevails over another at certain times in history is that discourses are regulated by discursive formations or, in other words, systems of rules which make it possible for certain statements but not for others to occur at certain periods, places and locations.

Also important to discourse is Foucault’s notion of power. In *Discipline and Punish*, Foucault (1977) makes the case that power is everywhere and that it is something that is exercised rather than possessed. Power, according to Foucault, influences every aspect of our daily lives, not so much through coercion as through persuasion through which we internalize the norms and values of society. As such, the subject, in Foucauldian terms, is produced within discourse and is also always subject to discourse. According to Foucault, people position themselves in relation to discourse. As such, they become subject to a discourse and bearers of the discourse’s knowledge and power. This point is, for instance, taken up by Burr who argues:

“Once we take up a position within a discourse (and some of these positions entail a long-term occupation by the person, like gender or fatherhood), we inevitably come to experience the world and ourselves from the vantage point of that perspective. Once we take on a subject position in discourse, we have available to us a particular, limited set of concepts, images, metaphors, ways of speaking, self-narratives, and so on that we take on as our own” (Burr, 1995:145).

Clearly, in regards to the broad framework of discourses, individual discursive and linguistic practices are not something that derives solely from the person per se, but rather patterns that individuals experience in culture and which are suggested and even enforced upon the individual. Likewise, the interpretations of social and individual actions exist within certain boundaries. Interpretations are familiar and they give meaning, as they start from discourses and thus acceptable ways of understanding. Had it not been for discourses, Foucault argues, human practices and interpretations of them would have been socially irrelevant, because action and
interpretation are only understandable when they are located within the discourses, or, in other words, when they include something that everyone can agree upon.

In this thesis, the term discourse is used in relation to a particular background from which people understand and interpret the social world. As such, discourses are understood as the basis for people’s reality construction. People may be conscious or unconscious of discourses; in both cases discourses influence how people act and define and interpret the social world. Seen from the perspective of discourse, the subject is decentralized. The choice of language of the informants is not interpreted solely in terms of the informants’ way of expressing themselves; rather, the language speaks through the person. The informants become a medium for the culture and its language (Kvale, 1992). However, this does not imply that people are interpreted as docile bodies (see Rose, 1990), simply reacting to discourse. Rather, “people actively ‘make sense’ of their personal and social worlds and exercise a certain agency in how they represent these, but this agency is exercised within the parameters of a finite number of discourses” (Martin and Stenner, 2004:399). Indeed, in paying close attention to the drug users’ own presentations and language use, it is recognized that they are autonomous individuals capable of interpreting, challenging and reconstructing pre-established discourses.

When analyzing the interview material, therefore, I have placed particular importance on both the concrete interview processes and discourses. Thus the analysis presented in the three first papers in this thesis acknowledges that individual power occurs within the boundaries of social constraints, and that both the individual and the societal ought to be examined in research. There is, in other words, recognition that discourses have constructive force. At the same time, however, it is also recognized that individuals have choice in relation to these discursive practices (Davies and Harré, 1991). From this perspective, then, what happens in an interview is that informants use their language to construct versions of their social world. Furthermore, it is noted that the constructed versions are relevant to broader societal discourses. It is thus recognized that discourses are irreducibly social, in that they originate in the course of social interaction; they provide an agreed code for communication which provides a stable and external version of the world, making it possible for humans to make themselves understandable to others.

**Validity and response bias**

The manner in which we recruited informants points towards an interesting and important element in relation to the quality of the data. From the recruitment process we learnt, on the one hand, that there are drug users who do not wish to talk to researchers about their drug use. All our initial informants whom we enlisted as recruiters had various friends who also used drugs. They tried to recruit others for the study, but in many instances, and despite enthusiastic encouragement, they
could not convince their friends that it would be worth their while to participate. We did not gather any systematic information regarding the reasons people gave for not participating, but our initial informants noted that some did not feel comfortable talking about their drug use with us, and others were just simply not interested.

On the other hand, the recruitment process taught us that there are drug users who are very interested in talking about their drug experiences with social science researchers. The informants we came in contact with through ads in the newspapers and in restaurants took the initial initiative to contact us. This is, indeed, quite extraordinary and calls for some attention, as it says something about the particularity of the sample, which, as we will see, had implication for the whole research process, from how the core concepts were developed, through the interview techniques and the analysis to the results that I arrived at.

Most of us have personal experiences with seeing ads about things that we care about and that we feel that we ought to contribute to. Furthermore, most of us also have experienced not doing so, maybe because a minute after we have seen the ad, our minds have already wandered off to our everyday tasks. Through the recruitment process for this project we learnt that there are drug users out there who, after seeing an ad about the study, follow through to participate. There are drug users who are so interested in this kind of study that they take a note of the contact information and call or send an email or SMS to the research team, actively asking for the possibility to participate. Furthermore, all the informants in this study were willing to go through quite some trouble, in terms of giving up time for the interview itself and traveling time to meet the interviewers. Why? Why were these people so interested in our study and what does it mean to the subsequent research process?

From one point of view, the recruitment process might be interpreted as improving the veracity of the data. From another point of view, however, the recruitment process might be interpreted in terms of affecting and biasing the material. I will get back to this point a bit later in the discussion, after having dwelt on the first claim.

The recruitment process stresses the voluntary basis on which the informants participated and it also highlights the character of the interview as a relationship freely and willingly entered into by the informants. In the research interview literature, there is an assumption that the more freely information is given, the more valid it is. As Benny and Hughes (1956) argue, the interview can be seen as having a contractual element. Yet, if the interview is seen as a kind of implicit contract, it is obvious that the interviewer gets the respondents’ time, attention and access to the information and insight that the informants have to offer. But what about the other party? What does the informant gain?
One incentive for participation may, for instance, have been money. From the outset we discussed whether or not we ought to pay our informants. This is not an easy question to decide, as there may be ethical as well as practical implications. McKegany (2001) has, for instance, noted that there might be ethical implications regarding paying drug-using informants, as the research may in effect be paying for the person’s substance use. Furthermore, paying respondents may affect the research data obtained, as informants might only participate due to the money (Fry and Dwyer, 2001), which may make it difficult for the informants to decline participation halfway through an interview. The literature offers little insight into these issues (McKegany, 2001). Singer et al. (1998) have, however, investigated unintended outcomes of paying informants in social research. Results show that people who have received a monetary incentive in the past are significantly more likely than those who have not to agree to the statement: “people should be paid for doing research like this”. However, those who were not paid were in fact more likely to participate in a subsequent research study than those who had received payment. Furthermore, the researchers found that respondents who received an incentive 6 months earlier are no more likely than those who received no incentive to refuse to answer a series of 18 key questions on the survey.

Clearly, it is difficult to establish what effect payment of informants would imply for the data. In terms of the ethical implications, there was consensus in the research team that informants should not be judged for their drug use and that they ought to be free to do what they like with the payment. Considering that it is common practice (at least in the US) to pay informants for their time, regardless of their use of other substances such as cigarettes and alcohol, we deemed it equally reasonable to pay our informants. After having discussed the issue of payment in the research team, we decided on a pragmatic way forward. The initial informants were not told prior to the interview that they could receive a monetary incentive. When they arrived for the interview we did, however, tell them that they could get 200 SEK (about 20 Euros) if they wanted to. Their reaction was for the most part that they did not participate due to the money, but more due to a general interest in the research project and a chance to put forward their perspective on drug-taking. Many thus declined the monetary incentive. In the other waves of the recruitment process, interest in payment was greater, however, and some informants even asked whether or not they would be paid prior to deciding on participating. From there on, we agreed that all informants would be paid 200 SEK for participation. In total, 200 SEK was paid to 21 of the informants.

The fact that many of the informants declined the monetary incentive, and the explanation they provided for doing so, point towards what Benny and Hughes (1956) have noted, namely that many people enjoy being interviewed. As the interviewer offers a program of discussion, and an assurance that information
offered will not be challenged or resisted, self-expression is facilitated to an unusual degree; this is what the informants gain.

It is likely that the informants interviewed for this project expected to be able to talk to others, regardless of their attitudes towards drug use, and to be met with respect and not with denial or argument. This might be one reason for their participation, and if so, it is likely that the informants were satisfied. In the interviews the interviewers avoided passing moral judgment upon the informants’ responses. Furthermore, the interviewers tried to interrupt the informants as little as possible and give as much space as possible for the informants to talk about the issues, encouraged by the interviewer. This worked fine, and it produced material in which the informants spoke approximately 90% of the time during the interviews. The interviews were thus for the most part monologues in which the informants controlled the flow of the talk that was initiated by the interviewer. In fact, all the conversations with the informants can in general be described in terms of expressive vocabulary rather than instrumental, in terms of focus on feelings and emotions rather than solely on people and things. Furthermore, the interviews were proactive rather than responsive.

The voluntary basis and the informants’ general interest in participating is significant in relation to the data produced in the interviews, as it created a particular climate in which the interviews took place. The relationship that governed the interviews was, despite gender and age differences between the informant and the interviewer, a relationship in which both parts behaved as if they were equals, for the duration of the interview at least. In the sociology methodology literature, these are factors which are widely believed to enhance the veracity of the data.

From a different point of view, the recruitment process may, however, be interpreted as contributing to a reduced validity, at least in the positivistic sense of the word. Research on drug use is generally perceived of as a delicate and sensitive field. Due to the illicit nature of drug consumption, we anticipated that information about personal drug use and access to “socially integrated drug users” would be difficult to obtain. Ball (1967) notes that two contrary positions regarding the reliability and validity of interview data obtained from deviant groups have been advanced: (1) deviant groups, and especially those engaged in illegal behavior, are motivated to -- and do -- conceal or deny their proscribed behavior, and (2) deviant informants will under appropriate research procedures report their deviant actions. What Ball does not include as a possibility is, however, that informants may be over-reporting. Our experiences were quite different, as indicated above, from a stereotype of secretive informants who conceal information or who need to be persuaded to reveal themselves. Instead the informants welcomed being interviewed. They were what one could call “overt drug users”; they were unafraid of meeting the interviewer and willing to reveal intimate details about their lives.
and their drug use, and they were also willing to share information regarding their friends.

The overtness of the interviews might certainly be interpreted as simply reflecting the excellence of the research team, as Ball (1967) might have done. The overtness, however, may also have more to do with the fact that some of the informants recruited for this particular study had ulterior motives for participating, besides an overall wish for attention. Although it is difficult to interpret the impact of our recruitment and interview experiences, we might wish to speculate that those who answered the ads were to some extent pursuing an agenda of influencing drug policy. If so, this would make them less likely to report anything discreditable. As noted, the informants were eager to be interviewed, some even without payment, and as was explicitly stated by a few of the informants, they wanted to participate in the project because they wanted to give a more correct picture of drug users than what is currently prevalent in Sweden.

In this respect, the shared rhythms and mutual understanding embedded in the flow of conversations may have allowed participants to experience a sense of satisfaction that goes beyond the pleasure of being understood. Indeed, conversations may be defined as “a proof of connection to other people that provides a sense of coherence in the world” (Tannen, as quoted in Bradley, 1995:373). Furthermore, it provides a sense of power and liberation. In this regard the informants are putting themselves on display as counter-instances to the major tropes of Swedish drug policy discourse. Thus the interviews may be interpreted as a presentation of a more or less coherent picture and as a contribution to the Swedish debate, in much the same way as a politician’s speech in parliament is usually interpreted. The informants very much wanted to present a picture of their drug use as normalized, and in this respect the interview material may be seen as part of a political discourse. My experience of the recruitment and interview processes led me to agree with Banyard and Miller (1998) that it is empowering for people to tell their stories, and it is especially powerful to have their stories heard.

**Power relations in the interviews**

*Gender*

In the literature it is commonly assumed that women will be able to achieve better responses with informants due to their less threatening quality and better communication skills (Warren 1988). Another discussion among feminists has argued differently, namely that male and female researchers will generate different

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7 This is the topic in its own right in the first paper in this dissertation. In this paper I investigate how the informants present themselves and how they attempt to achieve positive self-presentation, based on the elaboration of a particular Other, namely drug abusers.
kinds of knowledge (McKee and O’Brien, 1983). Yet, very little empirical research exists on the effect of men and women researchers in the same situation. Instead the argument lies at the level of epistemology, e.g. the need for feminist methods of research (Hammersley, 1992).

Padfield and Procter (1996) offer an unusually interesting account in this regard, as they empirically compare the interviewing process and practices in a situation where a man and a woman conducted the “same” interview schedule. Both the interviewers were middle aged and the informants were 18-24. They were, as they themselves describe, “two sociologists of different genders, but with common research aims. One of which was to generate interview material which was consistent between the two of us” (Padfield and Procter, 1996:357). The researchers found that their respective genders had little effect on the interviews in terms of how long the interviews lasted and the answers the informants gave. Furthermore, when asked, the informants said they had no preference about being interviewed by a woman or a man. However, an effect was found for revealing experiences of abortion. No explicit question was asked about personal experiences of abortion; instead the female informants shared this information on their own initiative, but only when interviewed by another woman.

It is definitely necessary, in this type of analysis and data gathering, to situate myself and my colleague in terms of bias. My personal characteristics -- as a woman, and a postgraduate in the same age group as the respondents -- might be considered positive factors, as they may have made the informants feel more comfortable about revealing their drug use experiences than if interviewed by an interviewer with other characteristics. My colleague represents quite different characteristics. Max Hansson is a middle-aged man, which might be viewed as having a negative effect on the interview situation, in that the informants might wish to conceal more of their experiences.

As was found in Padfield and Procter’s study (1996), the personal characteristics of the interviewers in the present project did not seem to affect the interview material much. The length of the interview, and thus the length of the informants’ answers, did not systematically differ depending on whether Max Hansson or myself conducted the interviews. Thus, the interviewer’s sex or age does not seem to have influenced how much the informants elaborated their answers in the interviews. Furthermore, none of the informants overtly refused to answer questions that were regarded as too sensitive or private. Lastly, throughout the research project Max Hansson and I spoke about our experiences in the interview setting. Through these conversations it became evident that there seemed to be similar patterns in our interview experiences: both felt that the informants were quite happy and excited about being interviewed, and that they were very open to talking about their drug-taking experiences. When examining the interview material in terms of specific gender issues (paper 3), there was also no overall pattern evident which would
imply that the interviews conducted by a female interviewer did differ systematically from those with a male interviewer in terms of what was revealed.

The lack of clear gender bias in the material may be due to the fact that we were, from the outset, sensitive and aware of the literature regarding bias in interviews, and thus of the possibility that the interviewer’s gender and age might influence the material produced in the interviews (e.g. Graham, 1984). We tried to overcome this, but not by attempting to wash away all uncontrollable factors, as is attempted in structured interviews. Instead, our approach was to be sensitive to potential biases in the interview setting and also to create an interview setting which both interviewers and informants felt comfortable with.

Having said this, it must however be mentioned that it is difficult to determine exactly how the characteristics of the interviewers affected the material. We did not ask the informants explicitly about how they felt about being interviewed by a man or a woman, by a younger or older person. So we never gave the informants the possibility to reflect on these issues. In retrospect, interesting information may have been missed, as it would indeed have been interesting to gain knowledge of the informants’ experiences of the interview itself.

Informants’ roles

Most commonly in methodological textbooks emphasis is placed on the power embedded in the interviewer, and help is offered for the researcher to try and minimize his or her influence on the material being produced. In this research project influence from the interviewers was most importantly dealt with through the use of open-ended questions, leaving as much scope as possible for the informants to participate and influence the interview setting.

Much less stressed in methodological textbooks is, however, the power embedded in the informants. I was certainly personally unprepared for how I would respond to occasional attempts made by the informants to move the relationship between interviewer and informant beyond a meeting between strangers. For instance, there were instances when the informants took an interest in my life, asking if I had used drugs myself. Others also asked if I wanted to meet again, outside the interview situation.

I felt ambiguous about these experiences, as I was not sure how to respond to the informant’s friendly initiatives. I declined all suggestions of meeting outside the interview situation. I did, however, answer questions regarding my own drug use or other questions the informants asked me. I saw this as a crucial step towards creating a situation that was as similar to a normal conversation as possible. In my view, these incidents indicated that the informants had taken control and changed the meaning of the interview situation, and I was left with a feeling of vulnerability.
Furthermore, it highlights that the power embedded in the researcher is not the only power at stake; power also lay in the hands of the informants.

Clearly, interviews are fluid encounters where balances shift between and during different interview situations (Cotterill, 1992). Having noted this, however, it is also important to note that after the interview, the power lies in the hand of the researcher, who is left to analyze and write up the report in her or his own terms. Here, the informants are definitely vulnerable, because at this point their active role in the research process is over.

**Transcription**

Each interview lasted between 1 and 1.5 hours. The interviews were tape recorded and transcribed, partly by the research team and partly by external transcribers. After the tapes were transcribed, the draft printouts were checked against the tapes and corrections were made.

A transcript is, as Kvale (1996) has noted, a transgression, a transformation of one narrative mode – oral discourse -- to another narrative mode – written discourse. Indeed, the word *transcribe* implies that something is changed from one form to another. Highlighting this is to pay attention to the fact that the originally lived, face-to-face conversation that took place in the interviews disappears in the transcripts. However, an attempt has been made to keep the language of the informants intact. That means that the informants' language has not been edited; instead the transcripts include all the errors, hesitations, and specific individual styles that are always embedded in spoken language. The specific extracts that were used for the articles were translated by me, and in the process I tried to keep the spoken styles and wording as much as possible, although it was evident that translation from Swedish to English meant that the particular extracts in the articles are not exactly the same as those in the Swedish interview extracts. However, the intention was that as much as possible of the original style of expression would be kept.

Overall, it was seen as important not to separate the informants from their language. Thus, the specific ways the informants express themselves have been seen as an important part of how the informants see their world. The interviewers' questions were also transcribed, and if used in the analysis, translated to English. This is crucial, as the project was driven by an understanding that the researchers' questions were active and constructive, rather than passive and neutral parts of the interview (Kvale, 1996).

Sometimes in the individual papers a word has been edited into the extracts. When this has occurred, the introduced word(s) have been placed in parentheses to clearly
show that the informants did not actually articulate the word(s) themselves. The editing was, however, seen as necessary in some instances, because what was evident in the spoken setting was not always evident in the interview extracts, most importantly due to journal publishing style, which does not allow space for the whole context of the extract to be included.

**Epistemology and reflexivity**

Epistemology refers to the ways we have of knowing; it focuses on the relationship between the observer and what can be known and it involves conceptions of ontology; conceptions of who the human being is. “The reflexive turn” (bound up in the post-modern and poststructuralist critique of positivism) in which knowledge is seen as inherently constructed and embedded in subjectivity, has contributed to the demystification and greater understanding of theoretically and empirically based knowledge production processes (Mauthner and Doucet, 2003). With the “reflexive turn” came an increased awareness that how knowledge is acquired, organized and interpreted is relevant to what is revealed and found.

More important, however, the reflexive turn challenged the distinction made between methods, methodology and epistemologies. Increased reflexivity led researchers to note the crucial point that data analysis is bound up in epistemological and ontological issues. As researchers, we need to be reflexive about, and articulate the ontological notion of the subjects we are using in our research, and we must also articulate the epistemological assumptions underpinning our methods of data analysis and knowledge construction (Mauthner and Doucet, 2003). This is, however, far from a straightforward task, as epistemology is embedded in every stage of the research process. As such it is part of an evolving rather than a static phenomenon, and epistemology in its own right is subject to change and alteration as the researcher embarks on the mission of understanding. In this thesis, different research paradigms and purposes have been relied upon, each of which prompts different epistemological standpoints.

Qualitative interviewing has been a major component in this thesis. As such, this thesis follows a dominant line of inquiry in sociology. By using in-depth interviews, my work is driven by an epistemological assumption that we can understand the social world by listening to talk and interpreting what is said. This requires, however, particular skills from the researcher and the informants. In the interview process I have followed an approach which rejects the notion of meta-narratives that seek to represent a coherent understanding and comprehensive view of others. Instead I draw on postmodern strategies which encourage attention to the interpersonal relationships that ultimately shape and define our relationships.
The subjectivity and reflexivity found in this thesis, I would argue, originates in the researcher and the researched, each of whom bring individual experiences and pre-existing perspectives with them into the research event. It is to these I now turn as I attempt to outline how the interviews and my research questions ultimately led to two different epistemologies, or in other words, to two different ways of producing and viewing what is produced in the interview process.

**Using an empowering epistemology (paper 1 and 2)**
According to Gunzenhauser (2006), epistemology stems in large part from the researcher-researched relation. As a close contact between the researcher and the researched emerges and a deeper engagement and empathetic questioning occurs, qualitative researchers immerse themselves in the lives of the participants. This has epistemological consequences, because it means that the complexity of the participants’ perspectives is not discovered, but emerges or is created in the research process. Furthermore, the research-researched relation is also bound up in the purpose of the research project. It is certainly likely that a different researcher-researched relation arises from a research project with the purpose of empowering the research subjects than from a research project which sets out, for example, to investigate racism among the research subjects.

The broad purpose of the research presented in the first three papers of this thesis was to understand better drug use from the drug users’ perspective. We were thus determined to pursue an interview technique that allowed the informants to determine much of the data produced in the interview. In retrospect, as I reflect critically on the research process it becomes evident to me that our interview techniques led us into a process of partly empowering our research subjects. This is despite the fact that our intentions were far more apolitical at the outset.

The interviews were in-depth and qualitative, meaning that a flexible style was adopted and the structure was more dictated by the implicit rules of conversation than any rules of research methods. As opposed to a survey interview, in which the interview is seen as an information-gathering exercise, the qualitative interview is grounded in an interest in more indefinable matters, knowledge of which is co-constructed with the interviewer (Fielding, 2003):

“We might think of the interview as an island in a flowing river. We seek means to make it as accommodating of reflection as possible while recognising that what is reflected is constantly changing. We help our respondents onto its banks, but to clamber up they must grasp our hands” (Fielding, 2003: XII).

The in-depth interviews which have been the source for the material analyzed in this thesis can for the most part be seen as conversations in which the interviewer provided minimal steering of the discussion within broad limits (Pawson, 1996).
How much steerage was used depended upon how much was deemed appropriate from the interviewer’s point of view in each individual interview. The researchers came to the interview with a few core predefined themes in mind, and we used open-ended questions, prompts and encouragement to navigate the interview. On the other hand, we made clear to the informants at the outset of the interview that our open-ended questions were intended to encourage the informants to speak about issues relevant to them, and that we wanted the informants to feel free to talk about various issues that they saw as interesting.

Our interview techniques make evident that the interview data has been produced as a collaborative effort rather than being mechanical extractions of uncontaminated “data” from the respondents. The interviews cannot be said to be “unstructured”, as there was structure in terms of which questions were posed and thus which broad topics came up in the discussions between the informants and the interviewers. On the other hand, the structure decided upon was minimal. The framing of the questions left much room for the informants to elaborate on the issues as they saw fit. The interview guide was used to make sure that the interviews covered the topics that we had identified as important in terms of the overall broad research questions. The questions were, however, not necessarily asked in the same order or in the same wording. Importance was instead placed on the interview situation, which we tried to make as similar to a normal conversation as possible. Thus the stories told in the interviews may be seen as co-narrated. In other words, they were produced in a conversation, in which one participant (the informant) took longer turns than the other (the interviewer), in an interactive context in which “recipient-researcher responses and the storyteller’s context guided perception of what the researcher will find interesting and ‘story worthy’.” (Rhodes, 2000: 519). As Gudmundsdottir (1996) has argued, interviews are part of a cooperative research process in which the researcher and the participant jointly construct, in a meaningful whole, what makes sense to both of the parties, and where both parties leave their marks on both the product and the process of the interview.

The predefined themes of risk and self-presentation were clearly meaningful to the informants, who elaborated in depth on related topics in the interview, sometimes through initiation by the researcher and sometimes as embedded themes in a general story told by the informant. As such, risk and self-presentation (paper 1 and 2) constitute themes that are grounded in the informants’ realities. Our intention to explore these issues, combined with the informants’ ease with and personal interest in these themes, created a particular research-researched relation, one which can best be described as one between a “knower” (researcher) and a “known” (informant). The in-depth interview is generally a data gathering strategy grounded in the epistemology of the “known subject”. In it, the researcher assumes the interacting subject and recognizes the active and reflective participation of the known subject in the original nature of their knowledge, the validity of their ways
of knowing and the cooperative knowledge-construction processes that takes place in the interview (Vasilachis de Gialdino, 2006).

Seeing the research-researched relation in this regard bears implications for how the material produced was analyzed in the succeeding stages of the research project. As opposed to objectivist research, in which the researcher seeks to gain knowledge of a reality that is “out there”, the in-depth interview researcher starts the analysis with acknowledging that the inquiry is not about finding an objective truth; it is rather about presenting the inquirer’s construction of the constructions of the actors that are studied (Schwandt, 1994). The truth that is explored is in other words created, not discovered.

Feminist research has been a strong force in putting forward this relativist notion of the research subjects, the researchers and the knowledge produced in interviews. A far-reaching step in this regard is the transgression research domain pushed forward by feminist theory and epistemology. In opposition to positivistic assumptions, feminist researchers not only note that truth is relative and constructed, they also note that research is part of a political process, in which the end goal is to understand the experiences of those who are less powerful, and furthermore, that the research is embedded in a struggle for more liberatory possibilities of existence (Gunzenhauser, 2006).

Although it was never an explicit or conscious purpose to engage in transgressional research, it is evident, based on a critical and retrospective reflection, that the findings presented in paper 1 and 2 are part of a micro-political process. Certainly, at the outset I understood my role in the interview process as a facilitator who allowed the research subject to reveal themselves and who allowed them to tell their stories. The interest was in what I mistakenly regarded as an apolitical research purpose, namely on how the informants see themselves and those they interact with, how they define their actions and interpret the world around them. In retrospect, however, it is evident that what was going on in the interview was far more political than this. Through our research techniques of listening and probing more on the issues that the informants saw as important, the research became part of a kind of political process, one which brought forward new meanings for a previously stigmatized public site. The research epistemology allowed expression of the aspirations of the subjects, in this case the socially integrated drug users. Through being generally sympathetic to our informants and with the main aim of understanding their points of view, it became evident that our inquiry helped the informants to emancipate themselves from constraints embedded in dominant societal discourses on drugs. The texts which the informants and the researchers collaboratively produced in the interview became “a site of resistance” (Denzin, 2003), through which the informants put up a strong discursive resistance to the dominant social presentation and discourses of drug-related risk and drug users.
Our epistemological starting-point and our research techniques allowed us to really listen to the informants, and what we could hear was their resistance to categorization and stereotyping and the dominant discourse on drugs in Swedish society. They were using the interviews to challenge definitions related to drug use in terms of otherness, immorality and sickness. The informants in many cases wanted to be interviewed, not only because it would give them a chance to speak and be heard. It also gave them a chance to put forward a new conception of drug users in Swedish discourse. As such, the interviews became a site in which the informants worked hard at presenting themselves as utterly normal and respectable citizens, even in the face of their drug use. The informants mainly did this by (1) distancing themselves from the deviant drug abuser (paper 1) and (2) by drawing on general discourses of risk and conscientiousness when speaking about their drug use (paper 2).

As we were letting the informants speak, and as we were listening to their stories and analyzing these, we were constantly working on the “border of reality and presentation” (Gubrium and Holstein, 1997). We took into account a standpoint, an individual perception, or a story of the lived experiences and the intent of the narrators themselves. As such, the results presented in the two first papers in this thesis are directly related to the informants’ perception of a general lack of understanding about socially integrated drug users by the general public.

Using a challenging epistemology (paper 3)
In research which employs qualitative interviews the researcher commonly listens to voices. As such, what is said, and even further, what is well said, is privileged over what is not said or incompletely said. If a topic is brought up frequently in an open-ended interview and with a range of different emphases, one can assume that not only is it a pre-occupation of the informants, it is also perceived as a fairly safe topic to talk about. As seen above, this was the case in relation to positive self-presentation and drug-related risk. In regards to these subjects, the benefit of qualitative research in terms of increased informant control over subject matters was particularly evident, and the issues explored in paper 1 and 2 may be seen as derived directly from the issues that the informants thought were crucial.

We must, however, be aware of the flawed assumption that what is important is only that which is well articulated. Indeed, there may be certain subjects which people consciously do not think about or subjects that people do not wish to talk about. Thus, silence on a subject should make an analyst pause (Randall and Koppenhaver, 2004). As we followed the methodology of “letting the informants speak”, and as we tried to accommodate an interview situation which led to topics of conversation being produced collaboratively, issues of gender and drugs remained silent. I found this silence particularly frustrating, as gender issues constituted a preoccupation of mine prior to the interview process. Throughout the interview process I felt that there was a chance that the interviews would fail to
produce data for analysis of the informants’ perspectives on women’s and men’s drug use.

The topical silence challenged my view of myself and of the qualitative research process as one of mutual and collaborative meaning-making. Influenced by constructivism, I did not want to steer the interview too much. However, critically reflecting on the interview process and the data produced through it, a limitation of constructivism became particularly clear. A constructivist take on qualitative interviewing assumes an intentional and reflective subject capable of deliberate and purposive action. As Schwandt (1994) has noted, constructivists emphasize the pluralistic and plastic character of reality – pluralistic in the sense that reality is expressive in a variety of symbols and language systems, and plastic in the sense that reality is stretched and shaped to fit purposeful acts of intentional human agents. In this regard the constructivist theoretical and epistemological framework stresses the power of language and the act of speaking in the construction and emergence of interview data. Indeed, the initial theoretical and epistemological strands put emphasis on the fact that meaning is constituted through language, as it is through language that our subjective senses of ourselves and of our situations are constructed (Weedon, 1997).

Although this stance constituted a useful starting point for the themes explored in paper 1 and 2 and also in thinking in terms of gender in other research (see for instance West and Zimmerman, 1987; Butler, 1990), it was clear quite early in the research process that there was a gap between these theoretical and epistemological stands and what was empirically experienced and observed in my research. When we realized that gender issues remained silent in the first interviews, which had no direct gender questions, we attempted to circumvent the silence by asking the informants direct questions about potential differences and similarities between men’s and women’s drug use. From the informants’ responses, it was quite clear that they knew there were gender differences in relation to drug-taking, but their initial answers did not provide us with any hunches about the informants’ opinions regarding how the informants thought that the differences came about and the reasons for them. Furthermore, the informants were clearly taken by surprise by our probing and questioning, and this surprise often expressed itself in silences, embarrassment and incomplete articulations. The informants halted, and sometimes their answers were seemingly without content (see paper 3). In this situation, as interviewers, we had to learn to recognize the difference between a substantive statement and an account of process, and furthermore we needed to be able to move the informant from one to another (Whyte, 1953). In most cases, this meant that we needed to probe more than once to get a more elaborate account of process. Moreover, in some interviews, we were never able to reach an account. Overall, the informants did not produce “thick descriptions” and “good quotes”, in the conventional sense of the rich qualitative data often achieved in in-depth
interviews, when we questioned them about differences in men’s and women’s drug use.

Still bound up in constructivist epistemological ways of thinking, I was initially ready to dismiss the interview records on gender issues as “failed” interview data. After doing the interviews and upon reading the transcripts I initially felt that we had failed to produce effective interviews and evidence, for there was a minimal amount of spoken text. Without a doubt, silence is often not well taken into consideration in constructivist theoretical and epistemological strands. When rethinking my epistemological and ontological stands, however, I came to realize that there was meaning in the interview material: there was meaning embedded in the silences and the awkwardness that arose when the interviewers asked the informants direct questions about women’s and men’s drug use. I realized that by paying attention to the unsaid or the partly unsaid I could make the data “speak”. The procedure involved taking note of ambiguity and problems of expression in the interview data, and furthermore filling in what had been incompletely said by drawing on the full range of the data material. In this manner I could show that the limited data has meaning in terms of the surprise that gender questions gave rise to, and the ambivalent project the informants enter into when trying to put forward their point of view on differences between men’s and women’s drug use. The interview transcripts, with limited spoken data, could be considered as rich data, but only after the notion of data was considered in conjunction with an epistemology that goes beyond that of constructivism and the related notion of the collaborative meaning-making in interviews. Taking silences, laughter and incomplete sentences into account enabled a better understanding of who the researchers were in relation to the informants (Narin et al., 2005).

As we needed to probe more intensively into the issue that the informants were silent about, the epistemology no longer departed from a relation between a knower and a known, or in other words, an epistemology in which the reality is what arises out of a collaborative relationship in which the researched decides in large part the topic of conversation. As long as the informants were free to elaborate on the issues of interest that they shared with the researchers, the power relations were blurred, and it was not clear cut who actually directed the flow of the data construction. However, this all changed the moment the researcher’s probing switched to areas where informants were reluctant to go. At this point the interests of the informants in participating and putting forward their version of reality and in being able to speak freely and be heard the way they wanted were no longer being accommodated. The moment we started to ask about the differences between men’s and women’s drug use, as the informants became more or less silent on the issue, we no longer relied upon the informants as the helping guides for our knowledge production; we no longer relied so heavily on their ways of knowing. Instead, we were more intensively pursuing an interview agenda that suited our own curiosity.
As such, paper 3 is based on data gathered in a very different researcher-researched relation than papers 1 and 2, one in which the informants are not open and articulate, but rather silent and hesitant. Furthermore, the informants are no longer empowered in relation to the questions pursued by the researchers; they were no longer allowed to shape their own testimonies to the fullest. In terms of gender issues it became very clear that the informants were less interested in being known than the researcher was in knowing. As we relied more heavily on asking direct questions and pushing the informants to elaborate on an issue they immediately were reluctant to talk about, it was clear that the epistemology had shifted from one of empowering the informants to one of challenging them and their stories.

In order to grasp the importance and meaning of the silence on gender in the interviews it may be useful to turn to Foucault. Indeed, Foucault (1976) explicitly noted that silence is important to discourse when he argued that there are a multiplicity of structures and discursive elements which go to make up the whole, and more importantly, that one of these elements is silence. Certainly, discourse may be made up of silence and of things that remain unsaid. Those things that do remain unsaid may, in some way, be forbidden. In this regard, the absence of “language” or “words” may be seen as part of the overall discourse.

In Sweden, gender quality has long been part of the official and outspoken discourse. The history of gender equality discourse in Sweden dates back at least to the 1920s. The first private member’s motion concerning equal political rights was submitted as early as 1884. Universal suffrage for men and women was, however, not introduced before 1909 and only put into effect in 1918. Furthermore, Swedish women had to wait until 1921 to be entitled to vote and eligible to join the Swedish Parliament.

Feminism in Sweden has since the 1920s grown and evolved into what has been described as “state feminism”, i.e. a form of feminism originating from within the social democratic state (Weiner, 2002). In contrast to other western nations, feminism in Sweden was taken up in the 1960s onwards and addressed through the political parties and democratic mechanisms of elected representation. Gender equality has been an explicit goal of the Swedish government for several decades. In the early to mid-1990s Sweden, like other Nordic countries, developed an identity as a “gender-equal state”. From then on, high priority has, for instance, been given to policies aimed at facilitating parents’ chances of combining work and family life. Furthermore, and as part of the preparation for Sweden’s assumption of the presidency of the Council of Ministers of the European Union on January 1st 2001, gender equality had been declared part of the state’s effort to “exhibit Swedish culture in Europe” (The Swedish Presidency; www.eu2001.se).
State feminism in post-war Sweden has resulted in various achievements at the level of the welfare state; child-care and maternity provisions are among important achievements. Furthermore, state feminism has achieved high proportions of women in the labor market and in the political sphere (Taschke, 2007). These achievements all suggest that Sweden has realized more gender equality than most other countries (Neft and Levine, 1997). Gender equality has, however, not necessarily reached the sphere of people's everyday life. On important parameters Sweden does not seem to be much more gender equal than many other western states (Weiner, 2002). Swedish women's hourly pay, for instance, remains an average 80% of men’s, women do most of the housework (82%) and only 20% of fathers take paternity leave (Ministry of Labor, 2000). Furthermore, Weiner (2002) has found an absence of feminism as a discourse within schools and teacher education in Sweden, which led her to the conclusion that “the so-called new, post-war, ‘gender contract’, i.e. a new set of relations between men and women (Hirdman, 1988), has had a limited impact on Swedish culture and everyday life" (Weiner, 2002:5).

Gender equality seems thus to be in part a controversial issue in Sweden. On the one hand, an ideology of equality between women and men is deeply rooted in the official Swedish discourse as well as in the minds of most Swedes. There is an idea in Sweden that the country has come far, if not even the furthest, in the area of gender equality. In this regard, gender quality can, to borrow Foucault’s words, be described as “a dominant discourse” or “regime of truth” in Sweden. On the other hand, however, gender equality seems to be stronger in rhetoric than in practice.

Part of this controversy seems to be present in the informants’ answers to gender-specific interview questions. Based on official discourses, a claim of normality in the Swedish context must be based on a personal commitment to gender equality. For the informants in the current study this was, however, a problematic enterprise, as their first reaction to the researcher's question of differences between men’s and women’s drug use was that there are gender differences. Furthermore, some of the informants also hinted that there ought to be differences between men’s and women's drug-taking (see paper 1). At this point, the informants’ project of resisting abnormality and presenting themselves as utterly normal fails, at least in terms of the officially accepted importance of gender equality pushed forward by “state feminism”. No longer can they look into the researcher's eyes and claim normality, because their view of drug-taking and gender discredits them in their self-presentation as “Svenssons”, typical Swedes. Certainly, the typical Swede is required to be sensitive to and to celebrate gender equality.

In this regard, silence in the interviews needs to be seen in relation to the micropolitics that the informants were engaged in. Seeing the interview as a site of resistance to dominant Swedish drug discourse and a claim to normality, gender needed to be a silent issue. In their stories on how drug use fits into the sphere of
normality and acceptability, gender discourse in the Swedish sense had no place. As such, the issue created silence, ambivalence and embarrassment.

PROJECT 2: ESPAD (European School Survey Project on Alcohol and Other Drugs)

Quantitative studies and epistemology
The fourth paper in this thesis differs from the three others in terms of methodology, data and focus. The fourth paper is based on an analysis of ESPAD (European School Survey Project on Alcohol and Other Drugs) data, which is a cross-national quantitative school survey on drug and alcohol use among 16-year-olds in European countries (Hibell et al., 2004). Thus, the fourth paper relies upon numerical data and statistical analysis in order to reach a better understanding of drug use in the normal population. More specifically, the fourth paper compares Sweden and Switzerland, which have very different drug policies and cannabis consumption patterns. The paper addresses the issue of how we may characterize and subsequently quantify the various aspects of drug use normalization.

Quantitative and qualitative research are often referred to as antagonists, the latter representing naturalistic, interpretative approaches, whilst the former incorporates positivist approaches (Lincoln and Guba, 1985). This “paradigm debate” is a long-standing one (see, for instance, Popper, 1968) and also quite momentous, as it has led some to argue that the different philosophical and methodological underpinnings render the qualitative and quantitative research paradigms incompatible (Blakie, 1991; Guba and Lincoln, 1994; Atkinson, 1995). Traditionally, commitment to a particular epistemological position tended to demand commitment to particular methodological assumptions. Most commonly, the quantitative paradigm has been associated with positivism, in which reality is seen to be constituted of objective, discrete and observable events which can be measured and represented with quantifying scientific methods. In positivist research human subjectivity is often excluded or not commented upon and the investigator and the investigated are often seen as independent identities. The responses given to a questionnaire are seen as neutral phenomena, and human activity is seen as observable behavior taking place in observable and material circumstances. As such, quantitative research is often seen as value-free, with objectivity achieved through specific techniques of randomization, highly structured protocols and written administration of questionnaires with a limited range of predefined responses.

Seen from this perspective, the quantitative positivist paradigm is based on very different philosophical, epistemological and methodological premises or worldviews than the qualitative paradigm, and it is in part this which has led
researchers to the conclusion that qualitative and quantitative research methods cannot be melded (Howe, 1988). Blaikie (1991), for instance, has argued that since qualitative research focuses on subjectivity and relative reality and quantitative research focuses on objective reality, the two paradigms never study the same phenomena, and thus results from each paradigm cannot be reconciled.

However, a more pragmatic school of thought exists which holds that “a false dichotomy exists between qualitative and quantitative approaches and that researchers should make the most efficient use of both in understanding social phenomena” (Cresswell, 1994: 176). In fact, there is a growing research literature which advocates less rigid interpretation and application of the principles involved in the different paradigms (Tashakkori and Teddlie, 2003; Creswell, 1994). The present thesis subscribes to this development.

The development of a more combinatorial approach to qualitative and quantitative research reflects in part a less rigorous epistemological interpretation of quantitative research, often referred to as post-positivism. Olsen and Morgan (2005), for instance, have noted that by paying more attention to reflexivity and episteme in quantitative research, it becomes evident that quantitative studies are far less a true picture of an objective reality than is often claimed. More often than not, the data collection process in quantitative research reports is implicit, and the “contamination” of data is thus concealed. Yet, as is true for qualitative research, data in quantitative research projects are gathered in a manipulated research process, and data are influenced by the data collection process and the statistical procedures that follow.

Olsen (2004) note that the silence on the subjectivity embedded in quantitative research projects may be due to the fact that being open about subjectivity creates a dilemma for empiric positivist research, as it makes evident that the research is not as “scientific” as proponents of quantitative, positivist research often claim. Since many practitioners hold the empiric view of objective social science as bound up in facts which are believed to simply emerge from good research and furthermore, will speak for themselves, the basic acts by which data have been manipulated are often concealed or simply unstated.

While it is true that mathematical and statistical equations and data matrixes can measure some patterns within social systems, and we can also say that what we find has something to do with the real world, it does, however, not necessarily follow that the statistical equations and the real world are identical. The statistical analysis presented in paper four is at least two steps away from the initial aspects of social reality, the first being the data collection process and the second being the statistical method itself, which is an additional manipulation of the first intervention. In the statistical analyses in paper four I have separated structure from agency in order to learn something about the world. It is, however, important to keep in mind that
structure is not really separable from agency in the real world. Certainly, the variables used in the statistical analysis presented in paper four are not to be equated with facts. Instead they should be seen as “ficts” (Olsen and Morgan, 2005), which are potentially fictional and not completely true.

The fact that statistical analysis are dealing with “ficts” is, for instance, illustrated by the simple acknowledgment that for each logistic regression output presented in paper four, I had tried many more, many which did not create any significant results and many which I decided not to include in the final model. These results are reduced to a footnote, as opposed to being part of the analysis. Furthermore, the notion of “ficts” brings attention to the possibility that variables may be measuring “untrue” relations that do not simply reflect and present the “reality out there”. Take, for instance, the self-report on cannabis use in the ESPAD questionnaire. It is not impossible that the informants may have lied when answering the question of personal drug use due to the illegality and stigmatized norms associated with this behavior. Measurement error might also occur when a respondent feels that the questions are badly framed or that the response categories are irrelevant. In such instances the respondent may still answer the question by ticking the box which represents the best categorical response. The answer recorded may, however, not be an accurate reflection of the informant’s reality. In such a case the data might better have been recorded as a “missing value”, instead of how it gets recorded. Furthermore, it is important to mention that statistical analysis severely simplifies the world; logistic regression does not convey very well the complexity and richness of the phenomena of drug-taking.

In the ESPAD study, measures have been taken to control and minimize these “errors”, as further discussed below. Despite these attempts, these and other methodological issues make evident that survey data are not factual, but rather fictive. To see the logistic regression analysis presented in paper four in this manner has consequences for how the results of the study can be interpreted. Seen from a pragmatic epistemological perspective, the ESPAD data cannot be seen to be true as a description of its cases, and the fourth paper is not based on any epistemological assumptions regarding objective and true reality which would be irreconcilable with more interpretative epistemological approaches. Instead, it is recognized that the hypothesis tested in paper four is embedded in a holistic network of beliefs, theory and imperfect empirical data, and the analysis can only obtain probabilistic evidence and not final empirical proof. As such, it is acknowledged that the analysis does not arrive at a final answer, but rather that alternative explanations are likely to continue to persist. The quantitative analysis in paper four can at best be seen to be “true enough”, which enables me to move into an arena of justified arguments (Olsen and Morgan 2005).
Mixed methods

Taking a pragmatic epistemological standpoint in relation to quantitative empirical analysis creates a starting point from which mixing methods becomes plausible. Mixing different methods whilst studying a particular phenomenon is far from a new strategy. One popular methodological proposition for linking quantitative and qualitative techniques in the same research design was made by Barton and Lazarsfeld in an article published as early as 1955. In this article the authors formulated a strategy for defining different phases of an investigation in which qualitative and quantitative methods play different roles. According to the authors, qualitative methods should be used in the preliminary phase of the research for the generation of hypotheses, while quantitative methods should be employed to test these hypotheses. This approach is based on the positivistic assumption that qualitative methods are useful to explore the research field and to detect surprising aspects of reality. Qualitative methods are, however, not suitable for testing, proving or falsifying theories because the samples used in qualitative research are not gathered in a systematic way. The conditions for testing hypothesis are, however, better achieved in quantitative research with its elaborate sampling techniques and statistical analysis.

As shown above, the qualitative studies in this thesis are not non-systematic, and the quantitative analysis cannot be seen as based on pure and neutral measures that can simply prove or falsify a “reality” detected in qualitative studies. The proposition of Barton and Lazarsfeld (1955) is thus somewhat problematic. Since the early proposals for the use of mixed methods, the discussions have however advanced. Today mixed methods is a popular procedure for collecting, analyzing and mixing or integrating qualitative and quantitative data at some stage of the research process within a single study, for the purpose of gaining a better understanding of the research problem (Tashakkori and Teddlie, 2003). The rationale for mixing methods has thus moved on, as it holds that neither qualitative nor quantitative methods are sufficient by themselves to capture the trends and details of the phenomena under study. When used in combination, quantitative and qualitative methods may complement each other and allow for a more robust analysis taking advantage of the strengths of each paradigm (Miles and Huberman, 1994).

In this thesis, implementation of mixed methods has been applied in the most common sense of the term, namely that the research design is split into two distinct parts, or in other words that I have conducted and implemented sequential interrelated studies which adopted different methods informed by different methodological positions.

The qualitative interpretative research presented in paper 1-3 shows that normality is an important concept in relation to the everyday life and meaning making of socially integrated drug users. Normality is, however, multi-dimensional and may be
measured in terms of quantity as well as quality. Indeed, social experiences and lived realities are multi-faceted, there are different ways of seeing and knowing and our understanding may be inadequate and limited if we see these phenomena only along one dimension. In other words, we need a methodology that opens our perspective to the multi-dimensionally lived social world.

Indeed, based on the qualitative material alone, various interesting research questions arise which are difficult to shed light on based on the interview material. One immediate question that comes to mind is, for instance, whether or not the socially integrated drug users are, apart from their drug-taking, average and normal citizens of Swedish society. The qualitative data shows that the informants in different ways make claims to be just like the normal Swede on the street, despite the fact that illicit drug use is rare in Sweden. A critical observer may say that the claim of normality is just a matter of perception and that drug users are indeed quantitatively distinguishable from non-drug takers, an issue which can not be brought to light through the qualitative material described above. On an aggregated level, however, this aspect of drug use normality may be explored. Quantitative research attempts to fragment and delimit phenomena into measurable or “common” categories that can be generalizable to all the subjects or wider and similar social situations. Furthermore, generalizations and standardizations provide an excellent basis for comparison and inferential statistics, something which I take advantage of in paper four.

In this thesis, the ESPAD data could be used to explore the “normality” of drug users. The purpose of paper four was to investigate how the social phenomena of drug use normalization is systematically related to the characteristics of the countries researched and between different groups in and between those countries. This is not to say that the quantitative data was used to verify or disqualify the qualitative data, or in other words, that the quantitative study was used to estimate to what extent the information provided by the informants in the interviews can be trusted or not. To be sure, the concept of normality used in the qualitative and the quantitative studies is not the exact same thing. In the qualitative studies, normality refers to a personal interpretation and meaning attached to drug-taking. In the quantitative study, on the other hand, normality refers to an external referent; it is a measure of what differentiates drug users from non-users, and what differentiates drug users in different countries. The use of both qualitative and quantitative approaches to study socially integrated drug use has thus been a complementary exercise, in which it was recognized that each study paradigm studies different parts of the same phenomena (Sale et al., 2002). The adding of the quantitative piece helped me provide insight into the matter of normalized drug use from a different viewpoint from the qualitative studies; the logistic regression presented in paper four has been used to investigate drug use normalization in a different sense, at an aggregate level as opposed to an individual and subjective level. As such, the
quantitative study reveals a different yet interrelated aspect of the empirical reality under study.

**Some methodological issues**

Seen from the epistemological stance laid out above, it is possible to conduct quantitative research without arguing that the results are true presentations of reality. Although a reality may exist “out there”, the epistemological standpoint holds that it can never be perfectly apprehended. Objectivity is instead seen as a never achievable ideal and research is conducted with a modified objectivist epistemology, or in other words with a greater awareness of subjectivity (Guba and Lincoln, 1994). Thus, although the result which stems from the ESPAD data should not be read as an accurate presentation of reality, but rather as based on “ficts”, the knowledge claims I make from them do make claims of truth, as it is hoped that they are based on a database that is “true enough”. As such, it is important to explore the most common threats of validity and reliability in the ESPAD data set. Indeed, and although the world is complex and the data we record about it is only rough, partial and incomplete, the incomplete claims we deduce from the data rests upon our acceptance a priori that the measurement or record-keeping methods are acceptable.

The ESPAD study is based on a large scale international survey in which the same kind of data collection methods and the same questionnaire instrument was used across all study locations.9 As responses were only possible in terms of predefined answer categories such as “yes” or “no” and “agree” or “disagree”, the methods emphasize the importance of informants being faced with the exact same questions posed in the same order. In this way the data produced is believed to be made comparable. The sample is also selected in a manner that is intended to maximize the possibility of comparability and generalisability. The ESPAD samples have been gathered using statistical criteria, and in this context sample size, common methods bias and sampling error are common concerns that need to be considered when analyzing the results.

**Reliability**

Reliability is the extent to which repeated measurements used under the same conditions produce the same result (Frankfort-Nachmais and Nachmais, 1996). In the ESPAD report, one measure of inconsistency is the reported inconsistency between two sets of questions measuring the prevalence for different drugs. Inconsistency in relation to lifetime use could be measured, as the questionnaire contained questions about lifetime use and at a later point a set of questions which

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9 In the ESPAD 2003 study 35 European countries participated. For the analysis presented in paper four in this thesis only the data sets from Switzerland and Sweden were used.
deal with the age of onset of use. These questions included the response category “never”, which makes it possible to compare the prevalence of users of each drug according to these two questions. In terms of cannabis, the inconsistent response rate was 0% in Switzerland and 1% in Sweden, demonstrating that the consistency rate was quite high. It is, however, important to remember that a given inconsistency figure (e.g. 1%) is more serious in Sweden, where only 7% admit drug use, than in Switzerland, where the prevalence rate is 37%. Nevertheless, in the ESPAD context, when the data are compared with results from other countries, it is not of great importance whether the “true” figure of cannabis use is 7% or 6%, if the “true figures” in the other countries are much above that level. Indeed, in the ESPAD context Sweden is still a country with relatively low cannabis prevalence rates, and Switzerland has relatively high prevalence rates.

Validity
Validity concerns whether or not we are measuring what we are supposed to be measuring (Frankfort-Nachmais and Nachmais, 1996). One major threat to validity is of course whether or not the consumption patterns that the ESPAD study intends to study do in fact reflect the consumption pattern in the sample. The students’ answers can be influenced by a wider range of factors (forgetting, misunderstanding, unwillingness to be honest about sensitive questions, the surroundings, etc.). The extent to which such factors have influenced the students’ answers is difficult to calculate, although some exploration into the issue is possible. Work from previous research indicates that self-reports on drug use patterns produce reliable parameters. Some researchers have, for instance, used biological tests (e.g. urine tests, saliva or hair samples) to study the validity of school surveys. Campanelli et al. (1987) found no significant difference in reported alcohol use between a control group and a group where saliva samples were collected prior to the survey. Kokkevi and Stefanis (1991) used urine samples which validated students’ report of cannabis use. Upon reviewing the literature Harrison (1997), however, concluded that the pattern of reporting is consistent with the so-called desirability hypothesis; meaning that more stigmatized drug use is less validly reported on than non-stigmatized drug use. Secondly, the author concluded that respondents are more willing to report lifetime than recent drug use. Finally, Harrison notes that self-administrated questionnaires (as in the ESPAD survey) tend to produce more valid data than interviews in which the respondents need to give verbal responses.

In order to be able to critically consider and to better ascertain the role of cultural context and how reliable the ESPAD data is, the questionnaire was tested on students in the study sites before it was applied. Furthermore, a methodological study was conducted as one of the preparatory measures prior to the ESPAD 1999 data collection (Hibell et al., 2000). The study included 7 countries, and results
show that the test-retest reliability and validity was high in all participating countries.

Faking good
Of course there is a possibility that the answers given in the ESPAD questionnaires are false, that the informants have lied about stigmatized behavior such as cannabis use in order to place themselves in a good light. The pilot study which tested the reliability and validity of the ESPAD study (Hibell et al., 2000) indicates that the students in the 7 test countries answered the questions honestly. Furthermore, at the end of the ESPAD questionnaire the respondents were asked a hypothetical question related to cannabis which may be used to examine the extent to which the students answered truthfully. The students were asked “if you have ever used marijuana or hashish, do you think that you would have said so in this questionnaire?” The response alternatives were “I already said I have used it”, “Definitely yes”, “Probably yes”, “Probably not” and “Definitely not”. In Sweden 7% reported that they would definitely not admit to personal drug-taking, whereas the same figure in Switzerland was 5%.

The number of students answering that they would not be willing to answer truthfully on drug-taking may be considered to be a validity problem, although this may not necessarily be so. Students who have never used drugs may be strongly opposed to drug-taking and this opposition may be reflected in their answers. Furthermore, it should be emphasized that the question posed is hypothetical and it is uncertain what a student would in fact report in case of actual drug-taking.

It might, however, be concluded that self-reported surveys most likely underestimate the prevalence of cannabis use, and that underreporting might differ slightly between Sweden and Switzerland. There is, however, no reason to believe that such a difference undermines the overall conclusions made in paper four (see “cultural context” below).

Faking Bad
In addition to underreporting there is also a possibility that students over-report drug use in surveys, meaning that they report having used cannabis when in fact they have not done so. In order to test this, a non-existent dummy drug called “relevin” was included as one of the drugs mentioned in the questionnaire. The proportion of respondents who claimed to have used this drug was low in both countries (0.5% in Switzerland and 0.4% in Sweden). This may be interpreted as an indication that students rarely exaggerate their drug-taking experiences. In order to improve validity, and to remove false positive answers, all respondents who claimed to have taken “relevin” were excluded from the data sets analyzed in paper four. In the Swedish material this led to 14 excluded respondents, and to 13 in the Swiss data.
Quality checks
As a further measure to ensure validity in the ESPAD study, a visual inspection was made of each questionnaire, sometimes combined with computer screening, before data entry into the national databases. When the questionnaires were returned to the research centre in Sweden (CAN – Swedish Council for Information on Alcohol and other Drugs) by mail they were counted, and the number of boys and girls were compared to the information in the reports received at an earlier stage of how many students there were in each class. The questionnaires were also checked to see if they seemed to be answered seriously rather than in a joking way. By this procedure, 30 unserious questionnaires were excluded. Furthermore, during computerized controls of exaggerated response patterns, 17 more questionnaires were excluded.

In Switzerland several checks were made to control data quality, including programming of automatic data entry using TELE-form, verification of automatic data entry by manual data entry of 40 randomly selected questionnaires, and checks of inconsistency, range and response patterns using SPSS. As a result of this scrutinizing process, 15 questionnaires were excluded.

Furthermore, the data collectors, which in Sweden and Switzerland were the class teachers, were asked to fill out a classroom report about disturbances during the data collection, the student interest in the survey and whether or not the students filled out the questionnaire seriously. In these reports, 59% in Sweden and 70% in Switzerland reported no disturbances, with giggles or making eyes being the most commonly reported disturbances. Also, 90% of the data collectors in Sweden and 94% in Switzerland reported that “all”, “nearly all” or “a majority” of students had been interested in the survey. In terms of students working seriously, all of the survey leaders in Sweden and Switzerland answered that “all”, “nearly all” or “a majority” of the students worked seriously on the questionnaire. It may thus be concluded that there were no major problems in regards to student participation, and that in general students took the task of filling in the questionnaire seriously.

Anonymity
The validity of answers in surveys regarding sensitive information such as illicit drug use is dependent on the respondents trusting that the reporting of such behavior remains anonymous (Sudman and Bradburn, 1977). Several measures were taken to ensure the perceived as well as the actual anonymity of the ESPAD survey. For instance, individual envelopes were handed out to the students so that they could seal them after having answered the questionnaire. Furthermore, the data collection leader was asked to stress the question of anonymity and to refrain from walking around in the classroom while the questionnaire was being completed. The students were instructed verbally and in writing on the first page of
the questionnaire that they should not write their names on the questionnaire or on the envelope.

Cultural context
There are specific validity concerns that concern national comparisons in particular. Indeed, one limitation or cause of concern for the present analysis is that since drug use in Sweden is far less prevalent than in Switzerland, there is a chance that self-reports regarding drug use are more freely given in the latter than in the former country.

In the instructions to the students, it was stressed that it was important to answer each question as thoughtfully as possible. Yet, the students were also told that if they for some reason did not want to answer a particular question they did not have to. Thus, missing data rates on the drug questions can be seen as an indicator of the respondents’ willingness or unwillingness to report drug use. Looking at the questionnaire as a whole, the proportion of unanswered questions in the ESPAD study was low. In Sweden 2% of the total questions were unanswered, whereas the same rate in Switzerland was 1%. The proportion of unanswered questions for cannabis use was also low, although there was a difference between the two countries. In Sweden 1% of students were unwilling to answer the question regarding lifetime use of cannabis, whereas the same figure in Switzerland was 0% (Hibell et al., 2004).

This may indicate that there is a national cultural difference at stake which makes it easier to admit cannabis use in Switzerland than it is in Sweden. Nevertheless, since the missing rate is so small it should not lead to any methodological problems. Furthermore, even if some Swedish students were unwilling to reveal their cannabis use, the comparison between users and non-users will inform the analysis regarding the relative normalization of cannabis use, although the responses are in fact more a mix of normative and behavioral normalization than straightforwardly about behavioral normalization.

Logical consistency
Logical consistency refers to the consistency between answers given to questions regarding cannabis use at three different time periods: lifetime, last 12 months and last 30 days. Logically the last 12 months prevalence cannot exceed the lifetime measure. The reported proportions of inconsistent answers in Sweden and Switzerland are very low (0% for Sweden and 1% in Switzerland). In other words, the answers to the question regarding cannabis use are internally consistent across the three different time periods.

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9 Before the data cleaning process.
Linguistic issues
The comparability of the questionnaire instrument across countries is of great importance in a cross-national comparative study. In this regards the equivalency of the basic translation of questions into different languages is important. The standard ESPAD questionnaire is in English, and in the Swedish case it was translated into Swedish. In Switzerland the ESPAD research team used the translated ESPAD questionnaire versions from France, Germany and Italy. In Sweden the questionnaires were then translated back by another translator, and then both the original and the translated version were compared. In Switzerland a multi-linguistic research team checked the questionnaires.

Another relevant issue that goes beyond the simple question of language translation is related to the issue of understanding. A crucial point is, for instance, whether or not the questions per se are understood in the same way in the different countries. When necessary, the ESPAD questionnaire has been “culturally adjusted” to the situation of the country. For instance, drugs and nicknames were adjusted to the national situation. Since none of the countries reported any problems in relation to the translation issues, it may be considered reasonable to conclude that the translation of the questionnaire did not cause any major methodological problem.

Sampling
The target population of the ESPAD study is defined as “the national population of students whose sixteenth birthday is in the calendar year of the survey” (Hibell et al., 2004: 33). This goal was fulfilled in the Swedish and the Swiss samples in 2003.

Sampling in Sweden
A sample of 200 classes was drawn from national lists of schools with 9th grade education. One class from each school was chosen to take part in the ESPAD study. The sample was drawn as a two-step stratified systematic cluster sample of schools and classes with a probability proportionate to school and class size. In the first step a systematic random number of schools were drawn. Each selected school was then contacted and information regarding the number of classes and students in each class was gathered. In the second step one class in each school was drawn randomly with a probability proportionate to class size. The sample was self-weighted and considered to be nationally representative of ninth grade students born in 1987.

Sampling in Switzerland
In Switzerland the target population was 8th, 9th and 10th graders. For this study all respondents not born in 1987 were excluded in order to create a sample corresponding to the Swedish sample, in which all the students were born in 1987.
In Switzerland two cantons refused participation in the ESPAD study. Classes chosen from the refusing cantons were replaced by classes in communities of participating cantons close to the border of the refusing cantons in order to keep representation of the linguistic region. Furthermore, in the canton Geneva 9th graders were not granted permission to participate because of their potential participation in another study. In the canton Ticino, permission for the 9th graders was only provided if the students were not participating in one of two other studies.\textsuperscript{10} Despite these refusing cantons, the three main linguistic regions (French-, Italian- and German-speaking) are represented. Students who speak Romansh (the fourth national language) were interviewed in the predominant language of their region (either Italian or German).

The Swiss sample is a two-stage stratified cluster sample. In the first step the community was selected and in the second step the classes and responding schools were selected. By pooling lists across communities an enumerated list of numbers of classes was created separately for each canton and grade, respecting the number of classes per community, so that the list was thus proportionate to size of communities. From these lists classes were randomly selected. The average class size within each canton was about the same, which should thus result in a self-weighting sample within cantons.

\textit{Response rates}

Response rates are calculated as the proportion of students who completed the questionnaire out of all students in participating classes. As such the difference consists of students in participating classes who were absent on the day of the survey or who declined to complete the questionnaire. The response rates in participating classes are good (87\% in Sweden and 83\% in Switzerland). In all participating ESPAD countries that provided information on non-participation, the main reason given was that students were ill or absent due to other reasons. No countries reported any major methodological problems in connection with absent students. Student refusal to participate was also very low.

Studies show that absent students are somewhat more likely to be involved in various kinds of substance use than is the case for students who are consistently at school (Grube et al., 1989). Because of the relatively small number of absent students, the figures for the population as a whole would, however, have remained unchanged or only changed by one percentage point if absent students would have been included (Hibell et al., 2004). Thus, in the ESPAD context, drug involvement among absent students is not a major methodological problem when students in different countries are compared.

\textsuperscript{10} There were additional “refusing” cantons, but only in relation to participation for 8th and 10th graders. Since these constitute age-groups not included in the analysis in the fourth paper of this thesis, details have not been provided here. For further details, see Hibell et al., 2004.
Summary of methodological considerations

An examination of validity and reliability issues in the light of the available information on the ESPAD studies suggests that the study's data is a reliable indicator of the patterns in the countries, although the figures may not reflect an exact picture of the situation. The indicators of reliability and validity examined above indicate that there is no major validity or reliability problem with these indicators in regards to the Swedish and Swiss ESPAD datasets.

Logistic regression

Logistic regression is the method used in the fourth paper. In using this, I have made use of a method that has grown in popularity in the social sciences. Olsen and Morgan (2005) have noted that the growing popularity is firstly because logistic regression allows a dependent variable to take on a simple yes/no binary indicator, such as cannabis user/non-cannabis user, and this is often helpful in many of the problems studied by social science researchers. Secondly, computers have made it increasingly easy to estimate logistic regression models.

The multiple regression analysis in this thesis has been conducted using SPSS (Norusis, 1993). The procedure for estimating coefficients in logistic regression is maximum likelihood, and the goal is to find the best linear combination of predictors to maximize the likelihood of obtaining the observed outcome frequency (Tabachnick and Fidell, 2001). Maximum likelihood estimation is an iterative procedure, meaning that it starts with arbitrary values of coefficients and determines the direction and size of change in the coefficients that will maximize the likelihood of obtaining the observed frequencies. Thereafter, residuals are tested and another determination of direction and size of change in coefficients is made. It continues like this until the coefficients change very little, or in other words until convergence is reached.

In the logistic regressions, I have used various outcomes related to social bonds. The logistic regression emphasizes the probability of a particular outcome. For illustrative purposes, let say we want to use odds ratios for examining the probability of being a drug user in Sweden. The odds of being a drug user is a ratio of all the people using drugs in Sweden to the people not using drugs. For people living in Switzerland there also is a drug user/nonuser ratio. From the analysis we can estimate how much one unit change in a variable increases or decreases the risk for being a drug user, when other variables are held constant for the respective countries. Furthermore, paper four estimates the significance of differences between results for the same logistic regression model applied on the Swiss and the Swedish datasets.
In considering drug users and nonusers, I am not attempting to find universal laws or patterns. Instead, what I have attempted in the fourth paper is to pragmatically examine patterns within a particular subgroup in society, namely 16-year-olds attending school. These patterns may emerge in logistic regression. So for instance, if a subgroup has a statistical association that other groups do not have, then identifying this group with an indicator variable (e.g., poor social bonds) helped me notice the patterns. In the logistic regression presented in paper four it was, for instance, shown that social bonds to parents and teachers had much less predictive power concerning cannabis use than having been involved in deviant behavior. These results, together with related readings, allowed me to elaborate further on the patterns.
SUMMARY OF PAPERS

The four studies in this thesis address theoretical and empirical issues in the field of youth and drug use. In different ways, each study addresses the question of drug use and youth, primarily in Sweden, but one study also compares Sweden and Switzerland (paper 4).

Paper I:

‘I’m not a drug abuser, I’m a drug user’: a discourse analysis of 44 drug users’ construction of identity

In the first sub-study I explore the ways in which the informants draw upon shared discourse resources to construct self-presentations and their presentations of the Other, namely drug abusers. The analysis stems from the understanding that categorization is an important part of people’s discourse practices. In everyday conversations people continuously articulate categories such as friends, work colleagues, family, Swedes, immigrants, drug users etc. In this paper social categories have been the topic of research in their own right, as my interest has been in how the categories used by the informants are constituted in their everyday discourse, and the various functions they satisfy. Categorization is not seen as something natural that happens automatically, it is instead regarded as defining entities that are actively constructed and drawn on for many different actions. Categorization is, in other words, a complex and subtle social accomplishment.

The data shows that the informants rely heavily on a common system of distinctions through which they differentiate themselves from drug abusers. The categories used are selected and formulated in such a way that their specific features help accomplish certain goals. Relying on drug abusers as the Other provides a negative identity that reinforces the informants’ desired self-presentation. As such, Othering serves as a strategy of positive self-presentation within the domain of drug-taking.

In this study I also introduce a discussion about general discourses and how they are related to the informants’ presentations. The analysis shows that two major discourses, the individual identity discourse and the Swedish drug discourse, create a magnetic field which both facilitates and obstructs the informants in their presentations. The discourses create a matrix which leaves few options for the informants to put forward a self-presentation that they feel comfortable with. The
mechanisms of negative Other-presentations derive from a background in which the informants attempt to escape a socially ascribed deviant identity and exchange it for a not-yet-stabilized positive identity.

Paper II:

Practicing risk-control in a socially disapproved area: Swedish socially integrated drug users and their perception of risk

In the second paper I have drawn on socio-cultural theories of risk in order to analyze the informant’s perception of drug related risk and risk management. This approach helps move away from dominant discourses of drugs which understand drug use as risk in its own right and which uncritically place drug use in the realm of deviancy. By taking a socio-cultural perspective, it is recognized that drug-related risks do not appear in a vacuum, but are closely connected to dominant values and discourses which operate in the society as a whole.

The informants describe an extensive system of controlling their drug use aimed at the self, the social context and the substances. The analysis also shows that the informants’ risk perceptions and management are based on a modified form of core Swedish cultural ideals of conscientiousness. The study points out that an important part of drug-taking seems to be neglected by prevention policies, namely the cultural and social context connected to drug-related risks, and thus also the nature of drug users’ own risk perceptions and how this translates into risk management.

Paper III:

Drugs and gender: A contradictory project in interviews with socially integrated men and women who use drugs

In the third sub-study I investigate what comes out when the informants are called upon to articulate their experiences and views on drug use in terms of gender. The analysis shows that there is a general unease among the informants regarding gendered drug-taking. When called upon to explicitly discuss the issue of gender and drugs they are thus surprised and unenthusiastic about being elaborate, and the subsequent articulation of gendered drug use becomes an ambivalent and contradictory project. When granted a moment to think about the issue, the informants are, however, quite clear about the existence of gender differences. Moreover, in the intimate articulation regarding drugs and gender, one solution posed by the informants is to assign different and often oppositional characteristics to the genders. Generally, men are talked about as stronger than women but that women are understood as more careful and responsible than men.
From this perspective, the informants are caught in a bind: on the one hand, the informants may be described as particularly traditional in their articulation of gender and drugs. On the other hand, however, it is evident that the informants are quite uncomfortable about their articulation of gender differences. As already noted, the informants were initially reluctant to elaborate on the gender-specific questions posed by the interviewers. This may be because traditional gender roles do not fit the current politically correct ideology of gender equality, and thus also not the informants’ line of constructing a positive and “normal” self-identity which includes drug-taking. Caught in this bind, the informants waver back and forth when called upon to discuss gender and drug-taking. On the one hand they were explicit about existing differences between men’s and women’s drug use; on the other hand they were quite uncomfortable having to explicitly explain them, as this meant that they needed to draw on conservative and traditional gender roles, something which in the Swedish society is a strong sign of being old-fashioned and politically incorrect.

In a broad sense, this study highlights gender and drug use as an arena in which there is currently no stable definition of the situation. The analysis shows that the informants are not simply reproducing gendered norms. Instead they are negotiating how to fit the gendered norms they recognize in their social world of drug-taking into broader cultural norms and structural arrangements on gender roles. Talking about drug use along gendered lines does, however, involve making use of the resources and material at hand. While parts of these are stable, other parts are unstable and highly contradictory, surviving from different historical periods when one or another frame was dominant. Evidently, gendered drug use is a field in which resistance and struggle for the definition of the situation exists, which in effect offers endless opportunities for creative and often ambiguous syntheses.

**Paper IV:**

*Cannabis use among teenagers in Sweden and Switzerland: an examination of the normalization of drugs*

Although the qualitative studies provide in-depth information about drug use processes and about the complex relationship between drugs, individuals and society, the methodologies used in these studies left me unable to explore the relation between drug use as normality and deviancy from a numerical point of view. Inspired by Parker et al. (1998, 2002), who coined the “drug normalization thesis”, the fourth study systematically explores cannabis normalization in terms of prevalence rates and socio-cultural normality and their possible relation. In their analysis, Parker et al. (1998, 2002) rely on British prevalence data which indicates
that drug use has become more widespread than ever. Based on quantitative and qualitative data, Parker et al. conclude that, among young people in Britain, drugs are not closely associated with deviance. Instead, changes in youth culture have led to the “cultural accommodation of the illicit”, which is an attempt to capture the different ways in which drug use is understood in different youth cultures, as well as a growing tolerance of “sensible recreational drug use” among those who abstain from drugs (Parker et al., 2002). Parker describes extensive recreational drug use among what he describes as “well-adjusted and successful goal-oriented, non-risk-taking young persons, who see drug-taking as part of their repertoire of life” (Parker, 1997: 25).

The normalization thesis thus goes beyond conventional epidemiological accounts of prevalence rates among the young population to include the more difficult study of cultural change and the shifting symbolic value of drug use as a distinctive cultural practice. The fourth paper in this thesis attempts to examine further the “normalization thesis”, carefully assessing different dimensions of the term. More specifically, the paper explores the systematic relation between high national prevalence rates and the social bonds of cannabis users.

In this effort, the fourth study departs from the other studies in its focus, which is now shifted from the perspective of drug users themselves, to an international comparative study which focuses on different levels of drug use normality. Furthermore, as the methodological sections above indicate, the fourth study differs from the others in terms of data and methods used.

Results from paper four show that, among 16-year-olds, Switzerland has relatively high cannabis prevalence rates, while Sweden has relatively low rates. Furthermore, the results show that, when systematically examined, there is no simple relation between cultural normalization (distinguished from marginalization, and measured through bonding to parents, school and society) and normalization based on prevalence rates. The study suggests that cannabis users in both countries are reasonably bonded to conventional society, yet total cultural normalization does not exist in either of the samples, as social bonding factors sometimes successfully separate users from non-users.
DISCUSSION

Socially integrated drug use: normality or deviance?

In sum, the papers in this dissertation have different aims and different methodologies, epistemologies and data as their base. Nevertheless they have a few things in common, and they tell something else together than they do by themselves. All the sub-studies in this dissertation move towards a comprehensive cultural understanding of drug use, one which is sensitive to the fact that apart from being consumption of a physical substance, drug use is a subjective construct to which meaning is attached, challenged and reconstructed. Drugs have different meanings depending on who is doing the gauging, and drug users themselves may have certain perspectives which are important to recognize.

Furthermore, all of the studies in this thesis deal in one way or the other with an understanding of drug use as somewhere between normality and deviance. The first paper does this by highlighting that the informants are struggling with creating an accepted identity in relation to personal drug-taking. In this process they rely heavily on the “drug abuser” as the clear-cut example of drug use as deviance. By distancing themselves from this archetypical deviant category, the informants move towards a “normal” self-concept in relation to drug-taking. Indeed, as McCaghly (1968) has noted, part of maintaining a “normal” identity is to distinguish oneself from persons who are deviant.

The second paper deals with the normality/deviance relation in that it notes that the basic values that inform the drug user’s perspective on drug-related risks are bound up in broad conventional and dominant values of conscientiousness in Swedish society. In this regard the drug users may be seen as integrated part of Swedish society, rather than parts of a deviant subcultural group with their own separate value system.

The third paper deals with the deviance/normality boundary from a different angle, focusing on the unwillingness of the informants to elaborate on gendered drug use. Seen from an epistemological and methodological viewpoint, this struggle may be understood as an attempt to “save face” in the interviews. It was quite clear that the informants were embarrassed by what they as “ethnographers” have to describe regarding how people actually behave in the drug-use scene. Upon describing men’s and women’s drug use the images that came to mind were bound up in images of traditional gender roles, something which embarrassed the informants as it placed the “normalized drug use scene” in a light not consistent with dominant values of gender equality.

The fourth paper also studies normality/deviancy in terms of drug use, but on a different level from the other three papers. In this paper the analysis is shifted from
individual and personal accounts of drug users to an aggregated and comparative analysis of cannabis use and its relations to indicators of normalization in Sweden and Switzerland.

**Normalization and drug use in the Swedish society**

The enduring theme of the normality/deviance boundary in regards to drug-taking places this thesis within an ongoing debate regarding drug use normalization. As mentioned at the outset of this chapter, the drug normalization thesis was developed in the context of British society, and it is thus possible that drug normalization is specific to Great Britain and may not lend itself to translation to other contexts. In order to investigate the meaning of drug normalization in the Swedish context, I will first describe the drug situation in Sweden, basing the discussion on the five parameters used by Parker and his colleagues (see page 12). I will then discuss the issue of drug normalization in Sweden in regards to the results of the four studies in this thesis. It will become evident that both Parker’s notion of normalization and previous uses of the term may help us reach a better understanding of the Swedish drug situation.

**Drug availability**

Swedish surveys related to drug use suggest that there has been an increase in drug availability the last decade. In the 1970s about 30% of 9th graders answered that they had been offered drugs. This figure decreased to 10% in the 1980s but increased to 27% in 2000. Today this figure has decreased somewhat; 20% of 9th grade respondents had been offered drugs in 2005. Furthermore, throughout the 1980s relatively few students responded that they knew of people that could give or sell them drugs (20%). This figure increased at the millennium shift, reaching 40%. The figure has since decreased and in 2006 it was down to 32% (CAN, 2006).

Another window into the drug use behavior of Swedish youth has been annual surveys of 18-year-old males entering their period of military conscription. For the military conscripts, the situation over time seems to follow similar trends to those for the 9th graders. In the 1980s there was a decrease in the proportion of conscripts who responded that they had been offered drugs. In 2002 the figure had increased to 48%, but it decreased to 40% in 2005. Police statistics on drug seizures also suggest that the availability of drugs has increased, as the last year’s seizures are higher than ever (CAN, 2006).\(^{11}\)

Despite the increase in drug availability, it is clear that drug availability is much lower in Sweden than in most other European countries. The ESPAD study (Hibell

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\(^{11}\) Police data are, of course, difficult to interpret, as the changes may reflect police allocation of resources more than it reflects changes in the drug market.
et al., 2004) shows that 23% of the students in Sweden perceived cannabis to be very easy or fairly easy to obtain. This figure is below the average; the same figure in the UK was for instance 58%, and in Switzerland it was 51%.

Prevalence rates
It is clear that in terms of drug prevalence the situation in Sweden is quite different from that in the UK, and also from most other European countries. As shown in paper four, in comparison with other ESPAD countries, Sweden has a relatively low prevalence rate of cannabis use.

The ESPAD study shows that drug use among Swedish 9th graders increased in the 1990s, and that the lifetime prevalence more than doubled in and after the 1980s, reaching close to 10%. From 2001 there has, however, been a slight decrease; the level was 6% in 2006 (Hvitfeldt and Rask, 2006). Surveys of 18-year-old military conscripts show a similar trend, with decreasing drug prevalence rates in the 1980s and increases in the 1990s (Guttormsson, 2006). Between 1992 and 2002, the proportion who had tried drugs increased from 6 to 15%. Since then, the proportion has sunk. In 2004 and 2006, 15% of the conscripts said they had used illegal drugs.

In 1994, 1996, 1998 and 2003, drug-related surveys have been conducted on 16-24 year olds in the general population (Guttormsson et al., 2004). Results show that the proportion of people that have tried drugs in this age group has increased from 4% in 1994 to 17% in 2003. The highest lifetime prevalence rates are among the oldest respondents in the age group. The most recent survey of all adults, a postal survey of 18-84 year olds carried out in 2006, shows that 10% have tried cannabis at least once.

Regular use has been measured among the military conscripts and the 9th graders. Since 2000, use during the last 30 days has been 3% among the conscripts. This figure has also remained stable among the 9th graders, among which 4% reported use during the last 30 days. Among the 16-24 year olds, 2% said that they had used drugs in the last 30 days in 2003.

There are indications that drug use is particularly high among university students. A study conducted by Bullock (2004) of drug use among students at four universities in Sweden showed that 27% of the students had used an illicit drug at some point in their lives. Although this is a substantial number, it is much lower than figures presented by Parker et al. (1998, 2002). Furthermore, Bullock (2004) showed that in terms of drug use in the last 12 months the figure decreased to 10%, and was 4.5% for drug use during the first few months of the fall 2003 school term.
Most of the people with drug use experience have used only cannabis. During the last few years 60% of those with drug use experience have used only cannabis, whereas 5-10% have used other drugs, but not cannabis (CAN, 2006). Until 2001 the most common other drugs among military conscripts were amphetamines. Since 2001 it is, however, more common to have tried ecstasy.

In sum, Sweden shows relatively low prevalence and availability rates, which makes a case against drug normalization. On the other hand, drug use and drug availability has increased over the last two decades, which, according to Parker et al., is one sign of drug normalization. Then again, it seems that this trend has been reversed in the last few years.

**Swedes and attitudes to drugs**

In terms of general attitudes to drugs, there seem to be few signs that drug use is normalized in Sweden. In Bullock's (2004) study, only 7% of the university students agreed that trying drugs is a “normal” part of university life. When asked at what age the students would judge it acceptable to try cannabis, 60% answered that it is never acceptable to try, and the same figure for ecstasy was 82%, for amphetamines it was 86%, and for heroin it was 92%. Furthermore, students strongly believed that early drug use was a sign of much more serious problems.

Despite the fact that drug use remains low in Sweden, drug abuse is considered to be one of the most serious social problems among the Swedish general population (Hübner, 2001). Furthermore, a majority in Sweden, regardless of age group, perceives the drug problem to be greater than the alcohol problem, and the drug abuser is partly seen as responsible for his or her drug problem. Nevertheless, the majority also feel that the drug abuser should first of all be treated as a sick person, rather than a criminal. According to Hübner (2001), this may be related to the results which show that the majority believe drug use to be addictive. One interpretation is that the respondents might perceive the drug abuser to have a weak or failed personal will, which is also why they agree that the drug abuser should be treated as a sick person. Also interesting is that most of the respondents thought that cultivation of cannabis and sporadic use of cocaine should be punished, but far fewer thought that making liquor at home for one’s own use should be punished.

The negative drug-related attitudes are spread across the different age groups in Hübner’s (2001) study. This is, however, not to say that there are no age differences. In the younger age groups (18-34), for instance, Hübner (2001) found that a greater proportion than in the other age groups thought that drugs could be used without this resulting in addiction. Nevertheless, the majority (69% men and 80% women) in the younger age group did not think it was possible to use cannabis without getting addicted.
Cultural accommodation of illicit drugs

In Parker et al.’s research, the “cultural accommodation” dimension of drug normalization is twofold. The researchers related cultural accommodation to the media which commonly reports on drug use. Furthermore, they refer to drug policies. More concretely, Parker et al. refer to the reclassification of cannabis from a class B to a class C drug. Although the “cultural accommodation” dimension might be analyzed based on other parameters, I will here only discuss the issue of cultural accommodation of drugs in Sweden in relation to the two parameters that Parker et al. include.

Media

Seen in relation to the general attitudes towards drugs in the general Swedish population, it is safe to say that any type of drug use, recreational or heavy, is a “heavily moralized territory” (Room, 2005: 143). One reason for this may be found in the media's presentation of drug use. According to Blackman (2004), the media has played an important part in the delivery, promotion and relay of ideas linked to drug normalization. Furthermore, South (1999) has suggested that the media is one of the reasons why personal and public awareness and ideas about drugs as a social, lifestyle and/or crime related issue has become universal in Western societies. In this respect, these authors relate the media and drug normalization to the process by which drug use is commonly reported on. Blackman (2004) argues, for instance, that in the UK and in the battle for viewing figures, different media channels have taken part in a so-called “soap drug war” (Blackman, 2004:139), meaning that drug themes have taken a central place in drama and realist documentaries. Although these shows do not necessarily promote drug use, they make claims of drugs being immersed in popular culture, and it is in this regard Blackman notes that the media is an active player in the drug normalization process.

“Soap opera and situation comedy actors who have appeared on screen for decades bring familiarity and enable viewers to become embroiled in the drug stories and drug humour, making drug normalisation a homely experience” (Blackman, 2004: 140).

This kind of drug normalization in the British media has been emphasized by other researchers as well. Giulianotti (1997) found, for instance, the British media's

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12 There was a great deal of media attention and cannabis-related police and policy activity prior to and after cannabis reclassification in the UK which may be related to drug normalization. Before reclassification in 2004 there were, for instance, police experiments with just cautioning rather than arresting for cannabis use, and then there was the government’s action to reclassify cannabis from B to C, which legitimated the police changes more broadly. In 2005 the discussion regarding cannabis reappeared on the agenda, as there were discussions of reversing the reclassification, something which was dismissed (Home Office, 2005).

13 This is not to say that I am referring to a one-way relation. Indeed, the search for the ‘origins’ of public perceptions of drug use produces an irresolvable circle of attribution and counter-attribution and it is not clear-cut to what extent the media influence public attitudes or follow public attitudes (Giulianotti, 1997).
coverage on drug use to be widespread and of an overwhelmingly stigmatizing and
demonizing character. Undeniably, scare stories often portraying celebrities’
downfall due to drug use are a prevalent feature in the UK press. One well-known
example is the Kate Moss story. Another example is, for instance, Danniiella
Westbrook, an actor from a British soap opera called EastEnders, who became
subject to large-scale media coverage when she had seriously damaged her nose
through extensive cocaine use. The tabloid coverage noted that drug use was a
“normal” part of her life, and on the basis of this normalization an explanation was
given for the nose damage (Blackman, 2004).

The dominant reporting on drug use with negative connotations in the British
media does, however, not fit well with the normalization thesis à la Parker et al.
According to these authors, drug use has become culturally accepted, which means
we would expect a more balanced media coverage. In fact, the British media
incorporates signs of another kind of drug normalization from the one Blackman
(2004) and South (1999) refer to. A glance at the British media indicates that,
alongside articles on the narcotics menace, it has been possible to argue for
legalization and give publicity to those promoting harm reduction and
decriminalization (Gould, 1996). It thus seems as if the British audience is ready to
accept an alternative and non-demonizing interpretation of drug issues. This is, for
instance, evident in relation to a story which recently appeared in The Observer. In
February 2007, David Cameron, UK’s Conservative party leader confessed having
taken drugs in his teenage years. Earlier, revealing personal drug use was an
important medium through which political targets could be attacked by right wing
journalists. The media, of course, made a story out of Cameron’s confession, but
surprisingly the story seemed to give Cameron public support rather than rejection,
something which led The Observer to conclude “Ten years ago a story about drug-
taking could have ruined the career of a Tory leader, but now the climate has
changed” (Temko and Smith, 2007).

Furthermore, a balanced view of drugs was presented in the BBC reportage on
Prince Charles sending his son, Prince Harry, to a drug rehabilitation unit after he
had used drugs. BBC quoted a chemical dependency expert for having praised
Prince Charles for his actions. The expert was, however, also quoted for cautioning
parents: “parent should be careful not to overreact if they find that their children
are experimenting with drugs or alcohol” (BBC, 2002).

The UK mass media has also been accused of propagating the introduction to the
drug use scene of previously unknown drugs (Swadi and Zeitlin, 1987). For
example, during wide coverage regarding the cocaine derivative ‘crack’ the British
media included instructions on how to prepare a ‘fix’. Clearly, the media coverage
in the UK is quite ambiguous regarding drugs. On the one hand, the tabloids may
blow up a large-scale coverage of Danniiella Westbrook’s nose, yet another part of
the press carries background stories on how cocaine is functional and widely used
by models in the fashion industry. “Every insider already knows cocaine fuels the international fashion industry at every level, from glamorous catwalk to exotic photo shoot,” reported The Independent (Moreton, et al., 2005). Another person was quoted as saying: “Backstage, at a shoot, just waiting around, people use coke like others drink coffee’. This indicates that in addition to being quite a prevalent and thus also a “normal” part of news reporting in British media, drug issues are normalized also from a qualitative viewpoint. In other words, the content of the news report on drugs may be said to be partly “normalized” in Britain.

Although Blackman’s analysis focuses on UK society, it is clear that mass media is a global phenomenon, and the portrayals of drugs on the TV shows shown in the UK are also screened on Swedish television every weekday. Furthermore, the news in Sweden also likes to report on drug issues. Much more consistently than in the UK, however, Swedish news consumers are fed an image which presents the drug user as bad, the drug dealer as evil and the drug lifestyle as chaotic. Tham (1991) has, for instance, shown that newspapers in Sweden have used the narcotics issue to represent Swedish traditions and values as under attack from alien forces (Tham, 1991). In an analysis of the Swedish press over a 6-months period, Gould (1996) found that the Swedish national press tends to reinforce the ideas and assumptions associated with the national restrictive drug policy line. Drugs, their addictiveness and damaging consequences were blamed for various social problems, but social problems were not blamed for drug use. In another analysis of the presentation of drugs in 20 different Swedish daily newspapers in the period 1972 – 2002, Fondén and Sato (2005) found that the main messages in the articles reviewed has not changed much over the years. In all years reviewed, drug seizures were the most commonly reported drug news. Also drug misuse and/or drug use increases were often reported on. The analysis further shows that in 2002 it was quite normal to combine news regarding drug crimes and increased drug use with warnings, particularly to parents.

When focusing more in detail on the news reports, Fondén and Sato (2005) found that Swedish media often describe youth and drugs in combination. Most often drugs in their own right are seen as the evil component, however drug-taking youth are also sometimes placed in the category of evil themselves (Fondén and Sato, 2005). More often, however, the young are portrayed as deviants or victims (Fondén and Sato, 2005; Brune, 1998, 2000). The actors portrayed as fighting the evil are most commonly the police or other correction service members.

In Sweden, as is true elsewhere, drugs have become a part of everyday life discourse through the media. The messages embedded in the reports may, however, differ in different locations, and drug normalization in the media seems to have taken further steps in the UK than it has in Sweden. In the Swedish media drugs, like crime as an everyday topic, are consistently classified as bad or unacceptable behavior. This kind of media report is likely to work in tandem with
Othering or negative labeling, which serves to create and sustain drug-related myths and ideology (Blackman, 2004).

**Drug legislation**

In addition to media, drug policy decisions to be tough on drugs may give force to the idea that drug use is socially unacceptable. The ultimate goal of Swedish drug policies is a drug-free society, and Sweden advocates strict drug prohibition. Since the 1980s, Swedish drug policies have become more focused on the individual who uses drugs, as opposed to wider societal structures. In 1988 personal use was criminalized, and in 1993 the severity of punishment for personal use increased, with this crime becoming punishable with a jail sentence of up to 6 months.

Criminalization of personal use in 1988 meant that police worked to a greater extent than previously with a focus on the possession and use of drugs (BRÅ, 2000). The legislation did, however, not result in any increase in the number of persons prosecuted for drug offences. Following the increase in punishment severity in 1993 there was, on the other hand, a marked change both in the police measures undertaken and the number of persons prosecuted for drug offences. These were predominantly minor drug offences (drug possession and use). BRÅ (2000) argues that this development must not only be seen in relation to police practices, but also in relation to general drug prevalence rates, which have increased. Police authorities’ performance statistics show that measures against individual drug misusers are currently given much higher priority than measures against large-scale drug crimes.

Despite the overall strict prohibitionist drug policies in Sweden, there have been indications of change. In 2006 the government decided that the county health authorities in Sweden are allowed to develop needle exchange programs, something which until then had only existed as two trial projects in south Sweden since 1986 (Socialdepartementet, 2004). Furthermore, opiate maintenance therapy has greatly increased, largely in the form of Subutex (buprenorphine) prescription. In general, however, the overarching aim of a drug-free society remains. This was clear in the latest alcohol and drug action plan for the period 2006-2010, presented in 2005 (CAN, 2006).

**Conclusions**

As was made evident in the outset of this chapter, there are different subject matters embedded in the concept of drug normalization, that of examining “objective” external variables, that of drug-using subjects making personal claims of normalization, and that of researchers themselves being involved in the
reconstitution of drug use. Based on Parker's normalization thesis and “objective” indicators of the changes in culture, drugs are not in the process of being normalized in Sweden. The strong prohibitionist drug policies, the low prevalence rates and adverse public attitudes all suggest that illegal drugs are not within any norm of being acceptable intoxicants in Sweden; the pervasive cultural norms which devalue drugs persist. Nevertheless, seen in relation to the results of this thesis, the above indicators do not necessarily imply that the concept of drug normalization is irrelevant to the Swedish context.

One of the most important features of the drug normalization thesis à la Parker et al. is that it removes a priori blame from the research subjects, which allows drug use to be understood within a social and community context rather than placing it as somehow outside society (Blackman, 2004). Starting from the perspective that drug users themselves have ideas and perceptions related to drug-taking that are important to the question at hand, this thesis shows that drug use in the Swedish context is a contested area. The informants we interviewed are currently engaged in a process of presenting themselves with positive images, they refuse to internalize imputations of negative difference, and they assert a sense of their rights as citizens and consumers. The informants reject the public’s lack of distinction between their drug use and that of drug abusers. They spend a great deal of effort creating boundaries between their acceptable drug use and drug abusers’ unacceptable drug use, and negotiating the view of the other as weak and sick in contrast to their own strong and healthy take on drug use. They want to redefine their stigmatized identities.

The qualitative material show that the drug users oppose the stereotyped image of drug addicts common in Sweden, and this may be seen as part of a symbolic struggle and attempt to redefine the meaning of drug users and drug use. The informants do this despite the non-normative positioning of drugs in Sweden. While it is difficult to say for certain why the informants choose to take up this struggle, one interpretation is that the informants sense that there is a possibility that their version can be accepted. Had they not, their approach might have been more like those in Goffman’s analyses; or, as McCaghy (1968) would have argued, they may have had only three alternatives: 1) to withdraw from the group (in their case, identity as a good Swede) by accepting an identity based on the deviant behavior, 2) to try to maintain their identity as a group member (a good Swede) by denying that they actually committed the deviant act, or 3) to try to maintain their identity as a group member by claiming that they were, at the time of drug use, virtually powerless to control their behavior, and therefore should not be labeled deviant.

None of these alternatives was taken up by the informants. Instead they were fighting for the right to be viewed along the same lines as non-drug users are viewed. They want to be “normalized”, meaning they want to be treated as regular
people. It needs, however, to be emphasized that although their approach is not so much in line with Goffman's people, who were constantly trying to conceal and hide their stigma, the informants are also not overly overt. The informants did not proclaim their drug use on TV, or decide to smoke a joint in front of the police station, as drug reform activists have done before. Talking to drug researchers with a guarantee of anonymity is not a demonstrative kind of openness. On the other hand, however, the informants did not try to conceal their drug use. The informants are not searching for normality by giving up and denying their drug use. Instead, they are practicing a “covert openness” as they are, at least in the research setting, open about their drug use, and through their self-presentations regarding their own drug use they hope to change the general view of drug use and drug users. In this manner the informants are negotiating to position drug use outside the realm of stigma and immorality. They try to push forward the acceptance of drug use as desirable and morally acceptable; they attempt to change a stigma to a position of positive status (Wieloch, 2002).

We might wish to say that the informants are in an early stage of “coming out”, a term usually used in regard to gay and lesbian politics. As such, the informants are on a journey into self-respect through which they are becoming proudly visible (Corbett, 1994). In order for the drug users to maintain a positive self-image they engage in a normalization process in which they challenge social reactions to their leisure pursuits.

Normalization also bears an additional significance in regards to this thesis. In light of the fourth paper in particular, this thesis may be said to be part of a “normalizing and constructivist project” in its own right, closely related to the project initiated by Lindesmith (see page 10-11). Although paper four does not explicitly critique dominant claim-making processes regarding drug issues, the paper did set out to investigate drug use within the sphere of normality, something which usually lies beyond the accepted conception of drug-taking. Paper four also finds evidence that there is in fact something “normal” about people who use drugs, at least in terms of social bonds to conventional society. In this regard the study challenges dominant views of understanding the drug problem. The study does in other words point out a different empirical reality and a different story-line than those normally accepted in Sweden. In effect, the study places doubt on the dominant claims that currently represent the reality of the drug situation in Sweden. The study notes that this dominant understanding is not necessary fact, but rather a selective definition of the problem. In this regard the study widens our understanding of drug use and it reveals another alternative from which to make choices and interpretations.

The normalization process embedded in paper four is not initiated by the informants. Rather it stems from a firm belief that a priori blame needs to be excluded from the investigation into drug-taking. In this sense, I, as a researcher,
am engaged in a constructivist and assimilationist project, similar to that which the informants were engaged in while being interviewed. I, too, am arguing for normality on behalf of drug users. This is, however, not to say that the purpose of the study has been to come up with new solutions to the social problem that drug-taking constitutes. Rather than to provide a rational base for policy making, the mission has been understanding. As Gusfield noted concerning sociologists, when “asked whose side are we on, the answer is ‘on the side’” (Gusfield, 1987: 46).

In 1985, Christie and Bruun described drugs as “the good enemy” in Sweden, and the Nordic countries more generally. The authors were referring to the uncontested status of evil that drugs possess, and that drugs thus constituted an enemy that everyone, regardless of political affiliation, gender or age could be against. Today, drugs continue to be embedded in forceful images of evil in Swedish society. Yet, there are those, researchers, stake-holders as well as lay people, who are actively trying to alter this perception of drugs, and they might be doing so because they sense that their version of reality may be accepted. Only the future will tell whether or not they were right.
REFERENCES


PAPER I

“I am not a drug abuser, I am a drug user”. A discourse analysis of 44 drug users’ construction of identity\textsuperscript{14}.

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Abstract
Based on individual conversational interviews with 44 socially integrated drug users in Stockholm this article examines the informants’ self-presentations and their representations of drug abusers.

The results show that the informants strive towards positive self-presentation. In this process, the drug abuser identity is important as it provides a negative identity that reinforces the informants’ desired self-presentation. The mechanisms of negative Other-presentations derive from a background in which the informants attempt to escape a socially ascribed deviant identity and exchange it for a not yet stabilized positive identity.

\textit{Key words:} drugs, identity, discourse analysis, qualitative research.

INTRODUCTION

This article is about *normalized drug use* in a society that does not accept that such a thing is possible. The Swedish dominant discourse constructs all illicit drugs as social evils which lead the helpless victims into a life in addiction and abuse.

In 2002 a governmental institution, MOB (Mobilizing Against Narcotics) was created in Sweden with the agenda to coordinate the implementation of the new national narcotics action plan (Prop. 2001/ 2002:91). The chief coordinator, Björn Fries, stated early on that there was a need for more research in order to provide for informed and effective drug policy. Especially, drug use among socially integrated youth was highlighted as a research priority. This article stems from a project that was funded by MOB with the primary aim of better understanding socially integrated drug users in the Stockholm area. The material gathered in the project is here used to analyze the ways the informants draw upon shared discursive resources to construct self- and Other-presentations.

The analysis is concerned with issues about the Other and the self which dates back to the social psychology of G. H. Mead (1972). There are two major assumptions underlying the present analysis. Firstly, it is assumed that people are self-conscious in their everyday lives. Hence, people’s linguistic mode of presenting themselves and others is paid close attention to, as it is the manner in which people in a spontaneous and resourceful manner create social order (Gubrium & Holstein, 1997:123). The second central point of this article is that discourses form the background of individuals’ reality construction.

An important corollary of the above assumptions is that the manner in which the informants present themselves and others says something about what kind of people they are and how they see their social world. Secondly, the underlying assumptions bring attention to the fact that the manner in which the informants present themselves in a drug-related interview must be linked to dominant discourses of identity and drugs as they constitute a social field within which the informants construct themselves and others.

Interpreting the informants’ own perspectives is important, firstly, because it can provide valuable insight into the social meaning the drug users ascribe to drugs, drug abusers and their own identity. Secondly, it might also lead to an understanding of the social process and contexts in which social meanings of drugs are created, reinforced and reproduced. Understanding these processes is a necessary prerequisite for developing successful interventions.

15 The term normalized drug use refers to drug use by people who apart from their drug use lead lawful lives within the boundaries of normative expectations such as having a job and being a student.

16 Identity is here thought of as the individuals’ beliefs about himself and the world he lives in. In this sense the self-identity is defined in terms of self- and Other-presentations. They are not separate, but part of the same thing.
The first aim of this article is to explore the informants’ self-presentations and their presentation of the Other, namely drug abusers. The data shows that the informants rely heavily on a common system of distinctions through which they differentiate themselves from drug abusers. This serves as a strategy of positive self-presentations within the lines of drug-taking. A discussion about general discourses will be related to the data. This sets the framework for the article’s second aim, namely to investigate how general discourses are linked to the informants’ presentations. The analysis shows that two major discourses, the individual identity discourse and the Swedish drug discourse, create a magnetic field which both facilitate and obstructs the informants in their presentations. The discourses create a matrix which leaves few options for the informants to put forward a self-presentation that they feel comfortable with.

METHODS
This article is based on 44 individual informal interviews (Collins, 1998). The sample consists of 16 women and 28 men between the ages 18 and 30. The informants were all “socially integrated drug users”, which means they fulfilled three criteria. Firstly, they all had structured everyday life. They had a job, were students or had other kinds of legal economic resources. They also had a permanent residence. Secondly, the informants did not have any contact with their drug consumption. Thirdly, the informants used drugs during leisure time, outside their daily obligations. Substance use included a variety of illicit drugs; the most common were cannabis, amphetamine, ecstasy, cocaine, GH/B and LSD. Heroin, Ketamine, morphine and buprenorphine were also mentioned, but these drugs were only used once or twice by individual informants. All informants except one had used cannabis. 18 of the cannabis users used cannabis four or more times a week. No other drug than cannabis was used on such a frequent level by any informant. The informants tended to use and experiment with different types of drugs, but they also seemed to prefer one drug to others. The preferred drug varied from one informant to the other.

In this article little attention is given to the informants’ actual drug use. For this paper it is the socially integrated lifestyle and the informants’ drug talk that is the

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17 The informants made other distinctions such as “the non-drug taking population”, “alcohol drinkers” and “drug users”. They are, however, beyond the scope of this paper and only the informants’ self-presentations and their presentations of drug abusers will be analysed here.

18 The interviews are part of a project at the Centre for Social Research on Alcohol and Drugs (SoKAD). The project was led by Prof. Birje Olsson and funded by MOB (Mobilisering Mot Narkotika). A colleague and myself conducted the interviews in Stockholm in 2003 and 2004. Each interview ran for 45-90 minutes.

19 By other kinds of economic resources is meant that three were on paid sick leave and two had parental leave. Three of the informants were applying for jobs at the time of the interview. They had a structured everyday life in that they were actively applying for jobs and were not socially marginalised due to their unemployment. They had access to savings.
meaningful parameter, not their actual drug consumption patterns. Drugs are used to refer to the substances that are classified as illegal in Sweden.

Recruitment for the study was at a first stage conducted through making use of researchers’ own networks, asking personal contacts if they could help recruit informants that fit the criteria of the study. When this method failed to generate enough informants, advertisements in restaurants and in a newspaper, inviting people to participate, served as a useful recruitment method. People were further recruited through snowball sampling in which informants were asked if they could recruit others for the study\(^\text{20}\) (Agar, 1980).

Early in the field work general drug related questions were used, leaving scope for the informants to explore issues they found important. As the research progressed, more familiarity with the field allowed for intensive probing that focused on the informants’ own and others drug practices. Discourse analysis (Jørgensen & Phillips, 1999) was the methodology used to examine the interview transcripts. The first step of the analysis was to code\(^\text{21}\) the material into two broad categories, namely self- and Other-presentation. The content was then analyzed in depth with attempts to identify structures and themes. This involved paying close attention to specific wordings and grammar. Various specific issues were identified and subcategorized. Although the self- and Other-presentations were analyzed separately, they are overlapping in the interviews and this should be kept in mind when reading the article.

**RESULTS**

The subsequent discourse analysis will first explore the informants’ self-presentations and its relation to the individual identity discourse. This will be followed by the informants’ Other-presentation. The national drug discourse is closely related to the construction of the Other and it will therefore be treated in the latter part of this section.

**The informants’ identity**

The informants’ self-presentations are by and large based around presuppositions concerning control and individualism. The informants assume that it is normal to be in control over one’s actions and this includes drug related actions. From this position the informants argue that they should be allowed to choose for themselves which substances they wish to consume.

\(^{20}\) The initial contacts were not always capable of recruiting new informants. A snowball effect occurred for 8 clusters, one group in which nine people have some personal relations, one group where four people have personal relations, one group where three have personal relations and six groups in which two have personal relations. The rest of the informants are individual cases that have, as far as we know, no connection to the others.

\(^{21}\) The data program Nvivo was used to code the material.
That is why I think it should be up to each and everyone to decide… One has to place it on the individual's responsibility… We are individuals and should be treated as such…

The informants present themselves as rational individuals who make active choices connected to drugs. This is, for instance, made evident by emphasizing that their drug consumption is not a result of peer pressure or other external influences. Rather, drug consumption is an activity the informants themselves have chosen to engage in.

The informants present themselves as being “drug wise”, which includes two important components. The first is directly connected to knowledge. The informants claim that they know a great deal about drugs. They have learnt from their own experience, through interaction with other drug users and through their own investigation of the subject.

…first I smoked a bit of cannabis, then later I started to contemplate these questions and I decided to read around the issue. And then I read everything I could find, and what I came across was that it (cannabis use) really isn’t dangerous.

Based on their drug-specific knowledge the informants present their drug actions as informed choices. Knowledge is, however, not sufficient to ensure a controlled pattern of drug use as it does not enable the user to refuse temptations and respond to personal boundaries of acceptable and unacceptable behavior. Hence, the second part of being “drug-wise” is connected to the ability to respond to knowledge gained. This incorporates self-reflexiveness and self-consciousness, which were constructed as positive and necessarily traits of the informant's personality. Knowing one's inner self, abilities and limitations were often mentioned as crucial factors for maintaining control over a drug use.

Interviewer: Have you ever thought about why you have not become hooked on drugs?

Informant: I think it is because I have a stable ground to stand on.... Additionally, I reflect a lot about myself the whole time,... so when it gets too much I back off....

The notion of individual control is further strengthened by the taboo on introducing someone else to drugs. Some of the informants argue they would never introduce anyone to drugs, as they did not wish to be held responsible for others’ drug-taking. Other informants presented a modification of this taboo, emphasizing that they would provide a first-timer with drugs, but only if the first-timer was mature and stable enough, consequently attributing the importance of being “drug wise” also to others’ drug use.

The informants present themselves as conscientious individuals also in non-drug spheres of life. The informants highlight that they take daily responsibilities
seriously and do not let the drugs interfere with important matters. They emphasize that they can, and often do, demonstrate a capability to refuse drugs on certain occasions, such as before and during work or studies.

You can't let the drug control your existence and one's entire life just 'cause you use it, it is still me that has to be the lord over my own life ... right?...

Further, the informants claim control whilst under the influence of drugs. The informants highlighted that the drugs put them in a different state of mind, but that this was a change over which they have control. In other words, a drug influence is presented as a “controlled loss of control”.22

Interviewer: Do you think there is a difference between alcohol and smoking pot?

Informant: Yes, I do... I have more fun when I have been smoking. I become calm, sensitized... I sort of know where my arms are,... and you know ... when you are drunk people get sleazy... out of control, things get spilled over you, you don't have control over your own body or anything. That you don't have when you have been smoking. You have full control over what you are doing... Well, I have never lost control or anything.

**The individual identity discourse**

Evidently, the self-presentations are to a large degree based on individualism and the notion of control. Seen from this perspective, the informants identify with the predominant “individual identity discourse” of western societies. This discourse places the individuals’ goals, control and uniqueness in the centre and it presupposes that the individual has greater value than the community (Oyserman et al., 2002). Integrated in the discourse is also the idea of normal identity. The discourse presupposes that the normal state of mind is to be in control of one's situation and behavior (Wetherell & Potter, 1992). In this sense the individual identity discourse establishes self-control as a superior part of identity.

The individual identity discourse and the notion of the self-controlled subject have a firm footing in Sweden. In the early 1900s, conscientiousness became part of working class mentality (Ambjörnsson, 1988). The conscientious worker was a person who could exercise self-control and thereby constantly refuse impulses and temptations. By the 1930s and ’40s the importance of conscientiousness had spread through various organizations and it is today ingrained in diverse areas of everyday life. The public health discourse, for instance, relies heavily on the presumption of self-determined, self-controlled, autonomous and responsible individuals (Tigerstedt, 2001).

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22 In this regard drugs are presented as superior to alcohol. Being under the influence of alcohol, the informants argue, has negative effects, as it decreases the drinker's control over body, tongue and mental state. This points towards a different Other also emphasised in the interviews, namely “the intoxicated”. This Other group is, however, beyond the scope of this paper and will therefore not be discussed further here.
The self-control ideal is not only specific to Sweden. The Internet is, for instance, full of self-help material that is aimed at helping consumers become better self-controllers. As Sulkunen (1992) argues, individualism is characteristic for contemporary western European societies, which focus on individual responsibilities and place tremendous demands on the self-controlled human being. These characteristics are manifested in the self-presentations of this study's informants and it is evident that they are enmeshed in the individual identity discourse.

The Other
The Other was created through a process of Othering (Boréus, 2004) in which drug abusers were constructed as a group inherently different from the informants. Othering was mainly achieved by applying an abstract evaluative structure of polarization. This entailed that the informants emphasized “our” good properties and actions and under-represent “our” bad behavior. At the same time they emphasized “their” bad behavior and understated “their” good behavior. This created psychological distinctions, even small and meaningless ones, which were placed in the foreground. Additionally, sameness between the Other and Us was played down, or not mentioned.

The use of labels
Throughout the interviews there were mainly five words used when referring to the Other: Missbrukare, knarkare, narkoman, heminaist and horsare. Evidently, there are options of how to label the Other and this is important to analyze for two reasons. Firstly, labeling is significant as it indicates attitudes about different individuals. The manner in which the Other is referred to constitutes one out of many possibilities and any applied label is thereby a product of decision-making, which is based on and guided by existing attitudes (van Dijk, 2000). Secondly, labeling has effects in its own right as it might reproduce and strengthen the existing attitudes towards the Other. Indeed, labels “may construct opposition between social groups, and thus images of positive and negative Other-presentation…” (van der Walk, 2000:224).

Missbrukare, literally “misuser”, is a common word in Swedish vocabulary and is used in official as well as in private spheres of talk and text. In the big Norstedt (1998) dictionary, the word missbrukar is translated into addict. Further the book refers to either alcohol or narcotics as examples of what a person can be addicted to. In NE, the national encyclopaedia, the noun missbrukar does not appear. The word does, however, show as a verb, missbruka, to abuse, and it is defined as follows: “uncontrolled or exaggerated use of something, usually alcohol or narcotics or other substances with euphoric effects… Swedish law prohibits all handling and use of narcotics and does not in this

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23 It needs to be pointed out that the word misuser has a different linguistic meaning in Swedish than it does in English. In English, addiction is the key term indicating loss of control. This implication is not strongly carried by the word misuser. Swedish, however, does not have a direct translation of addict, and missbrukar is the word which best picks up this connotation.
case distinguish between use and abuse²⁴ (NE, 1994:356). Based on this definition the informants of this study are all misusing drugs.

The informants disagree with the above definition. They argue that it is possible to use drugs and that this does not necessarily mean that one is misusing the substance. This stance is made evident in the self-presentations treated above. It becomes further strengthened by the informants’ labeling of themselves as drogbruksare (drug users) and the Other as drognisbruksare (drug abusers). The labels form a prototypical binary pair (Boréus, 2004) which places emphasis on the difference between Us and the Other. Additionally, the words operate as a local coherence, meaning that the good and the bad are put in oppositional relations (van Dijk, 1998). Brukare (user) and misbruksare (abuser) are antonyms in which the positive of the first word implies the negative of the other.

Being in control is an important and positive part of the informants’ identity. As an opposite, the informants present the Other as people who have failed the crucial self-control test.

Informant: Well, I use, I don’t abuse.

Interviewer: And how do you distinguish between use and abuse?

Informant: An abuse is when a person really has to have the drugs every day, or lives and hides his feelings and unhappiness and blames it on the drugs. Use is when a person can take the drugs and still have a full social life and work and take care of himself and knows what he is feeling…

Narkomanar, literary “narcomaniac”, is another word used for the Other, but it does not appear as often as other labels. Narkomanar is typically used in the same manner as misbruksare and it also seems to imply loss of self-control. The informants refuse the label as a self-definition. In order to amplify that narkomaner refers to the Other, different pre-words were occasionally used, such as heavy or fulltime. These words make explicit that the term refers to an exaggerated drug use.

The informants frequently use the word knarkare when referring to the Other. The word does not appear in NE, but the noun knark does and it is defined as slang for narcotics. In Svensson (1996) knarkare is defined as someone who uses narcotics and this is also the mainstream usage of the word. In NE and in mainstream usage, knarkare is not nuanced, and it does not differentiate between various kinds of drug consumers. This diverges from the informants’ application of the word, as they limit the application of knarkare. When they use the word by itself they are referring to the Other.

²⁴ My translations.
Interviewer: What is a knarkare?

Informant: A knarkare is someone who is stuck!

Knarkare is, however, used ambiguously. Whilst narking, with and without a pre-word, was exclusively used for the Other, various forms of the word knarkare was used when referring to Us. The informants occasionally use the noun knark when referring to the substances they consume\(^{25}\) and the verb-form knarkar in connection to their own behaviour. Knarkare was also used as a reference to the informants’ circle of friends. In these incidences a positive noun was placed in front, creating words such as partyknarkare or weekendknarkare which override the negative meaning of knarkare.

Evidently, knark is not completely limited to the Other and this requires the informants to clarify to whom the word is applied. This was also seen in reference to the Other in which the informants occasionally added adjectives in front of knarkare to make explicit who they were referring to. Real or heavy were two words used in this manner.

There are some of these real knarkare around me as well...who do not only take it (drugs) for parties...

Clearly, knarkare was used ambiguously, and it is applied as a label for both Us and the Other. The non-modified version of the word does, however, refer to the Other, and this becomes particularly clear in the following example where the respondent was unwillingly drugged. A friend found him on some public stairs in central Stockholm.

I was just like ... shit ... how scary.... ’cause, I had lost control like that, and I couldn't remember anything that happened for so many hours;... it was really unpleasant. Fucking scary, can't remember anything....’Cause I have been thinking about that. Fuck, there I sat and you wonder what type of people you have met, what you have said, what did they think? If you sit there and look like a knarkare. That is really not a pleasant feeling.

Evidently, the above experience was exceptional to the informant. As he has lost control of both the choice to take the drug and his behavior whilst under the influence, he cannot present himself as a rational and self-controlled drug consumer. Instead he compares himself to a knarkare. It is important to note that knarkare is here an estimate of how the informant might have been perceived by others on this exceptional occasion. He indicates that he might have looked like a knarkare at an exceptional point in time, but normally he does not. In this sense, knarkare constitute a yardstick of the respondent’s own identity.

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\(^{25}\) Although “knark” appeared, the informants most often used the word “droger” (drugs) when referring to the substances they consume.
Research has found that in the social world of problematic drug users people are differentiated based on type of drugs consumed (Svensson, 1996; Lander, 2003). In the present data this occurred only on a few occasions, and in these cases the terms *heroinist* and *horsare*<sup>20</sup> were applied. Both the labels refer to a person who use heroin. The fact that heroin is used to create a label for the Other is not surprising. Heroin was seen as a drug that is impossible to control, and it was a drug the informants refused to use. In this sense heroin constructs an important boundary for the informants. It is seen as an important indicator of the difference between Us and the Other which makes *heroinist* or *horsare* effective labels to construct the Other.

Except for the separation based on heroin, the labels described above does not differentiate based on type of drug consumed. The apparent neglect of differentiation is functional as it constitutes a technique of making the Other appear as a coherent group (Boréus, 2004). Additionally, the sameness between the Other and Us, namely that both might use the same drugs, is ignored.

Interestingly, there are far less labeling variations designating Us than there are for the Other. In fact, there is only one unique word used in the informants’ self-presentation, namely *drogbukare* (drug user), whilst there are five labels for the Other. Clearly, the Other is referred to in a more varied manner with drug-specific terms than the informants are. This strengthens the negative Other-presentation. The labels are concerned with drug use, which is considered to be bad behavior in the society at large. Hence, limiting the drug-related labels of Us plays down our bad behavior, whilst boundless labels of the Other concerning drugs emphasizes their bad behavior.

*Blaming psychological and societal factors*

Wetherell and Potter (1992) point out that by looking at a discourse and how it constructs normality, it is also possible to analyze how it constructs everything which does not belong to this label. This idea calls attention to the fact that self- and Other-presentations are two sides of the same coin. Indeed, the individual identity discourse and the presupposition that it is normal to be in control creates a platform for the informant’s Other-presentation.

The logic in which normality is attached to control creates a wide field from which the Other can be constructed as abnormal. The informants presuppose that the Other lacks control over his drug use. This leads to another presupposition, namely that, as opposed to themselves, drug use in a drug abuser is physically evident. This adds a descriptive element of the Other.

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<sup>20</sup> Horsare is constructed from English slang for heroin, “horse”.
I don't see myself as a knarkare... Well, I work as a bouncer and I see knarkare the whole time, who come in... It shows on them, cause they are so knarkade (drugged up) that they, well, you know, the body language, and this scarred skin, and tics and everything they do. Me and my friends don’t fit in that schema. We have a job, we are educated, we are from good family backgrounds.

Interestingly, many of the elements in this Other-presentation are not directly linked to drugs. This was evident throughout the interviews. The Other was to a large degree constructed based on physical and psychological traits inherent in the Other and not so much elements connected to the drug use itself.

Interviewer: Why do you think this person got hooked?

Informant: Lost control, and he didn't have real ... Well, he had a too weak psyche to begin with; he should never have started in the first place.

The reliance on the Others' weak personality is a common mode of negative Other-presentation, namely “blaming the victim” (van Dijk, 1992). A weak personality was seen as an obstacle for self-reflection, and hence also for controlled drug use. This is in line with the informants' view of what constitutes necessary characteristics for being “drug wise”. The informants argued that a drug abuser often uses drugs in order to escape personal problems. This kind of use is likely to evolve into abuse, as the desired escape is constant and can only be achieved through further drug use. The construction of the Other as weak was further strengthened in that the Others were presented as unaware of personal problems and their own situation.

Interviewer: Do you know people who use drugs, who want to quit but can’t?

Informant: ... Well, most often you don't even know that you want to quit drugs. It's like you don't even see that there is anything wrong in what you are doing...

From the informants' perspective a failure to control drugs constitutes a sign of a weak personality. Evidently, it is not the drugs in their own right that are seen as dangerous. Rather, it is the personality of the drug user which constitutes the potential cause of drug-related problems.

In addition to the construction of the drug abuser based on psychological factors, the informants also construct the Other as a victim of his circumstances.

Interviewer: Why do you think they became addicted?

Informant: Well, I don't really know,... Surely there are many explanations, poor self-confidence, self-picture,... (A) group of friends, everything ... problems at home.
External societal factors were a more distal incorporeal part of the Other-presentation. Firstly, familial circumstances were seen as influential factors in a person’s identity building. Secondly, the informants argued that societal reactions against drug users lead to deviant labeling. This was presented as problematic because it weakens the users’ positive identity, making them less likely to be “drug wise”. Thirdly, it was argued that society could be blamed for the existence of drug abusers on the grounds that society fails to take care of citizens.

Interviewer: Who do you think are responsible for those who need help due to drug abuse?

Informant: … I think, in cases were there are youths who have been using drugs and have fallen, there I actually think it is a bit the society’s (fault) because there is something which is really really wrong. There are no leisure places. There are kids who feel really bad…. There is nothing to do for youths.

The Other as a passive agent

The emphasis placed on external and psychological influences brings attention to the framing of the Other’s agency as passive, which is reinforced through the use of words. Sykes (1985) points out that by looking at the verb’s form one can learn a great deal about what kind of discourse one is dealing with. In the present case, the informants used active verbs when talking about their own drug use. Conversely, the Other is described with passive verbs and with verbs which will be referred to as “active, but not really active”. To fall, for instance, is an active verb, but the act of falling is normally something one does not have control over.

For some people it is stupid to do drugs, because they will get hooked for real and they will fall off.

The informant is stating that people do drugs. To do is an active verb and is here applied when the informant is talking of an act he is a part of. The informant then mentions “will get hooked” and “will fall off”. Hooked is a passive verb whilst fall is active, but not really active. Both the verbs minimize the agency and they help the informant place the Other in a passive role. This strengthens the image of the Other as having a weak personality and as a victim of external forces.

The Other’s passive agency is further strengthened by the use of metaphors. These are best seen as rhetorical devices which constitute an important strategy in the Othering process (van der Valk, 2000). Metaphors are powerful as they are concrete and visual and they thereby help bridge the gap between cognition and affect. Through the use of metaphors the informants visualize their presentation of the Other as lacking control. “Falla av pinnen” (To fall off the stick), “fastnat i den banen” (getting stuck on that road), “trilla dit” (to tumble there), and “gå under isen” (to go under the ice) are some examples.
Entangled in the use of metaphors are the mechanisms of active and passive verbs. *To fall, getting stuck and to tumble* are active verbs which are not really active. Together with the metaphors they strengthen the Other’s passive agency. In the above examples there is only one instance which includes an active verb, namely to *get under the ice*. The phrase still minimizes the Other’s agency as the coupled metaphor creates an image of a person trapped by external forces.

**The national drug discourse**

The informants’ presentation of drug abusers is clearly based on different presuppositions than their self-presentations. Free will is not taken for granted in the conceptualization of the Other and this has clear links to the Swedish national drug discourse.

Sweden’s restrictive drug policy works towards a “drug free society” (Prop. 2001/2002:91). This stance on drugs has enjoyed great and coherent support across all political party lines (Christie and Bruun, 1996). The official drug discourse perceives drug use in a simplistic manner in which there are no real distinctions between use and abuse of drugs, and there is no differentiation between use of different types of drugs. This is evident, for instance, in the politicians’ belief in the stepping-stone theory, which assumes that cannabis use serves as an entrance ticket to more harmful drug use. Overall, Sweden’s zero tolerance approach frames drugs as a virus which can affect anyone at anytime (Träskman, 2001).

Within official Swedish drug discourse, the subject is placed in a fatalistic position which assumes that drugs are more powerful than the human will and any kind of drug use will eventually lead to a life of addiction. Presumed lack of autonomy is, for instance, visible in that local authorities are allowed to mandate treatment for people suspected of being drug abusers, even without a requirement of a criminal conviction or arrest (MacCoun and Reuter, 2001). Clearly, there exists a paternalistic and coercive rationale which in certain cases accepts constraints on individual freedom.27

Evident in both the informants’ presentation and the national drug discourse is that, in opposition to what is seen as a default characteristic among the “normal” population, drug users are not seen as autonomous individuals. There is, however, an important difference in what is perceived as the active factors in the creation of the drug abuser. While the national drug discourse sees the powerful drugs as the main cause of drug abuse, the informants construct the Other based on victimization due to personal characteristics and societal factors.

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27 It must be mentioned that there are signs that the paternalistic coercive regime might be changing. Methadone and buprenorphine are today part of the treatment system. Further, there have been intentions to regularize the two “experimental” needle exchange programs. These are evidence that drug policies are moving towards harm-reduction approaches, which also includes a radical change in the construction of the drug user subject (Moore, 2004). There is, however, no indication that there is a drastic change, as these harm reduction techniques are seen as highly controversial issues and they continue to meet a great amount of opposition, even after evidence of success has been put forward.
It might seem a contradiction that a society and individuals who are strongly committed to the individual independent agency also support a fatalistic subject construction of the drug abuser. According to other research this should, however, not cause too much astonishment. Research has shown that people often depend on competing explanations and that they rely on different positions when making sense of their world (Bolam et al., 2003; Sulkunen, 1992).

**DISCUSSION**

In the preceding analysis the self- and Other-presentations have been treated separately. This was done for clarity. The analysis does, however, make clear that the different presentations are integrated and overlapping. The informants’ meanings and beliefs were to a large part communicated through classifications and the self-presentations were based on what they were not. In this sense the presentations are two sides of the same coin. Similar mechanisms have been shown in other studies (Young, 1990; Hansen, 2000; Salasuo and Seppilä, 2004; Thornton, 1995).

Overall, the presentations described in this article function as positive self-presentations. The analysis shows that the self and the Other were not related neutrally. Indeed, the Other is a special kind of category as it allows a distinction between positive and negative identities. By pointing out what is deviant, the informants also make evident what is normal. This is functional, as it defines a desired group identity (Stier, 2003).

The presentations also function as a defensive mechanism to hostile surroundings. As Young (1990) argues, identity is an internal organization of self-perception that incorporates views of the self perceived to be held by others. People constantly attempt to maintain a positive self-concept. This can be expected to be of particular importance to the informants who are drug users in a society with strong anti-drug sentiments. For them, a positive self-presentation includes constant rejection of the deviant identity ascribed to them by the society as well as moving towards a new and at present undefined positive drug user identity.

The defensive project is helped along by the convergence of the individual identity discourse and the Swedish national drug discourse. The former discourse attaches control to normality, the latter disregards differentiation between use and abuse. Due to the simplicity of the drug discourse the informants can easily find elements in their own drug use which undermines general understandings which label them as drug abusers. In the lines of the individual identity discourse, the informants present themselves as in control over their drug use and lives in general and the Other as abnormal due to lack of control. In this sense the informants’ Other-presentations fit well with the archetype of the drug abuser which the national drug discourse proposes. Combined the discourses provide the informants with an
interpretative schema which allows them to define the Other as deviant, and weak and themselves as normal and strong.

However, the dominant discourses are not only a support for the informants’ self-presentations. The national drug discourse also creates obstacles in the informants’ defensive project. Terms that refer to people who use drugs logically include the informants, at the same time as they entail negative connotations. In the absence of appropriate words, the informants adapt such labels when referring to their own identity. Nonetheless, this complicates matters and the informants are forced to modify the terms in order to escape the negative connotations. Clearly, the lack of distinction between use and abuse creates ambiguity in the informants’ self- and Other-presentations.

The dominant drug discourse also creates problems on a more general level as it makes it difficult for the informants to establish meaningful self-identities within the lines of drug-taking. Indeed, the preceding analysis is about more than “positive self-presentation”. The self- and Other-presentations are also significant as formation of respectable identities within the sphere of deviancy. This claim is partly based on the importance the informants placed on Other and self-presentations. It is further based on the experience of informant recruitment. Many of the informants participated in the research after having seen an advertisement for the study and after taking the initiative and making personal investment to contact the research team. This is significant as it calls attention to the fact that the informants wanted to tell others about their perspective on drug related issues. In this sense the particular recruitment methods give light to the important point made by Davies (1997), namely that words are always uttered by people with certain intentions and motivations.

Identity is expected to provide self-confidence, as it is the starting point from which a person knows where he stands. As Bauman (1992) argues, the search for identity can thereby be expected to be intense where the identity is fluid, not totally accomplished. Furthermore, and as Sulkunen (1992) argues, if there are no positive identities readily available for self-presentations, the negative identities of others might gain great importance. In this regard, the informants’ investment in the research, together with the constant distinction made between Us and the Other, indicate that the informant’s identity as drug users is weak, no: yet accomplished.

The informants’ struggle to present themselves as drug using subjects within the context of somewhat contradictory discourses illustrates the strong barriers that the current drug policies and discourse in Sweden create. The dominant discourse concerning drug abusers constructs the informants as victims of drugs and people without a free will. Whilst the informants manage to reject the dominant discourse, there is a chance that they eventually adapt to society’s expectations. Davies (1997) has, for instance, showed how a dominant discourse of drug abusers serves as a
self-fulfilling prophecy in which the subjects are eventually forced to adopt addiction styles of conversation in order to survive within the society.

This should alert policy makers. Although their actions might be well-intentioned, attention should be paid to possible latent and negative consequences of current policies. The data indicate that the dominant discourse of drugs probably has an effect on how the informants feel about themselves and their position in society, denying the informants any meaningful subject-positions. Exactly how the informants’ self-presentations will develop as they continue their journey either as drug users or as people who used to consume illicit drugs is uncertain, and more research is needed on this subject.

The data presented allows us to begin to understand the informants’ own perspective, and this might be a useful starting point for drug prevention. The data shows that the informants at the moment stick to the individual identity discourse in their self-presentations, and they respond positively to the notion of the individual with free will as well as responsibilities. Drug prevention that is sensitive to this perspective might have a chance of meeting the youth at a level that seems meaningful to them. Indeed, new conceptualizations of drug users as rational people with free will might provide a platform of mutual respect and consequently a fruitful starting point for dialogue. Listening to the youths, thinking of them as autonomous individuals with valuable and real experiences, might lead to revelations of concerns that are real to them. This is a great starting point for effective prevention measures.

It should be recognized that this analysis is based on a limited sample that cannot be regarded as representative. The data can thereby not say anything about how the mechanisms of self-presentation occur in drug using populations in general. Another limitation is that it is impossible to determine the effects that the interview and the interviewer had on the material. Due to the topic of the study, the interviewer might have encouraged the informants to present themselves in a manner more connected to drug use than in other contexts. Furthermore, the informants have influence over the formation of the material (Gubrium and Holstein, 1997). Their presentations are based on interpretation of past memories and experiences, which is influenced by the preceding time and daily personal experiences (Merriam, 1994). Additionally, the informants influence their self-presentation by deciding what information to include and exclude. The same issues presented in the interviews might therefore have been presented in a different manner in a different context. More research of this kind can, however, provide insight into the interplay between users, society and drugs.

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References


PAPER II

Practicing risk-control in a socially disapproved area: Swedish socially integrated drug users and their perception of risks

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Abstract
Based on socio-cultural theories of risk and through individual conversational interviews with socially integrated drug users in Stockholm, Sweden, this article examines the informants’ perception of drug-related risk and risk management. The analysis further examines these perceptions in relation to core Swedish cultural ideals of conscientiousness. The research shows that the informants have a sophisticated system of controlling their drug use and that this is based on a modified form of core Swedish cultural ideals. The article proposes that this has bearing for prevention policies, which often neglect the cultural and social context connected to drug-related risks perception and management.

Key words: risk, drug use, discourse, Sweden, self-control

INTRODUCTION

As many theorists have pointed out, risk is a central construct of contemporary society. In his influential book *Risk Society*, Beck (1992) describes the constant state of concern and anxiety people in western countries feel in relation to human health risks. In a similar manner, Giddens (1991) identifies an intensification of risk in modernity. Both theorists argue that, as opposed to pre-modern societies where emphasis was on fate, modern individuals are bearers of their own risk assessment, which in turn leads to constant self-reflection regarding current practices.

The notion of risk society is fundamentally dependent on the willingness of the population to assume the responsibility for their health and security. In this connection, Foucault (1982) provides a useful theoretical stance in arguing that in modern society there is a specific technique of power which acts through self-governance. Thus, the person upon which power is exercised is the actor himself. According to Foucault, governments’ rationalities and modes of intervention in modernity are bound up in methods of discipline, of persuasion and negotiation and creating responsible and self-governing individuals. In other words, the state regulates subjects through encouraging them to be in charge of their own lives. Privatized risk management has thereby become an important technology of the self.

This article is concerned with a specific domain of self-discipline and risk, namely that related to the risk perception and related management techniques of young drug users in Sweden. Drug use is commonly characterized as high risk practice, and experts often advise total abstinence from drugs. This perspective is particularly true in Sweden, which is internationally as well as internally an advocate for zero tolerance drug policies. Swedish policies promote the idea that there is no level of safe use and any drug use level is seen as a risk to users, their families and the community (Prop. 2001/2002). Thus, a simplistic rhetoric is evident in which drugs are seen as harmful substances in their own right, as social evils, so powerful that they corrupt the users and destroy their will.

The construction of the great risks of drugs and the addict must be seen in relation to Swedish core cultural values. In Sweden great value is placed on self-control, rationality and taking the middle road, which renders the idea of an addict as a serious threat to traditional Swedish values (Gould, 1993) and makes...

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29 Drugs are used to refer to the substances that are classified as illegal in Sweden. See below for the actual drug use of this study's informants.

30 By Swedish core cultural values is meant the yardstick for normal Swedish behavior. This does not imply that all Swedes can be described in a certain way, but that there is a popular perception in Sweden of something of the kind.
understandable the identification of the drug consumer as an outsider in need of re-
socialization and disciplinary procedures.

The logic in which drug use is placed in the sphere of high-risk practice and thus
deviancy is, however, undermined by a growing research literature which suggests
that drug use may be part of dominant cultural values such as consumerism and
individualism (Becker, 1967; MacAndrew & Edgerton, 1969; Reinarman, Waldorf,
Murphy & Levine, 1997; Jackson, 2004; Parker, Aldrige & Measham, 1998;
Dalgarno & Shewan, 2005). Situating the perception of drug use as part of the
wider cultural context, Knipe (1995) makes evident that the dominant culture is
important to drug-taking as it provides expectations of behavior and worldviews.
An important part of Knipe’s work is, for instance, found in his differentiation
between norms and values. Knipe argues that, while norms are shared behaviors,
values are beliefs about what is valuable. It follows from this definition that
uncommon behavior, such as drug-taking, is not necessarily deviant in all respects
because it might be consistent with cultural values.

The first aim of this article is to explore the perception of risk which drug users in
the Stockholm area use when presenting themselves in face-to-face interviews\(^{33}\).
The article also investigates the risk management techniques presented by the
informants. It will be made evident that the two are closely connected to each
other. Additionally, certain underlying values which inform the respondents in their
perception of drug-related risks will be made evident. These values will be
elaborated in detail in the discussion where an explicit link will be made between
the informant’s risk conceptualization and core Swedish cultural values. This
constitutes the basis for the last aim of this analysis, namely to examine to what
extent the drug users can in fact be understood as outsiders in Swedish society.

Inspired by theoretical frameworks related to risk, two preconditions are assumed
in this article. Firstly, it is assumed that risk discourses are important to people’s
everyday activities. Douglas (1966) has usefully highlighted that risk is not only
produced and organized through rational macro technologies. Also lay people are
active in the production of and resistance to risk. Secondly, it is presupposed that
risk is not a static construct but always negotiated and reconstructed. Based on
these perspectives, this article pays particular attention to the informants’ notions
of risk and the relevant socio-cultural context.

This article shows how drug use takes place within a particular cultural context,
where the setting itself influences the risks experienced. This approach helps move
away from dominant discourses of drugs which understand drug use as risk in its
own right and which uncritically place drug use in the realm of deviancy. By taking

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a socio-cultural perspective it is recognized that drug-related risks are connected to the drug users themselves. Additionally, drug-related risks do not appear in a vacuum, but are closely connected to dominant values and discourses which operate in the society as a whole.

**Method**

This article is based on 44 individual informal interviews (Collins, 1998). The sample consists of 16 women and 28 men between the ages of 18 and 30. The informants were all “socially integrated drug users”, which means they fulfilled three criteria. Firstly, they all had a structured everyday life. They had a job, were students or had other kinds of legal economic resources.\(^3\)\(^2\) They also had a permanent residence. Secondly, the informants did not have any contact with social authorities due to their drug consumption. Thirdly, the informants used a variety of illicit drugs; the most common were cannabis, amphetamine, ecstasy, cocaine, GHB and LSD. Heroin, ketamine, morphine and buprenorphine were also mentioned, but these drugs were only used once or twice by individual informants. All informants except one had used cannabis. Eighteen of the cannabis users used cannabis four or more times a week. No other drug than cannabis was used on such a frequent level by any informant. The informants tended to use and experiment with different types of drugs, but they also seemed to prefer one drug to others. The preferred drug varied from one informant to the other.

Recruitment for the study was at a first stage conducted through making use of researchers’ own networks, asking personal contacts if they could help recruit informants that fit the criteria of the study. When this method failed to generate enough informants, advertisements in restaurants and in a newspaper, inviting people to participate, served as a useful recruitment method. People were further recruited through snowball sampling\(^3\)\(^3\) (Agar, 1980).

Early in the field work general drug-related questions were used, leaving scope for the informants to explore issues they found important. As the research progressed, more familiarity with the field allowed for intensive probing that focused on the informants’ own and others drug practices. Discourse analysis (Jørgensen & Phillips, 1999) was the methodology used to examine the interview transcripts. The first step of the analysis was to code\(^3\)\(^4\) the material into two broad categories,

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\(^{32}\) By other kinds of economic resources is meant that three were on paid sick leave and two had parental leave. Three of the informants were applying for jobs at the time of the interview. They had a structured everyday life in that they were actively applying for jobs and were not socially marginalized due to their unemployment. They had access to savings.

\(^{33}\) The initial contacts were not always capable of recruiting new informants. A snowball effect occurred for 9 clusters, one group in which nine people have some personal relations, one group where four people have personal relations, one group where three have personal relations and six groups in which two have personal relations. The rest of the informants are individual cases that have, as far as we know, no connection to the others.

\(^{34}\) The data program Nvivo was used to code the material.
namely risk perspective and risk management. The content was then analyzed in depth with attempts to identify structures and themes. Various specific issues were identified and subcategorized. Although the risk perspective and risk management were analyzed separately, they are overlapping in the interviews and this should be kept in mind when reading the article.

Results
Drug-related risk perception
Previous research has usefully highlighted the connection between drug use, risk and general values. Research has, for instance, suggested that risk-taking is the driving force of drug use in societies that value risk-taking in general. Hence, risk-taking is not seen as an expression of rebelliousness, but as a tactic to achieve conventional goals (Parker, Aldridge & Measham, 1998; Knipe, 1995). The connection made between risk and drug use is, however, problematic as it presupposes that drug takers adopt the general society's perspective of drug-related risks. Although this may be the case, it should not be taken for granted that the informants of this study in fact adopt general discourses of drug-related risks, and it is thus important to thoroughly examine the risk perception presented in the interviews. As we will see below, such an examination highlights that the informants' drug-related risk perception is bound up in a complex relationship between the drug user, social context and pharmacology.

The Swedish authorities' perspective on drug use presupposes that risk is inherent in the substances, rendering all drug use risky. Indeed, the illegality of drugs is, in theory, based on the acceptance that drugs' dangerousness lies within the pharmacology of the substances. From the informants' perspective, the risk calculations made by the authorities are unconvincing. The informants argue that expert advice does not represent truth because the calculations are too broad and made by people who lack first-hand and appropriate knowledge of the field.

I think that the information from society...it's wrong in that...it only considers the negative...when they talk one believes more or less that one will die the first time you take drugs and that you will become addicted. But when people try it and they notice that the picture given is really something totally different, then it is ... easier for the youth to take away all the danger, and they forget ...what the drug really is, that it is dangerous.

From the above, it is evident that the informant's disregard of official drug-related messages does not mean that he does not consider drug-related risks. Indeed, from the interviews it became clear that the informants are concerned with such risks, but their perception of the sources of risk and what the risks entail differ from expert advice common in Sweden.

The importance of other drug users
Drugs are most commonly used in social circumstances in which the informants meet other drug users. The continuous communication with other users functions
as informative guidelines on drug-related risks. Risk was, for instance, negotiated through stories about others’ drug experiences. These stories represented meaningful information which was used as a resource when explaining personal drug-related experiences.

I lived together with this guy earlier, and he moved to Greece and he died of an overdose. But that was heroin I think. But that is something… I have never been involved with heroin, I have never dealt with needles or anything like that. Never. That is not, that is not something I would ever do.

Other informants mentioned that they were careful not to buy a particular “brand” of ecstasy after they had heard from others that it was of poor quality. Similar findings have also been established elsewhere (Mayock, 2002; Dillon, 2004).

The importance of social context
An important element around which the informants’ perception of drug-related risk is built is the idea that drug use may lead to neglect of or control over daily responsibilities. The risky user might, for instance, be tired after too much partying and thereby disregard daily responsibilities, or he might prioritize using drugs over other daily responsibilities.

I feel that people who can handle it, if you drink a strong beer or smoke a joint after work and you don’t let the drug destroy your life, then I think you are using… an abuser, then I feel that you are letting the drug destroy your life, your job, your relations to others, and your physique.

From the interviews, it was clear that the informants defined drug-related risk based on its effects on social circumstances. Indeed, as Takala (1989) argues, a person’s sense of risk needs to be related to specific experiences or values that are endangered by that behavior. Also Jackson argues in a similar manner when he states that “a sense of excess arises from a relationship between self and world” (Jackson, 2004, p. 80).

The informants’ risk perceptions were to a large degree informed by the value of self-control in daily life. Further, the informants understood drug-related risk as derived from certain contexts in which a psychological need for drugs might arise.

Interviewer: So when you say addicted, what do you mean then?
Informant: Well I don't mean addicted in that you need to have it every day, but, well I see an addiction even when you are not addicted really… Just if you have this urge for something, for instance, that you have to have it for partying, then I think you are addicted.
The importance of pharmacology and the individual

Evidently, in the informants’ constructions a drug problem is not derived from the drugs in their own right. Instead it is the social context which creates the craving for drugs. Clearly, the informants situate drug-related risk partly in the interaction between people and the social world. The informants’ stance should, however, not be seen as a total disregard of pharmacology or the individual component. Indeed, the informants also incorporate certain characteristics of the drugs in their drug-related risk evaluation.

… But every time I used it (LSD and amphetamines) I got anxieties… And I really felt bad…. I decided I was going to quit that, ’cause I didn’t think that it … even though I was not addicted, I was no Jackpundure,… then I could even at that stage feel that this makes me feel really bad…. So when I was eighteen and a half I tried hashish and I felt fucking great, I thought it was fucking cool, I was laughing for half an hour the first time. So then I started smoking hashish instead, and since then I haven’t tried anything else at all.

The above shows that the informant partly places the risk of drug use on drug pharmacology. He recognizes that not all drugs incorporate the same risk. Bound to this is also the human individual component which was included in the informant’s risk evaluation scheme. Generally, the informants argued that the effects of drugs are individual experiences and that drugs do not affect all people in the same manner.

In sum, the informants have a complex comprehension of drug-related risk which is connected to the drug user, the social context and the pharmacology of drugs. Evidently, as the theoretical perspective of Douglas and Wildavsky (1983) argues, risk is not first of all inherent in things themselves, but based on cultural premises and situational practices.

The informants’ complex risk evaluation scheme opens a way for various techniques aimed at achieving what the informants consider to be moderate and controlled drug use; a drug use which they feel does not dominate their lives or distress or harm those around them. These techniques involve self-control, environmental control and responding to imagined borders of transgression.

Self-control

The informants’ risk-reducing strategies are to a large extent based around the issue of self-control. The informants partly controlled their drug intake by rejecting any drug consumption outside leisure time:

…if the timing isn’t right or the setting, if I’m like going to work, that happens quite often ’cause I start at around 5 … 6,… and then it happens that my brother comes home from work and then I have a lot of friends that come by and we go to the park before I’m going

35 Jackpundure is slang for a person addicted to amphetamines.
to work and they sit and drink beer and maybe smoke a joint and that, and then you are really keen, I’d really have a craving, but then I think, like, I have to go to work so I can’t ... then I just don’t do it.

In the above, the divided self of desire and self-governance is evident. The informant states that he would like to smoke a joint, but refrains from doing so after having considered guiding values. Indeed, the informants interviewed continually stated the importance of separating work or study time from the occasions when it is acceptable and appropriate to use drugs.

The division between work time and leisure time in terms of drug use calls attention to the informants’ mentality and its links to earlier Swedish industrial society in which it was acceptable to drink alcohol, but only after a hard working day. Indeed, a modified form of the classic Swedish mentality of conscientiousness (Norell & Tornqvist, 1995) was evident in the interviews. The informants were clearly entangled in a project of living orderly lives and they regulated their drug consumption accordingly. In this sense their drug use may be viewed as self-reward for taking part in the system of capitalism (Jackson, 2004).

I can look forward to the idea such as now we finish this song, and then ... when we are finished we can go out to the club and then the work is done and then we can take a little (joint).

Self-control in connection with drug use was also made possible through the surplus value\textsuperscript{36} of drugs. Except for cannabis, all drugs had a “surplus value”, meaning that the drugs are seen as something which adds pleasure to a special occasion that already exists (Knutgård, 2000, p. 2). The informants did not use the drugs to create special occasions; drugs were rather spared for special sporadic occasions in order to add joy to them. The informants made explicit that when drugs are used too frequently the drug experience loses its special feeling.

It should embellish everyday life, not just improve it. You should not use it every day or every week or every month, then it is better to use it every half year so you remember how it feels.

The mentioned elements are part of the informants’ project of self-control. They control their drug use, keeping it at a moderate level through informal rules of consumption. Many informants also mentioned that they had laid off drugs for periods. Some of the informants stopped drugs in periods as a response to worries that they were losing control over their drug use. Others did it just because they “did not feel like doing drugs for a while”. Rejecting drugs on certain occasions or in

\textsuperscript{36} Note that surplus value is not used in the most common technical economic sense. Instead it is used as something that adds positively to an already positive existing experience. This differs from seeing drugs as an “intrinsic value”, where it is the drug in its own right that creates the “special” occasions (Knutgård, 2000, p. 2).
certain periods gave the informants a sense of (re)gained control as they prove to themselves and others that they are able to lay off or reject drugs if they so wish:

...even though I have never experienced periods of abstinence or something like that, there is this safety thinking which says: “Take a break! Stop in order to see if you can handle it”. And I have really never felt that: Shit, I can’t handle it.

Another self-control measure evident in the interviews is to completely rule out the consumption of one or more drugs the informants felt that did not fit them personally. The informants experiment with a wide range of drugs and they are accustomed to the positive and possible negative effects of the different substances. The accumulated knowledge is used to opt for and reject different types of drugs. This was, for instance, evident in the above quote where the informant ruled out amphetamine and LSD after having experienced problems with these particular drugs.

The quotations above signal the continuous self-reflection that the informants are engaged in. In this sense the informants are, as Giddens (1991) describe, modern westerners incorporated in the risk society, which demands constant self-reflection in order to avoid risk. Lalande (1998) has also proposed that ultrareflexive consumers are typical of modern society. The new consumers are always reconsidering their position, ready to make changes in order to create the image that they are striving towards. This type of self-reflection is evident among the informants who argued that in order to control drugs a person needs to “know oneself, and be self-conscious”. In their drug use the informants are continuously examining themselves, ready to make alterations in their drug use if this is needed.

I have a personal rule: when I feel that the effects of the drug is not as significant as before, when I feel that not much happens, then I know I have done it too much, then I need to back off for a while.

Drug use is first and foremost a pleasure for the informants. It makes leisure time more enjoyable, as it makes them more sociable, more able to relax and have fun. In this regard, the drugs let the informants rest from everyday engagement in self-control. Yet, this only occurs to a certain extent. The rest from self-control is done with the utmost care, according to the informants, who argue that they do not strive to totally lose control through their drug use. They carefully control the occasion, frequency and quantity of their drug intake and they argue that although their state of mind changes with drug consumption, they maintain control. Some even argue that certain drugs make them more alert.

The intoxication itself doesn’t change the behaviour so much, and it doesn’t change the reality perception so much, so it is not like one all of a sudden stands out, and like “now
he is really strange”, whilst the rest are normal; instead one can continue and be social and talk normally, so it isn’t anything strange…

In the above it is evident that the value of self-control is incorporated in the drug experience in its own right. The informants repeatedly argued that a drug influence is better than alcohol intoxication, as only the latter involves losing control over both body movements and mental state.

Environment control
The informants also argue that they minimize risk by controlling their surroundings. This is, for instance, bound to personal trust. The informants argue that their drug behavior is not risky, as they personally or indirectly know the providers of the drug they consume. The drug providers are people the informants can count on to deliver “quality goods”. This is especially the case with ecstasy. By knowing the “brand” of the pill as well as the provider, the respondents felt confident that they would get the type they were most pleased with.

Informant: I mean that, let’s say it’s ecstasy… It is not enough for them (informant’s friends). They need to know what it is, what type of Ecstasy, for instance.

Interviewer: How would they know that?

Informant: That is ..., the only thing you can know is if someone ..., if the person who has gotten the drugs ..., knows that the person who sold it usually sells good stuff.

Another measure of environmental control is to carefully choose the social circumstances of drug consumption. The informants emphasize that it is important that they are in a safe environment when taking drugs. Many factors were included in building such surroundings. For instance, the “right kind of people” needed to be present, which implied people whom one feels safe with and who one can trust will look after friends. This constitutes a precaution in case of bad drug experiences.

Additionally, the people present when taking drugs also need to give off the “right vibe” in order for the drug experience to be successful. Clearly, a drug experience is not entirely dependent on the chemicals consumed. It is also dependent on the surroundings, and in this regard the informants emphasized that the people present at drug consumption needed to be people one felt comfortable with. This often implied people one could relax with and open up to.

The physical environment was also a point of control. The informants mentioned the importance of a safe place. This might, for instance, imply a place with the opportunity to get home quickly if one felt ill. In connection with LSD, a safe place was often considered to be out in the woods, far away from the city’s noise and chaos that might have bad effects on the drug experience.
It is also important to note that the informants had specific techniques directed at the body for minimizing drug-related risks. Eating healthily before and after drug intake is one example. Additionally, drinking enough water, yet not too much water, under the influence of ecstasy was understood as important.

Worth mentioning in connection with environment control is the lack of expressed concern for societal control systems. Certainly, the informants were careful with regard to drug-taking in public areas. For the most part drugs were consumed in private houses or in uninhabited public areas such as in big parks, away from the public gaze. When taking drugs in public areas, the informants mentioned that they are extra careful to avoid being detected by critical eyes. Except for such precautions, the police or other possible control systems seem to have little effect on the informants’ drug perspectives and considerations.

The informants’ lack of concern for the police stands in contrast to, for instance, Lander’s study (2001) on somewhat marginalized heroin users in a small city in Sweden. In this study the informants constantly had the feeling of being outlawed and under the police gaze. This idea is foreign for the informants of the present study, who do not think of themselves as deviant outsiders. Instead they view themselves as integrated and acceptable citizens of Swedish society. This perspective is probably part of the explanation for the differences in expressed concern for the societal control system.

*Culture boundaries of deviance*

Despite the acceptance of various kind of drug use, the informants also expressed some taboos connected to drugs. All of the informants were, for instance, negative to heroin and drug injection with needles.\(^{37}\) Heroin was seen as a drug that is impossible to control, and it was a drug the informants refused to use.

Heroin and needles can be seen as a constructed border that the socially integrated drug users refuse to cross. The border is closely connected to distinctions between “us” and “them”. The transgressions which needles and heroin constitute designate the “drug abuser”, which the informants constructed as a person who has lost control over his drug intake and his life in general (Rödner, 2005). Starting from the point of view that drugs can be controlled, the informants view people who become addicted as particular kind of people characterized by heroin use, weak personalities and poor upbringings. Due to these elements, they constitute a risk group more likely to become addicted to drugs than the informants, as it leaves them weak and unable to handle the substances.

\(^{37}\) Only two informants said that they had tried heroin, and both of them argued that they would not try again.
Interviewer: Why do you think she became addicted?

Informant: Lost control, and didn’t really … had too much of a weak psyche to begin something like that (consuming drugs) in the first place.

Another risk group identified by the informants are minors. The informants showed concern regarding research findings and personal knowledge about increasingly younger drug users. Some of the informants were also concerned about younger siblings’ potential drug use. The informants perceived minors as less knowledgeable and hence incapable of handling and controlling drugs.

By looking at ones’ own group as distinguished from risk groups, the informants create a psychological distance from the risk groups. In this sense risk is used, as Douglas (1966) describes, as a technique of separating Us from the Other. Distinguishing oneself from risk groups functions as a cognitive trick through which the drug users “more or less consciously identify the high risk group, which the risk is projected on to, and consequently they reach a feeling of being in relatively better control” (Sørensen, 2003, p.73).38 In avoiding elements associated with risk groups, the informants felt there was little chance of losing control over their drug use.

DISCUSSION

The relevance of the Swedish context of risk

In this analysis the group under study has been understood as a cultural entity responsible for interpreting, changing and producing cultural values within the context of contemporary Swedish society. Hence, much emphasis has been placed on the informants’ agency, their perspectives and the manner in which they construct and define drug-related risks. The informants do, however, not construct their perceptions in a vacuum. Indeed, the informants are all members of Swedish society, and this forms part of the context from which the informants understand and interpret the world.

Despite its different forms and meanings over time, rationality and self-control have continuously been part of the Swedish mentality. The idea of the self-controlled rational individual is, for instance, closely connected to the Swedish ideal of independence. As Daun (1998) makes evident, already in the early stages of child upbringing it is emphasized that children should become responsible individuals who are able to stand on their own feet.

Further, the importance of self-discipline is evident through the Swedish term “skötsamhet” (conscientiousness) which can be described as an important historical heritage in Swedish mentality. Conscientiousness was incorporated in the Swedish labor movement and the temperance movement in the early 1900s. In his analysis

38 My translation.
of these movements, Ambjörnsson (1988) emphasizes the value placed on the conscientious worker; a person who could reflect on his own life and make independent choices that were in line with a thought-through vision. It was a person who exercised self-control and thereby constantly refused impulses and temptations.

To emphasize the importance of self-control in the Swedish context even further, it is worth mentioning that a key word to describe Swedish mentality is “lagom”, which means a mixture of being sensible, reasonable and middle of the road (Daun, 1998). Rationality is ingrained in the Swedish mentality, and the practical solution is always highly valued. The ideal of rationality and control is, for instance, present in the public health discourse of the 1980s and 1990s, which relied heavily on self-determined, self-controlled individuals. The core idea was to empower and enable people to take responsibility of their own health. In this sense, individuals were not seen as an obstacle, but rather as a resource for governance (Tigerstedt, 2001). The same discourse is currently evident in Swedish alcohol policy which relies less on state control and more on information campaigns in order to reduce alcohol-related harms.

Core Swedish cultural values of risk and self-control form the background from which drugs and addicts as highly threatening things must be understood. As noted by others (Lupton, 1999; Douglas & Wildavsky, 1983), the identification of risk takes place in a specific socio-cultural and historical context. The notion that a substance can cripple self-control and cause bad behavior that would not have occurred otherwise is a culturally specific attribution which dates back to ascetic Protestantism and early capitalism which helped create modern Western individualism and the importance placed on self-control (Levine, 1978; Room, 2004).

The value attached to self-control forms the basis for the articulation of drug use as a threat to established Swedish values. In Sweden few voices are heard which dispute the dominant discourse framing drug use as highly risky behavior and drug users as deviant outsiders. As Christie and Bruun (1996) note, drugs in Sweden constitute the “good enemy”, one which everyone, regardless of differences in political affiliations, can legitimately fight against with strong force.

Dominant Swedish values, however, have a bearing not only on the dominant discourse on drug use; they also have bearing on the drug users’ perspectives. In Sweden, with low drug prevalence levels (European Monitoring Centre for Drugs and Drug Addiction [EMCDDA], 2003), there is little evidence that drug-taking has become part of the social normative in terms of regular behavior. However, this does not necessarily mean that the informants do not act in line with behavior that is considered valuable by the majority. Drug users are part of and react to the society in which they live. In light of the above analysis it is clear that the
informants’ drug use is entangled in the commonly held expectation that people have direct control over their actions and are able to refuse temptations. These values are upheld through the informants’ sophisticated system of drug-related risk management techniques. The drug users are not indifferent to risk and they are not deviants who fail to take responsibility for their own health, as often suggested by political discourse on drugs.

Foucault's notion of governance through self-discipline is thus particularly evident in Swedish society. In accordance with Swedish culture, and the individual's responsibility of control, the drug users in this study claim the utmost accountability for their own drug-taking. The informants take social values from the wider society and apply it to an unacceptable practice. Thus, drug-taking might be perceived as inconsistent with cultural expectations, while at the same time being a function of the culture. This renders the informants more similar to the average man on the street than might be assumed at the outset.

Also Beck (1992) points in this direction when he argues that risk has radical potential, as it creates the situation in which people are utterly aware of themselves and self-reflection is a prerequisite of everyday behavior. Indeed, reflection and critical assessment of the notions of risk and risk management can empower people. This study shows that the informants do not draw upon fate and chance when planning their drug use and their everyday lives. Instead they are well-prepared and aware of means to minimize the risks associated with drug use.

CONCLUSIONS
This article has made evident that drug-related risk perceptions are based on the individual drug consumer, in a particular socio-cultural context of drug-taking, and thus not entirely bound to the pharmacology of drugs. Further, it illustrates that the informant's risk evaluation schemes open the way for a complex pattern of risk reduction techniques aimed at the self and the social context, as well as the substance.

The findings in this study have implication for drug policies, highlighting the importance of being responsive to drug users’ own risk perceptions and how this translates into risk management. This is crucial in order to make sense of and appreciate the risk of young drug users. To accommodate the development of effective drug prevention, policy makers need to consider the culture and context of drug use. This is often not the case, and research shows that drug education which teaches young people about the risk of drug use have poor outcomes (Coggans & Watson, 1995). This may be because drug users develop their own risk-reducing strategies which contradict prevention messages. Prevention policy should start from a notion that drug users are part of and not alien to society, and a presumption that they possess knowledge and experience valuable to drug prevention strategies. More focused research that acknowledges the perceptions
and experiences of users and the importance of informal control is needed to inform new drug policies.

It must be noted that the risk schemes presented here as typical for the informants are probably not total. This analysis is based on interviews in which the informants had considerable influence on what information they wanted to include and exclude, and the informants’ drug use is probably less neat and rational than it was presented in the interviews. Indeed, breach of the risk management techniques probably exists in the drug users’ lives, just as it does elsewhere (see Room, 1975). Based on the available data this is, however, not possible to analyze further. Moreover, it is not crucial to the present analysis, which first of all is concerned with the presentations of the informants’ risk perceptions and risk reduction schemes, not their actual behavior.

It should further be recognized that this analysis is based on a limited sample that cannot be regarded as representative for drug-using populations in general. Another limitation is that it is impossible to determine the effects that the interview and the interviewer had on the material (Merriam, 1994). But at a minimum the presentations give an indication of how the informants view their own social world and how they like it to be perceived by others.

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References


Paper III
Drugs and gender: A contradictory project in interviews with socially integrated men and women who use drugs

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ABSTRACT
This article investigates how 44 self-defined drug users in the Stockholm area talk about differences in male and female drug use.

The analysis shows that there is a general uneasiness among the informants regarding gendered drug-taking. Ambivalence thus arises when the informants are called upon to articulate issues regarding gender and drugs. On the other hand, it is evident that gender is a meaningful construct for the informants’ understanding of drug use. The informants assign different characteristics to men and women and they articulate a gendered norm system in relation to drug-taking. The relevant norms, demanding more control of female than male drug users, were invoked by both the men and the women interviewed.

Although gender was a useful construct for making sense of drug use, the informants lacked resources for articulating their experiences and points of view in relation to issues of drugs and gender. As such gender and its relationship to drug use constituted ambivalent and contradictory themes to talk about. In this regard, this study highlights gender and drug use as an arena in which there is currently no stable definition of the situation.

Keywords: gender, drugs, norms, qualitative interviews

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BACKGROUND AND INTRODUCTION
Thanks to a number of research efforts, coordinated cross-national studies are today a reality, and we are thereby able to monitor trends in gender-related differences across countries and over time. Trend data shows that more men than women use illicit drugs. Studies also indicate that although gender differences continue to prevail, the gender gap is closing (EMCDDA 2003; Hibell et al., 2004). Despite positive developments which have enabled better monitoring of drug use in the normal population, studies with a strong qualitative focus on differences and/or similarities between men’s and women’s drug use are scarce. Indeed, few studies investigate what may lie behind the evident gender differences in the trends measured by quantitative means. Thus, whilst we have information on general patterns and changes in drug consumption related to gender, we know little of the qualitative dynamics, the subjective meanings and the normative boundaries behind the visible trends.

Aim and research questions
This analysis sets out to illustrate differences and similarities in viewpoints regarding women’s and men’s drug use. The broader aim of this article is to add to the literature on men’s and women’s drug use by starting from a qualitative methodological framework. The basic motivation for the choice of analysis is a presupposition that we cannot begin to understand differences in drug-taking between men and women without understanding the related subjective meaning among male and female drug users themselves. This analysis thus pays close attention to the experiences and point of view of drug users themselves as they were presented in face to face in-depth interviews where issues of men’s and women’s drug use were discussed. Subsidiary questions that guided the analysis were: what dilemmas and contradictions emerge in the course of the interview conversations? What implicit norms are mediated?

The analysis starts with an overview of previous research which has focused on male and/or female drug and alcohol use. The results of the current study will then be introduced. First, an analysis of how the informants describe male and female drug use behavior will be presented. The analysis makes evident how the categories of men and women are meaningful in relation to the informants’ drug use experiences and it lays the ground for the second part of the analysis which focuses on the gendered norm system articulated by the informants. The article ends with a discussion in which the interview material is related to discourses on gender in society at large.

40 The word “gendered” is here used to describe something that is in the process of being continually created and maintained, as opposed to being a given quality in an individual or an object.
Previous research

As regards substance use, researchers in the alcohol field have been more interested in applying a gender perspective than researchers in the drug field. It has, for instance, been shown that drinking is determined by informal social rules and normative behavior. There is a great deal of research, particularly from the Nordic countries, which has shown that different social controls work to govern male and female alcohol use (Järvinen, 2001; Gfeller and Hundleby, 1994; Huselid and Cooper 1992, Room 1996, Snare 1989). Much evidence confirms the existence of a double standard of acceptance of drunkenness for men and women, which renders women more prone to be labeled or even to label themselves as deviant following drunkenness than men are (Ettorre, 2004; Eriksen, 1991; Erickson and Murray, 1989).

Researchers have also looked at gender specific norms and how they relate to control over personal alcohol use. In group interviews with women and men about flirtation and alcohol use, Abrahamson (2004) notes that although the women recognize themselves as independent and self-determinant, they also acknowledge the limitations on the extent to which this independence can be realized. The women feel themselves to be under constant observation and they are also constantly observing themselves and making sure they stay within invisible boundaries of respectable behavior. Men, on the other hand, do not articulate any such concerns. For women, alcohol clearly offers no excuses, but for men it does. Indeed, pure abandonment of self-control was only articulated in interviews with men. This form of transgression, Abrahamson (2004) concludes, thus seems to be exclusively part of a male conceptual world.

Another study of young women’s alcohol use and sense of control is presented by Crespinny et al. (1999). Almost all the participants in this study reported that they deliberately wanted to get tipsy but also wanted to stay in control over their drinking when going to the pub. The night club, on the other hand, which was most popular among the participants under 22 years, was a context in which the aim was to get intoxicated. The authors conclude, however, that safety was always a concern for the young women and collective decision making and supports were common wherever women congregated. In the same study, the authors also note that bar and nightclub staff felt that self-control was particularly appropriate for women due to their relative vulnerability.

In other studies of alcohol and gender it has been argued that whilst women occupy the home sphere, men occupy the public sphere and that this leads to different possibilities with regard to drinking and intoxication (Green et al. 1987; Hey, 1986).

In contrast to the alcohol field, research on drugs and gender is scarce (Ettorre, 1992). Most of the studies on gender and drugs focus on problematic and marginal
drug users. Nordic research has, for instance, focused on gender-related norms in drug use treatment facilities. Trulsson (1993) has, for instance, noted that since the 1970s, the Swedish substance abuse treatment institutions for women have been replaced by community therapeutic institutions for both women and men and that this had particular effects for women. At first in the new institutions, masculine hegemony was the norm. As it became clear that women suffered under these conditions a new view of women in drug abuse treatment was advanced and traditional gender specific work and social relations were incorporated into the treatment programs (Björling, 1989). This meant that drug treatment for women incorporated the idea of women as the caretakers of the home and the children (Trulsson, 2003; Lander 2003). Nordic drug research has further focused on pregnancy, parenting and prostitution in relation to female drug use. Evidence shows that pregnancy might help women out of abuse, at least for a period (Trulsson, 1998, 1999, 2003).

As is true for the literature on alcohol, research on drugs also highlights the violation of traditional feminine roles in respect of women’s drug use. Researchers have noted that involvement in criminal behavior, such as drug use, might lead to enhancement of a positive masculine image, whilst for women there is no similar enhancement of personal identity (O’Bryan, 1989; Järvinen, 1991a). Further, drug research outside the Nordic countries has noted the importance of separate gender spheres. It has been ascertained that drug dealers are predominantly men and that the infrequent female drug dealers are situated at the lower levels of the drug market hierarchy. In this manner, women are partly excluded from the illicit drug market, and, to the extent that women are involved, women’s drug use is controlled by men (Dorn and South, 1990, Denton and O’Malley 1999).

Despite a predominant emphasis on marginalized drug users, current research is taking an increasing interest in drug use in populations outside the treatment and criminal justice system. This has had an effect on drug research with a gender perspective and there is a growing, yet still limited, research literature on gendered drug use in the normal population. British research (Parker et al., 1998) has, for instance, noted that the gender gap in drug use is closing, and that there are no statistical differences in lifetime drug use between women and men in their teens. Measham (2002) does, however, note that gender is fundamental to our understanding of drug cultures, especially of drug use among people when they enter adulthood. Women are engaged in a “controlled loss of control” when trying to reach their desired state of intoxication which is defined in relation to broader norms of gender specific respectability. Similarly Warner et al. (1999) who have investigated the normative regulation of non-deviant marijuana users, found that there are two separate normative systems, one for men and one for women. These render marijuana use morally acceptable among males but not among women.
Other researchers, focusing on drug use in the normal population, have applied the notion of “consumer”, emphasizing female drug use as women’s search for pleasure. Pini (2001) argues, for instance, that the rave scene allows women to challenge normative heterosexual femininity. According to Pini the dance floor is an arena in which women can explore new kinds of femininity and challenge the boundaries of appropriate gendered behavior. Part of this process is dedicated to the use of drugs. The rave scene, Pini argues, allows women to use drugs and “go mental”. As such the rave scene allows women to get intoxicated, something which is exceptional in terms of the old patterns in which women’s consumption has been strictly controlled both by men and women. Also Henderson (1996) draws on the idea of drug users as knowledgable consumers. Henderson points out that women are active participants in the dance scene and not dependent on male friends. Furthermore, they are managing and making decisions about the known risks attached to their own ecstasy use.

Analytical perspective
The way we view drug use is subjective. This has been the point of departure for the analysis of the interview material presented in this article. Berger and Luckman (1966) note that the most important means by which subjective reality is constructed is through dialogue between individuals. In dialogues we use language, and language continuously provides people with the necessary symbols through which things make sense and within which everyday life has meaning. Foodstuffs, for instance, are classified by means of vocabulary; McDonald's is fat food and junk food, while salads are not; alcohol is a socially accepted mind-altering substance, while amphetamine is not. What these examples illustrate is that language helps us understand the world. The common things available to us are made meaningful through language, which helps us to interpret experiences and put forward our points of view. One example of how this occurs provided by Luckman and Berger (1966) is related to religious doubt and the form this takes in conversation with other people. We talk ourselves into our convictions, the authors argue, which then takes on the force of reality in our consciousness. Other’s (speech) actions are at least as decisive for our remarks as the processes taking place within ourselves (Shotter, 1993). Our views and arguments emerge, so to speak, in dialogue in which we are confronted with the task of explaining, motivating and justifying our opinions and actions.

This perspective on dialogue has been a guiding principle for the analysis of the interviews. Indeed, drug use is a morally impregnated issue and is constantly subject to negotiation. The meaning of drug use from a Swedish official point of view is, for instance, contested by the drug users, who challenge the notion that drug use necessarily belongs to the category of unacceptable forms of behavior (see Rödner, 2005, 2006). Indeed, the very existence of other possible definitions of the situation suggests the presence of a conflict. Seen from this perspective the conversations
that arose in the interview setting can be seen as a test in which the informants try out their statements, well aware that someone else might think differently.

DATA AND METHODS
This article is based on 44 individual informal in-depth interviews\(^41\) (Collins, 1998)\(^42\). The sample consists of 16 women and 28 men between the ages of 18 and 30 who live in Stockholm. At the outset of the project three criteria were set out to ensure that the informants included were all “socially integrated drug users”. Firstly, they all needed to have a structured everyday life. They had to have a job, be students or have other kinds of legal economic resources. \(^43\) They also had to have a permanent residence. Secondly, the informants needed not to have any contact with social authorities due to their drug consumption. Thirdly, the informants all needed to use drugs to be included in the study. \(^44\)

Recruitment for the study at the first stage was conducted through making use of researchers’ own networks, asking personal contacts if they could help recruit informants that fitted the criteria of the study. When this method failed to generate enough informants, advertisements in restaurants and in a newspaper, inviting people to participate, served as a useful recruitment method. People were further recruited through snowball sampling in which informants were asked if they could recruit others for the study\(^45\) (Agar, 1980). The sample thus consists of some

\(^{41}\) The numbers of interviews were not predetermined at the outset of the project. Instead the final number of interviews was determined by time and resource limitations. Furthermore, after having interviewed a substantial number of the informants it seemed that what appeared in interviews were repeated with few new exciting issues arising from the individual interviews. As such, it did not seem crucial to spend scarce time and resources on more interviews after we had conducted 44 interviews.

\(^{42}\) The interviews are part of a project at the Centre for Social Research on Alcohol and Drugs (SoRAD). The project was led by Professor Birgitta Olsson and funded by MOB (Mobilising Mot Narkotiik). The interviews were conducted by Sharon R. Snitman, a woman in her late 20s and Max Hansson, a middle aged man, in 2003 and 2004. Each interview ran for 45-90 minutes. The coding was conducted by Nela Lalouni and Sharon R. Snitman.

\(^{43}\) By ‘other kinds of economic resources’ is meant that three were on paid sick leave and two had parental leave. Three of the informants were applying for jobs at the time of the interview. They had a structured everyday life in that they were actively applying for jobs and were not socially marginalised due to their unemployment. They had access to savings.

\(^{44}\) For this paper it is the informants’ view of men’s and women’s drug use which is the focus and thus the meaningful parameters, not drug consumption per se. Thus little mention will be made of the informants’ drug use. For background information, however, substance use included a variety of illicit drugs; the most common were cannabis, amphetamine, ecstasy, cocaine, GHB and LSD. Heroin, ketamine, morphine and buprenorphine were also mentioned, but individual informants had only used these drugs once or twice. All informants except one had used cannabis. 18 of the cannabis users used cannabis four or more times a week. No informant used any other drug than cannabis on such a frequent basis. All the informants used drugs in leisure time, outside their daily obligations.

\(^{45}\) The initial contacts were not always capable of recruiting new informants. A snowball effect occurred for 9 clusters, one group in which nine people had some personal relations, one group where four people had personal relations, one group where three had personal relations and six groups in which two had personal relations. The rest of the informants are individual cases that have, as far as we know, no connection with the others.
informants from the same circle of friends and some who have had no personal contact. Thus the informants do not represent a coherent homogeneous group who all know each other or are part of a particular youth culture. Some use drugs in clubs, but clubs are not the only places and contexts of drug use, as drugs are also consumed in small gatherings with friends, in private parties and also on vacation. Furthermore, the informants cannot be described as being part of the same group in terms of a shared taste in music or clothes style. What does, however, relate the informants to each other is a common experience of using drugs in a society which harbors strong sentiments against drug use. Furthermore, and despite their drug use, the informants all have a strong sense of being inside, as opposed to outside, the society in which they live (Rødner, 2005, 2006).

The in-depth research interview used in this project can be seen as a form of conversation in which someone asks a question and another answers. Indeed, this is an activity that lies deep in our cultural codes and modes of spontaneous interpretation (Gudmundsdottir, 1996). In ordinary conversational interaction there is sufficient occasion to discover differences in world view and leeway to accommodate differences. In this manner, explicit discussion of assumptions rarely takes place. In ethnographic field interviews, which are specifically concerned with such differences, background assumptions are frequently discussed and compared explicitly (Suchman and Jordan, 1990). Thus, the research interview transforms the conversation into a research tool. The basic assumption in ordinary conversation is that the participants will find a topic that is of mutual interest and explore it to whatever depth they choose. In contrast, an interview is controlled by the interviewer and the topic of conversation is imposed on the informants from outside. Furthermore, the decision on who talks when in an interview is determined by the assumption that the interviewer will ask the questions and the interviewee will respond.

Although the interviewers tried to use gender neutral language, this was not fully achieved. In order to encourage the informants to elaborate on men's and women's drug use, categories such as 'man' and 'woman' were used by the interviewers. Indeed, the intention was to steer the discussion in the direction of certain vital questions concerning drug use and gender in the lives of the participants. Through this framing the interviewers were in fact invoking gendered discourses to which the informants to a certain degree were forced to talk themselves into. In their responses it was clear that gender topics provoked storytelling, feelings and meanings. The topic was thus clearly meaningful to the informants and it is this which is the focus in the current analysis. Furthermore, although the interviewers tried to control the topics discussed in the interviews, the interviewers tried not to influence how they were discussed. There were no standardized forms for the framing of questions, nor a standard sequence in which the questions were asked. Furthermore, the questions were open-ended and this encouraged the informants
to respond to them as freely as possible. To this extent therefore, much of the control of what was going on in the interviews lay in the hands of the informants.

The specific context of the interviews has implications for how the interview material is treated in the analysis. Indeed, the interviews have not been treated as situations in which extracts from the informants’ answers can be lifted to describe complete chunks of their world. Instead the interviews have been regarded as interactive and structured contexts where information and interpretation flow both ways (Marton, 1981). In other words, the interviews have been treated as a collaborative project to reach a shared meaning. The most basic resource for reaching a shared understanding in the interviews was similar to that normal in routine conversations: the person who receives an utterance that is unclear requests clarification or elaboration. As will become evident in the analysis, this was a tool much used in the interviews. As regards the informants’ comments on male and female drug use there were various points where these were vague or ambiguous, and there were instances where the interviewers simply wanted to hear more. All of these instances were accommodated in the interview procedures in this project.

The analysis for this article follows the principle of grounded theory (Corbin and Strauss, 1990). In grounded theory data collection and analysis are interrelated. In fact, in grounded theory the analysis begins the moment the gathering of data begins. From the very outset, when a colleague and myself started conducting the first interviews, an ongoing analysis was already taking place and was used to select the questions in the following interviews and to decide the kind of probing that was appropriate. The interviews began with throw-away (or warm-up) questions related to drug use (e.g. when was the first time the informants had used drugs, their current patterns of drug use and their drug of choice). When we realized that gender and drug use remained silent themes in these general questions we started to ask gender-specific questions. The informants were asked whether or not they thought there was a difference in the way men and women used drugs and if they generally used drugs with men or women. In addition to relevant responses to the gender-specific research questions, issues related to men’s and women’s drug use occasionally appeared without any prompting from the interviewers.

When coding the material the parts of the interviews that dealt with men’s and women’s drug use were the first to be extracted. 46 Each part was then examined to isolate the topics and themes treated by the informants. Two specific issues were identified, creating the following sub-concepts: gendered drug use behavior and gendered norms. Although the themes are here analyzed separately, they were overlapping in the interviews, and this should be kept in mind when reading the article. For each of the concepts, the informants’ modes of argumentation are examined, and weight placed on how the informants’ points of views are

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46 The data program Nvivo was used to code the material.
constructed and what tensions arose when the informants attempted to present their own perspectives in the interviews.

This article focuses on men and women in heterosexual relations. This is because these were the types of relations articulated by the informants. Various other gender specific relations, such as homosexual and bisexual relations are thus neglected. Although these types of relationships are interesting and important to social science drug research, they are beyond the scope of this article. Furthermore, it should be recognized that this analysis is based on a limited sample that is not necessarily representative of drug-using populations in the Stockholm area.

In the following presentations of results, only certain representative examples have been extracted from the interviews. The chosen extracts do not solely represent individual informants. They also present common themes in the interviews.

RESULTS
Men's and women's drug behavior
The informants were quite clear about the existence of gender differences in relation to drug use. When they were asked straightforward question as to whether or not they thought there were differences between men's and women's drug-taking, the most common and spontaneous reply among both the female and male informants was that fewer women than men use drugs and that female drug users consume on fewer occasions and in smaller amounts than men. Although there was great convergence about these existing gender differences in drug-taking, the task of providing more detailed information on this topic was generally a far more daunting project, as is evident in the following interview extract:

Male informant:

Interviewer : Are there just as many women then (who use drugs) ?

Informant : No, there are less. Yes, it must be less, of course there are less.

Interviewer : Why ?

Informant : ‘Cause that is the way it is.

Interviewer : But why ?

Informant : Why ?...that is because for a long time...like,,with different salaries and shit. No, but I don't know....but girls are...well...better in school maybe...can one answer that ?

Interviewer : You can answer whatever you want.

Informant : I have not thought about it so...I don't know, girls are mummy's little girl sort of....
What is evident in the above, and what was typical of the informant’s answers, is antagonism in the informant’s responses to the line of questioning pursued by the interviewer. As pointed out by Eikseth et al. (1992) this should not come as a surprise. Indeed, in the interviews the informants were asked explicitly to talk about their experiences, and particularly their experience of men's and women's drug use. This may have been the first time the informants had had to describe such experiences, and the informants may never have thought about their experiences explicitly before. Once they try to describe memories and beliefs within the frame posed by the interviewer, they discover that these are vague and not easily expressed (Gudmundsdottir, 1996).

Although talking about men's and women's drug-taking invoked storytelling and expression of opinions on the part of many of the informants, it was also clear that the informants were uncomfortable in regards to underlying assumptions regarding differences in men's and women's drug-taking. What is evident from the above extract is that the informant is quite clear about the fact that there are gender differences. The informant is, however, clearly taken by surprise, and ambivalence arises when he is asked to elaborate further on the issue. The interviewer makes three attempts to extract an explanation for gendered drug-taking from the informant. The first time the informant refuses to provide an explanation. The second time the informant attempts to please the interviewer; he thinks about it and utters some reference to gender inequalities in salaries but is unable to articulate a clear argument which links this to gender differences in drug use. This may be why the informant questions the adequacy of his answer and after the interviewer hints that the informant must himself be the judge of that, the informant tries to explain why more men use drugs than women a third time. The final answer remains unclear and not well articulated. However, within the frame dictated by the interviewer, it is evident that the informant attempts to rely on the idea of women as generally well-behaved and obedient.

The interviews made clear that the informants were caught in a bind in relation to women's and men's drug use; on the one hand they were explicit about there being differences between men's and women's drug use but, on the other hand, they were quite uncomfortable about having explicitly to explain those differences as is clearly illustrated below.

Female informant:

Interviewer: How do you get drugs?

Informant: I have never bought them myself, instead I have...my boyfriend has bought them from his contacts and in certain cases...I have paid...so that we will be able to have...like...since we both use both ought to pay but...we are in a sense generous and we think that it will equal out in the end...
Interviewer: if it was to end between you guys and you were on your own, would you smoke the same amount as you do today?

Informant: I think it would be more difficult to get a hold of it (laughter...)

As other research has shown (Dorn and South, 1990; Denton and O’Malley 1999), drug-taking is a hierarchical arena in which men dominate in specific ways. In the present material this was most clearly related to drug contacts. Among both the female and the male informants it was most common that drugs were obtained through male dealers, friends or boyfriends. The patriarchal drug market clearly places the above informant in a position in which she is uncomfortably dependent on her significant other. This is evident from the fact that she does not conclude her answer after having stated that she always gets drugs from her boyfriend. Indeed, this could have constituted a straightforward answer to the interviewer’s question. Instead of ending here, however, the informant enters into a stumbling articulation regarding equal payment. In so doing, the informant makes an attempt to alter the impression that she is dependent on her boyfriend for drugs. Her hard work is, however, partly discredited in the conclusion, where the informant again admits that she is indeed dependent on her boyfriend for drugs.

As stated above, and despite the difficulties the informants faced when having to articulate drug use in terms of gender, the topic invoked thoughtful reflection on the part of the informants when they were given a few moments to think further about the matter. In the interview conversations, the informants commonly described men and women in terms of opposites; men were described as independent, daring and fearless, as inherently curious, and holders of relaxed attitudes, whereas the women were described as dependent, weak, careful, obedient, socially responsible and sensible as well as anxious about and responsive to others’ opinions.

Female informant:

Interviewer : Do you think girls and guys use drugs in different ways ?

Informants : ...That is interesting! I really have not thought about that before. Eh...well spontaneously...Yeeees, I would say so (laughter). Well; spontaneously without having thought it through....

Interviewer : Yes, but if you do think through everything ?

Informants : Eh...it is when I think about it the most, eh...yes, I think that...guys who use drugs, they are...they are less fearless, or they are more fearless...girls, there are...girls who use I would say are two separate types. Those who are...yes, pretty...careful...with what they...firstly, what they get into their bodies, I mean that, say that it is ecstasy...that is not enough for them, they need to know WHAT kind of ecstasy it is for instance. And...no, but this thing that there are...yes, but guys as I said, they are usually more fearless as I see it. Th-they are prepared to test what there is...mix more and so, whereas girls...yes, either they are careful...or they are...what should one say...yes....don't care a damn about what they get into their bodies.
Interviewer: Why do you think it is like that?

Informant: No clue really...I have no clue (laughter). I really don't know. Yes, girls generally...yes, naturally usually...usually are more careful. That is the only thing I can say.

The awkwardness regarding gendered drug use is clearly illustrated in the above extract. After overcoming her surprise at the question posed the informant stumbles and falls, so to speak; she pauses, thinks, and takes more pauses in her response. Although she explains that she has never thought about the topic invoked by the interviewer, the informant tries to please the interviewer by providing a gendered perspective on drug-taking. Explaining men's drug use in terms of being fearless is more or less uncontested in the above passage; “Men are more fearless” is said twice and without substantial elaboration. Talking about female drug use is, on the other hand, a more ambivalent project. The informant starts explaining that there are two kinds of female drug users who represent two extremes; those who are careful (and thus in effect constitute the opposite of men) and those who are not careful (i.e. are the same as men). At the end of the quotation the informant does, however, give a more straightforward account of female drug use. When asked why there are such gender differences, the informant embarks once more on the tricky project of having to articulate the nature of and make sense of female drug use, only this time she asserts that women are in fact naturally careful. Thus, after much resistance the informant arrives at a formulation in which women are seen as the opposite of men.

Although the informants often draw upon gender differences in terms of inherent psychological and mental traits in their articulation of drug-related differences between the genders, this does not always provide the informants with a strong basis on which to explain their point of view.

Male informant:

Interviewer: Are there any differences in relation to these guys and girls who take too much?

Informant: In some way, it feels like these girls, or the two examples I have, the female friends who have gone over the border, so to say...a little bit too much...it feels like they go down in a different way...or it becomes in a way more serious than among the guys...it feels as if those guys, those male friends that have gone over the border or have used way too much, they have still managed to be stable...but the girls, they have more or less had a breakdown and...been forced to be put into treatment, whereas the rest have maybe calmed down on their own or continued the same way.

Interviewer: Why do you think girls...?

Informant: I don't know...I don't like to have prejudice regarding sex... like...but...I can't really answer why there is a difference.

In this extract women are talked about as psychologically weak and unstable, while men are described as mentally strong and thus able to control drug use better than
women. The informant is at the outset careful to articulate his own point of view. He makes clear that his opinion may not be a generalized truth, as it is based only on his own personal experience of just two women. The informant also uses the phrase “it feels like” twice, demonstrating to the interviewer that his viewpoint should be understood as purely subjective and does not necessarily reflect an objective fact. Thus, as we have seen before, the informant is careful in his articulation of the relationship between drug use and gender, making sure he is not articulating any radical views. The reason for this thoughtful and careful approach may well be related to the latter part of the quotation in which the informant is asked to provide an explanation for the gender differences. The informant first says that he does not know. After a moment of reflection, he does, however, attempt to give more substance to his answer. Nevertheless, after stating that he does not like to invoke a discriminatory perspective and after a moment of reflection, the informant is left with no tools to provide an explanation for this experience of gender differences.

Messerschmidt (1999) has noted that the body is crucial for the understanding of gender and related practices. This was evident in the present material in which many of the informants refer to women’s physical body as weak and small when they talk about female drug use. This is, for instance, illustrated in the following passage concerning gender differences in regular drug use.

Male informant:

Informant: Eh... 60% of the girls do it, and do it now and then, but ...70% of the guys do it of those I know...

Interviewer: Do it regularly?

Informant: yes, it is more often than girls, but that is also something that I think is... most girls, it is not that they are not as strong psychologically, but it is as it is with alcohol, they can’t take it, they do not have the same tolerance, the body does not tolerate it as much, so that is... I think it is those things, girls drink less generally. They do things, idiotic things less than guys do. We are more stupid than them, we have to test...

On the one hand, women are placed in a superior position here. The informant perceives female characteristics, such as being moderate users, as a positive trait superior to men’s stupid and idiotic behavior. On the other hand, it is clear that women are considered physically weaker than men: “…but as with alcohol, they can’t take it, they do not have the same tolerance...”. Again it is evident that the explicit mentioning of gender differences is a tricky business. The informant uses terms such as ‘most girls’ as opposed to ‘all girls’ and thus adopts a moderate tone in expressing his point of view. Additionally, before invoking bodily elements the informant places a disclaimer: “it is not that they are not as strong psychologically, but...”, thus moderating his forthcoming point of view, namely that women have lower drug tolerance than men. The informant relies on that taken-for-granted
‘knowledge’ that is usually evident in discussions of alcohol use, namely that substance use affects women more than men. In this manner the informant draws upon what might be described as a shared knowledge base. Assuming that drugs and alcohol function in similar ways, the alcohol discourse gives strength to the informant’s argument, namely that women are physically more intolerant of drugs than men are. In this way the informant “makes bodies matter” (Messerschmidt, 1999) in relation to drug-taking; the body functioned as an explanation for gender differences in drug use.

Differences between male and female drug use are clearly, at least in part, taken for granted by the informants. When called upon explicitly to discuss the issue of gender and drugs they are thus taken by surprise and the articulation of gendered drug use becomes a far from straightforward project. The interviewees’ uneasiness with gender as an issue in relation to drugs does not, however, render gender irrelevant to issues of drug experiences. When granted a moment to think about the issue, the informants are quite clear about the existence of gender differences. Moreover, in their intimate articulation regarding drugs and gender one solution posed by the informants is to assign different and often oppositional characteristics to the genders. Generally, this implies that men are talked about as stronger than women but that women are understood as more careful and responsible than men. From this perspective, the informants may be described as particularly traditional in their articulation of the links between gender and drugs. On the other hand, however, it is evident that the informants are quite uncomfortable about the articulation of gender differences. This may be because traditional gender roles do not fit the current politically correct ideology of gender equality. Caught in this bind, the informants waver back and forth when called upon to discuss gender and drug-taking.

**Disciplining female drug users**

Female informant:

Interviewer: Are there any groups in society that should not use drugs?

Informant: yes, well that is the group of women who should raise and take care of our children and demonstrate the female sex role, they should really be chained to the kitchen….

If this is read as a serious statement, this informant probably comes across as conservative and maybe old-fashioned. It was, however, followed by laughter making sure that the answer was understood as sarcasm. In effect, the informant is

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47 See, for instance, Douglas (1977), who argues that a wing of the 19th century feminist movement in the US tried to regain control within the family by claiming a superior moral status for women.
distancing herself from conservative gender norms which subordinate women. This does not, however, imply that there is no norm system in place by which the informants measure and evaluate men’s and women’s drug use based on different and sometimes inequitable criteria. Indeed, the contrary is true as we shall see shortly.

Previous research in the alcohol field has noted the significance of cultural expectations in relation to substance use. Gusfield (1987) has, for instance, written about the “competent drinker”, meaning a person who does not violate the social structures concerning acceptable places and situations for drinking and drunkenness. As regards the present material, it is clear that norms related to drug-taking are often gender specific and the informal rules for what is considered competent drug use are different for men and women. Furthermore, as Rubin (1984) notes, it is evident that “voices from the past”, such as those presented in the sarcastic quotation above, to some extent lead the informants to hark back to traditional gender roles in which more rigorous social control is exerted over women than over men.

Male informant:

Informant: I have female friends who smoke (cannabis), but they smoke a bit less often.

Interviewer: how come?

Informants: I think it may have to do with gender role expectations, that it is not as OK for girls to use drugs. Well, in general it is not as, well, OK that girls use drugs as it is for guys to do it, so I think it has to do with that a lot. I have difficulties thinking about a biological reason for why girls would use less.

The above quotation is an example of what was often expressed in different ways by both the women and the men interviewed. Indeed, many of the informants sensed that there was a general norm system in place which makes drug use less acceptable for women than for men. In interviews other than that quoted above, male informants did, for instance, argue that they thought it was worse to see a girl use drugs excessively than to see men doing the same. External control over women was, however, not only an issue of a general norm system that was articulated by men. Women also articulated gendered expectations regarding drug use.

Female informant:

Interviewer: Do you think they (girls) take as much?

Informant: Yes, that's what I think...more or less. Then you wonder about body weight. It might be better to take less... So in principle women should be affected more by drugs...at least physically... in the long run...but yes, I don't know (laughter).
Here the female informant’s spontaneous reply to the question posed by the interviewer is that there are no differences in the quantities of drugs men and women take. There is then, however, a switch in point of view when the informant reverts to taken-for-granted knowledge relating to the body, and on the basis of this she imposes normative boundaries: because of female’s body weight and consequent low drug tolerance, it is better that women take less drugs than men. This normative framework is, however, clearly an ambivalent venture. This is not only made clear by the pauses and the hesitations in her answer. It is also evident in the last sentence: “but yes, I don’t know” and the laughter with which the informant makes an attempt to distance herself from the gendered norm.

External female control is further evident in the informants’ evaluations of other women’s drug use.

Female informant:

Informant: Ehmm...yeeees, yes, but that it can also be...that...but that is often evident, girls that have been doing it long, very long...they go under a lot faster than what...the guys do...they who eh...the only ones who like...those girls I have around me, that is...that is party...party girls. It is no one who does it at all on weekdays...some maybe smoke...eh...eh...hashish, a bit too often maybe (laughter) but...well these girls I have around me it...it is more like a party...

This is yet another example of the struggle the informants are engaged in when attempting to talk about drug use along gendered lines. The informant is unable to articulate two sequential sentences without hesitating and pausing. With much difficulty, the informant arrives at a normative and gendered system for acceptable drug-taking. The informant first sets the scene for her point of view by claiming that women “go under” from drug use quicker than men do. This forms the background from which the listener should understand her viewpoint in which women’s drug use is accepted as long as it is limited to special occasions.

A significant effect of the normative boundaries articulated in the above quotation is that they place the informant and her female friends in a position superior to that category of unknown women who cross the boundaries of the gendered normative system. Indeed, a common theme in the interviews with the female informants was that the informants differentiated themselves from other women who crossed those boundaries of acceptable drug use behavior. In some interviews this involved establishing a symbolic distance from women who are too dependent on their men and who seemingly are pushed into drug use through male peer pressure. Another specific group of women singled out by some of the female informants were pregnant women and mothers. This group was subject to a strict normative system,
more so than for other women and this was legitimized in the name of upholding the criteria of proper motherhood.

Female informant:

Informant: My best friend that I grew up with there, she has children so I could not deal with seeing it, she combined the two things, drugs and children, so we started to fight...so...

Interviewer: So you do not think one should use drugs when one has children?

Informant: Absolutely not! Because, if you are single and you are...well yes living alone as one might say, then you only have one responsibility and that is towards yourself. But the day you get children then you have taken on a responsibility for another life too, then you can’t...be so egotistic, so that I think is awful.

The informant talks about mothers who take drugs as deviants; as outside the category of ‘mother’. She is deeply opposed to the idea of drug-using mothers, a view which is emphasized by the use of forceful words such as ‘egotistic’ and ‘awful’ and the fact that it caused problems between herself and her best friend. There are also no disclaimers or much hesitation in the above. Clearly, drug use is seen as a threat to ideal forms of motherhood which further invokes gendered expectations in certain women.

In sum, the policing of gendered norms is done within the gender, just as much as it is an issue of general gendered norms articulated by both the female and the male informants. The fact that women get upset at someone else crossing the boundaries which they have spent substantial energy keeping within has been shown elsewhere as well. Indeed, no one was more upset at working class women’s drunkenness around 1900s than middle-class women who saw their drunkenness as a threat to any claim of women’s moral superiority (Levine, 1980; Hunt et al., 1989). Then and now women are assigned moral superiority in that they are more sensible and careful than men. In present-day Sweden, this creates certain normative boundaries for female drug use in particular, which in turn makes the policing of female drug users particularly stringent and is also important for female drug users.

DISCUSSION AND CONCLUSION

In their narratives on gendered drug use, the informants in this study draw on personal ideas, experiences and opinions. Although the interviewer to a large degree guided the topic of conversation, gendered drug use was undoubtedly something that invoked beliefs, values, explanations and story telling. In effect, the informants “talked a gendered culture system into being” (Järvinen, 2001) which framed what is different, possible/impossible and acceptable/unacceptable in terms of men’s and women’s drug-taking.
Focusing on this cultural system, this study shows how gender constitutes a moralizing and normative system that sets the criteria for what is seen as acceptable behavior in terms of drug-taking. By following a gendered norm system, the informants in this study hold others and themselves accountable for drug-related behavior in ways that are appropriate for their gender. This study makes evident that gendered ideals, which promote male strength and fearlessness and female weakness and obedience, encourage men and women to see the world in different manners. In addition, the ideas sustain and invoke different possibilities for and restraints on acceptable action in relation to drug-taking. For women it implies a need for drug moderation or abstinence, while for men there are no specific gendered rules for drug use. This is not to say that male drug use is uncontrolled. Research presented elsewhere (Rødner, 2006) shows that male and female drug users articulate a wide range of general informal control mechanisms. The crucial point made here, however, is that male drug use and female drug use are placed in different frames. There are specific informal norms for female drug use which do not apply to male drug use.

The apparent invisibility of specific norms for male drug use and the articulation of such norms for female drug users can be understood as an implicit statement of what constitute the abnormal in drug-taking. Indeed, as Mattsson (2005) argues, what is normal is rarely defined or elaborated. Instead what we know and what is emphasized are things that appear deviant, unusual and thus require explanation. From this perspective it is evident that in general terms female drug use constitutes the “out of the ordinary” category within the frame of drug-taking.

But although women may constitute the deviant category in terms of drug use, it does not automatically mean that female drug users are unable to present themselves in an acceptable way when talking about drug use and gender. As seen above, drug-taking allows both women and men to present themselves in culturally acceptable ways, but this involves different kinds of effort for women. This is in line with other research which has focused on the hard work demanded, particularly of women, in order for their activities to stay within norms connected to gender (Eckert and McConnell-Ginet, 2003; West and Zimmerman, 1987; Kessler and McKenna, 1978).

The informants in this study have the difficult task of living in contemporary Swedish society; a society that was washed over by the great wave of 1970s and 1980s feminism, and of constructing their own lives and microculture from the cultural materials with which they are presented. These materials are often contradictory and contested, as is clear from how the modern young Swedes in this study interpret and understand gendered drug use. Evidently, the general mechanism of control of women still exists. Furthermore, gender-specific discourses continue to ascribe different characteristics to men and women. The informants make sense of the world through dichotomies such as weak/strong and
daring/careful. Each of these are commonly applied in gendered discourses in society at large (Davies, 2003; Hirdmann, 2001), and they can be analyzed as a hierarchy in which the female side is subordinate (Cixous, 1986).

Thus, it is, on the one hand, clear that the informants draw on and maintain a traditional patriarchal gender system. On the other hand, however, it is clear that most women in Sweden today do not live up to the traditional domestic ideal of housewives totally devoted to the household. Such ideals are not only far from the reality of most women's lives, they are also not in line with current gender discourse as is clearly illustrated in the ambivalence manifested in the informants' articulation of gendered drug-taking. Indeed, this study makes particularly clear that classic ideals of old-fashioned gender roles are highly contested and unstable and the informants make various attempts to reject them. This is, nonetheless, complicated because by resisting the dichotomies of the traditional gender system, the informants are left without any resources with which they can present their point of view regarding gendered drug use. Indeed, their hesitant speech indicates the inadequacy of standard forms of expression. Furthermore, it reveals the informants' discomfort with gender-related drug issues. Unable to find the words to match their initial response on gender differences in drug-taking the informants often had to struggle and sometimes failed to generate new forms of expression.

Further contradictions and ambivalence in the articulation of gendered drug use are evident from the meaning of the dichotomies applied. In some of the characteristics related to gender, women are associated with nature and men with culture. Talking about women as psychologically weak and unstable and men as rational and stable is in line with feminist analyses which note that women are seen as closer to nature (implying that women lack control and are irrational) while men are associated with mind and culture (implying male control and rationality) (Ortner, 1996; Soper, 1995). However, this stands in contrast to other gendered characteristics invoked by the informants, whereby women are described as careful and morally superior to men who are described as daring and silly and thus willing to take risks. The informants clearly celebrate women's high moral standards, and this in turn places women in charge of moderating drug use and thus of upholding culture. Seen from this perspective we have evidently arrived at a paradox by which women are seen as closer to both nature and culture. A similar contradiction has previously been highlighted by Bogren (2006). She notes that in cultural research on substance use men are typically associated with nature, whereas in feminist analyses of cultural materials women are associated with nature.

This study has paid particular attention to what comes out when the informants are called upon to articulate their experiences and views on drug use in terms of gender. The analysis shows that the informants are not simply reproducing gendered norms. Instead they are negotiating how to apply broader and culturally gendered structural arrangements in the context of drug-taking. Talking about drug
use along gendered lines does, however, involve making use of the resources and material at hand. While parts of these are stable, other parts are unstable and highly contradictory, surviving from different periods when one or another frame was dominant. Evidently, gendered drug use is a field in which resistance and struggle for the definition of the situation exists and, in effect, this offers endless opportunities for creative and often ambiguous syntheses.

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References


Paper IV
PAPER IV

An examination of the normalization of cannabis use among 9th grade school students in Sweden and Switzerland

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ABSTRACT
This article attempts to improve the models and theories researchers use when investigating drug use in the normal population. The study systematically investigates two dimensions of the normalization thesis, namely behavioral and cultural normalization. Whilst the former is measured based on national prevalence rates, the measurement of the latter dimension is based on parameters used in social control theory. More concretely, cultural normalization is measured based upon the comparative strength of social bonds of cannabis users versus non-users.

The regression analysis, conducted on a Swedish and Swiss student sample, suggests that cannabis users in both countries are reasonably bounded to conventional society, yet total cultural normalization does not exist as social bond factors successfully separate users from non-users. Furthermore, the study shows that cultural cannabis normalization does not necessarily follow behavioral cannabis normality. As such the study brings light to the fact that the normalization concept may be useful to the investigation of drug taking in very different drug-taking contexts.

Keywords: normalization thesis, social control theory, cannabis. comparative study.

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INTRODUCTION

Throughout history humans have used psychoactive drugs for many purposes such as recreation, therapy, art and religion (Blackman, 2004). Currently, the legal drugs, alcohol and cigarettes, are the most often used drugs in the world. Illicit drugs, on the other hand, are less common, but their use is far from insignificant. Cannabis is the most frequently used illicit drug and its use is increasing. In some European countries, lifetime cannabis use among 16 year olds is moving towards 50% (Hibell et al., 2004).

High and continuously increasing drug prevalence levels have led to a theoretical turn in drug theory and research; interest has shifted from extreme forms of drug use to drug research based on normal population data sets. Whereas conventional theories on drugs attempt to explain drug use as individual pathology, political opposition to society and poverty (Burt, 1925; Bowlby, 1946; Downes & Rock, 1982), there is today a growing research literature which focuses on cannabis use as normal behavior (Calafat et al., 2001; von Sydow et al., 2002; Kuntsche, 2004; Kuipers & Zwart, 1999; Hammersley et al., 2001; Shedler & Block, 1990, Höfler et al., 1999; Kandel et al., 2001, Rödner, 2005, 2006). Particularly influential to the notion of drug normalization are Howard Parker and his colleagues (1998, 2002) who have built on the normalization thesis in order to investigate the processes and elements around which drug use has become socially accepted.

This article is influenced by the work of Parker et al. as it attempts to examine further the “normalization thesis”, carefully and systematically assessing different dimensions of the concept. The analysis examines cannabis normalization and applies some of the logic of the term to the comparative study of adolescent cannabis use in Sweden and Switzerland. The analysis is also influenced by social control theory (Hirschi, 1969) in that it focuses in particular on the relative strength of social bonds of cannabis users and non-users and its possible relation to overall national cannabis prevalence rates. By basing the analysis on Parker’s work, but also examining further some of the dimensions of the model not originally emphasized in the original empirical work through social control theory, it is hoped that the present study will contribute to an improved understanding of contemporary drug use and culture among young people.

49 The data reanalyzed in this paper was collected as part of the European School Survey Project on Alcohol and Other Drugs of 2003 (ESPAD; Hibell et al., 2004). My sincere thanks to Björn Hibell and Barbro Andersson for making the Swedish data available for this analysis, and to Gerhard Gmel for doing the same with the Swiss data. Responsibility for the interpretations here, however, rests with the author.

50 According to Parker et al. (1998), normalization of drugs in the UK includes first of all cannabis, but also Ecstasy, amphetamines and LSD. Heroin and cocaine are excluded.
The normalization thesis
Parker’s work is mainly based on a five-year longitudinal study of a cohort of young people aged 14-25 living in north England (see Parker et al., 1998, 2002). Parker and his colleagues have tracked the attitudes and behavior of approximately 2500 young people. Their work has primary sought to account for the dramatic increase in illicit drug use in the UK found in their own and other data. Parker et al. (1998) found, for instance, that more than 50% of their sample had experimented with some kind of illicit drug use before the age of 18, with the most popular drugs being cannabis, amphetamines, ecstasy and LSD. Perhaps even more significantly, Parker et al. found that 25% of the research participants were regular drug users by the age of 21 (Parker et al., 1998, 2002).

It is important to recognize that Parker and his colleagues do not merely include a behavioral component in their data analysis. The researchers have also been preoccupied with the way drug use has been conceptualized by youth, or in other words how young people conceive drug use and drug users, as well as changes in the perceived availability of drugs and shifts in the way young people manage their leisure time. As such, the normalization thesis goes beyond conventional epidemiological accounts of prevalence rates among the young population to include the more difficult study of cultural change and the shifting symbolic value of drug use as a distinctively cultural practice.

Based on quantitative and qualitative data, Parker et al. (1998, 2002) conclude that among young people, drugs are not closely associated with deviance. The researchers go on to argue that recreational drug use is embedded in a range of interconnected social processes including education, the youth labor market, housing and living arrangements, marriage and the family. It is argued that changes in these spheres of life has led to the “cultural accommodation of the illicit”, which is an attempt to capture a growing tolerance of “sensible recreational drug use” among those who use and those who abstain from drugs (Parker et al., 2002). In essence, the researchers end up describing extensive recreational drug use among what is described as “well-adjusted and successful goal oriented, non-risk taking young persons, who see drug taking as part of their repertoire of life” (Parker, 1997, p. 25). Parker et al. argue that drug use has become a normal part of leisure time, and that drug use in the UK, has thus moved from the 'margins' of youth subculture into the mainstream of youth lifestyles and identities.

In their analysis Parker et al. (2002) use five key dimensions by which drug normalization is measured:
1. Drug access and availability
2. Drug trying rates among adolescence and young adults
3. Rates of drug use
4. Attitudes to sensible recreational drug use by adolescents and young adults, especially of non-users
5. Degree of cultural accommodation of illicit drugs (based on media reports and favorable attitudes towards decriminalization policies).

**Review of relevant empirical work**

Parker’s work has been much debated and discussed; particularly in the UK where it has been argued that his work offers a range of key insights into the changing nature of drug use (see South, 1999). Parker’s work has, however, also been of interest for researchers outside the UK. Duff (2005) has, for instance, tested the normalization of drugs among clubgoers in Australia and in relation to other national studies on drug consumption (Duff, 2003). Duff concludes that illicit drug use has become common practice and perhaps normal among Australian youth. Duff’s research on clubgoers found that the cohort is drug experienced, with over 50% reported use of party drugs, most in the month prior to the survey. Furthermore, availability of drugs was found to be widespread, even among abstainers. Most of the respondents, users as well as non-users, supported the claim that drugs had become a normal part of going out in clubs. In sum, Duff’s results (2005) supports Parker’s (2002) claim that there is currently a strong demand for illicit drug use among otherwise conforming young adults. Duff (2005) notes that “these young people are utterly ‘normal’ in their employment, demographic and education profiles, and their clubbing and drug use profiles are becoming increasingly normalized as well” (Duff, 2005:168).

Drug normalization is also noted by Hirst and McCamley-Finney, (1994) who found that young people are very often surprised at adult’s perception of drugs as something dangerous or unusual. For most young people, the researchers argue, drug use is part of normal life. Furthermore, Hammersley et al. (2002) share Parker et al.’s view that drug users tend to be unremarkable with respect to lifestyle and individual characteristics. In their opinion, drug users are best described as ordinary, decent, family-loving people with normal lives, normal problems and normal aspirations. Further evidence of this is apparent in Tossman et al. (2001) who, in a large survey of visitors at techno parties in eight different European cities, found that respondents were integrated into their respective families and occupied in education or paid employment. Similar findings have been found in another European multi-city survey (Calafat et al., 2001), a study in Perth, Australia (Lenton et al., 1997) and cities in Scotland (Riley et al., 2001).

Despite the support found for Parker’s work, the normalization thesis has by some been seen as quite controversial and critics have come forward. Shiner and Newburn (1997, 1999) have, for instance, argued that any claim of drug normalization is exaggerated. The authors point towards methodological weak points in Parker’s work, for instance, that the data was only gathered from a limited geographical area, one which happens to be the “rave capital of Great Britain”. Furthermore, Shiner and Newburn argue that the normalization thesis exaggerates drug use as non-users continue to outnumber drug users. Additionally, Ramsay and
Partridge (1999) note that for a large proportion of young people, illicit drugs are unusual and exceptional. Lastly, Pape and Rossow’s (2004) analysis on drug users in the normal Norwegian population also challenges the result of Parker’s work. In this study, Pape and Rossow found that “(b)ehind a surface of being relatively unremarkable with respect to socio-economic factors, young adults who included ecstasy in their drug-taking repertoire showed several signs poor adjustment” (Pape and Rossow, 2004: 406).

The aim of the current study
From the above brief literature review one can say that there are two main strands within the normalization debate. One is very much related to the behavioral component, as one of the key aspects of normalization is based on figures which show high and continuously increasing drug prevalence rates. A second strand of the debate is related to culture and the extent to which drugs have become an accepted and integral aspect of “ordinary” or “normal” young people’s lifestyles.

Although the “normal lives” dimension has often been emphasized in the normalization literature, it is often not the focal point in relevant empirical analysis. The five dimensions in Parker et al.’s (2002) work, for instance, do not explicitly focus on the individual characteristics of drug users. Furthermore, the relation between the cultural and the behavioral dimension of the normalization thesis is rarely systematically and empirically explored. The leading advocates of the thesis, Parker and his colleagues commence their research by pointing out the high prevalence levels in UK and that the figure must be seen in relation to altering social perception of drugs and drug use. Following this line of thought the evidence put forward by Parker et al. (1998) is twofold; firstly, statistics which show large numbers of lifetime use, and secondly, cultural accommodation of the illicit. Their discussion is, however, ambiguous as the link between high prevalence rates and cultural accommodation is not rigorously discussed and the researchers thus fail to determine the different processes of normalization and how they may or may not be linked.

The aim of this study is to systematically explore cannabis normalization in terms of (1) prevalence rates and (2) drug use as part of “ordinary” young people’s lives. Furthermore, the aim is to examine the possible relation between these two normalization dimensions. More concretely the study attempts to answer two questions. Firstly, are cannabis users relatively “ordinary” when compared to non-users? Secondly, does the level of cannabis users’ “ordinary” lives coincide with a similar level of drug use normality measured based on prevalence rates?

Section 1 below presents the theoretical framework for the analysis which entails an overview of social control theory. After describing data used for analysis in Section 2, section 3 presents the results of the empirical analysis. The final section incorporates a discussion of the results and conclusions regarding theoretical
perspectives useful for the investigation of contemporary drug use in the normal population.

**Theoretical background**

One of the most straightforward dimensions of the normalization thesis is the claim that drug use has become normal based on high prevalence rates. Parker et al. (1998, 2002) and other researchers (e.g. Duff, 2003, 2005; Hammersley et al., 2002) have placed emphasis on drug prevalence rates which come close to 50% and further inferred that this is one indication of drug normalization. The cultural dimension of the drug normalization thesis is, on the other hand, somewhat more complicated as there is a wide range of possible determining factors. Parker et al.’s work has, for instance, emphasized increased drug availability, whilst others have emphasized lowered risk perception of drug use as an indicator of cultural drug normalization (Bachman et al., 1998). The present study takes as its focal point the “ordinary lives” dimension which will be explored based on social control theory. In this regard it is clear that the investigation does not attempt to provide a full examination into the issue of cultural drug normalization. Instead, only part of what may be defined as making up cultural drug normalization will be explored. More concretely the analysis examines conventional social bonds in relation to cannabis use.

Social bonds to the surrounding society have been shown to have bearings on people’s participation in deviance and delinquency. Hirschi’s social control theory (1969) argues that deviant impulses that all people presumably share are often controlled by strong bonds to conventional society, family and school. The theory thereby explains abnormality and normality based on the degree of social control the individuals are exposed to. The theory has been well tested in the literature and the majority of the findings support it (Petrakis & Flay, 1995; Elliott et al., 1985; Kandel et. al., 1986; Bailey & Hubbard 1990; von Sydow et. al., 2002; Ring, 1999; Hawdon 1996, 1999).

Two important constructs through which social bonds are explained are “attachment” and “commitment”51. The former refers to the level of affection in relations to others, while the latter refers to a voluntary effort to reach success. The causal model set out by social control theory assumes that the more closely a person is tied to conventional society in any of these ways, the more closely he or she is likely to be tied in other ways (Hirschi, 1969). Hence, weak commitment and attachment is expected to lead to disregard of conventional norms and socially acceptable behavior and hence an increase in the likelihood for delinquency.

Following the logic in which social conventional bonds are protective factors against delinquency, Hirschi’s theory can be used to build a model for predicting

51 Hirschi (1969) also included “belief” and “involvement”, in his theory. These constructs will, however, not be used in the present study.
the cultural dimension of cannabis normalization. Indeed, it can be inferred that cannabis normalization exists when teenagers with strong conventional social bonds use cannabis. According to social control theory such a situation implies that cannabis use is located outside the frame of deviance in the sense that it is not meaningful in terms of violation of cultural codes or norms of the age group in question.

METHODS
This analysis is based on the Swiss and Swedish ESPAD (European Schools Survey Project on Alcohol and other Drugs) 2003 data sets. These countries were chosen as they represent very different national cannabis prevalence rates. Based on all the countries involved in the ESPAD study, Switzerland shows the second largest lifetime prevalence rate of cannabis with 40% of the students reporting having used cannabis at some point in their lives (see figure 1). In Sweden, 7% of the students participating in the ESPAD study had tried cannabis. As is shown in figure 1 this is one of the lowest prevalence rates among 9th graders in Europe. The same general trend is evident in other research as well (e.g. Currie et al., 2004).

Figure 1: Lifetime experience of cannabis in all ESPAD countries and USA. Percentages among girls and boys.

Values within brackets refer to all students. Data sorted by all students. Germany and Turkey: limited coverage. Spain and USA: limited comparability.

52 Figure 1 was reprinted with permission from the ESPAD report 2003 (Hitell et al., 2004:155). The table shows the whole Swiss ESPAD sample which includes 8th – 10th graders. For all countries it also includes daily users and those who admitted to having used the “fake” drug “relevin”. When those not born in 1987, daily users and “relevin” users were excluded from the samples for the present analysis Switzerland had a cannabis prevalence rate of 37% and Sweden 7%.
The divergent national prevalence rates were important to the present analysis as it facilitated a comparative base from which the relation between cultural and behavioral cannabis normalization could be examined.

**Sampling**

The ESPAD data is based on a standardized, coordinated, cross-national survey of adolescent substance use which enables direct cross-national tests of differences in adolescent cannabis use. In each country, samples were drawn as two-stage stratified systematic cluster samples. Both the Swiss and the Swedish sample were proportional probability samples, they were self-weighted and considered to be representative for the countries as regards students born in 1987 (Hibell et al., 2004). Anonymous questionnaires were administered by the teacher to all students present in the class on the day when the questionnaires were administered. The students were 15-16 years old at the time when the study was conducted. The questionnaire used was the original 2003 version (Hibell et al., 2004). The instrument contained a core section which was identical in the two countries, covering use of cannabis, demographics and social bond variables. The net sample for Sweden was 3169 and 2600 for Switzerland.

**Variables**

**Cannabis use**

The dependent variable is a dummy variable which measures self-reported lifetime cannabis use (0 =non-user, 1 =cannabis user).

**Social bonds to parents**

According to social control theory, a strong social bond to parents is a protective factor against delinquency. For this study social bonds to parents is measured based on parental knowledge of child’s whereabouts which was measured based on the question: do your parents know where you spend your Saturday nights? The variable takes on the following categories: 0: Know always, 1: knows quite often, 2: Know sometimes/usually not.

It is expected that the parental control variable measures the child's construct of parental supervision. It is anticipated that parents get information through mutual communication, which is helped along by a good relation between child and parents. The hypothesis is that the stronger the bond between parents and child,

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53 In Switzerland the target population was 8th, 9th and 10th graders. For this study all respondents not born in 1987 were excluded in order to create a corresponding sample with the Swedish sample in which all the students were born in 1987. In order to check reliability of the responses respondents were asked questions regarding personal use of a non-existing drug: “relevin”. The proportion of respondents claimed to have used this drug was low in both countries (0.5% in Switzerland and 0.4% in Sweden). In order to improve reliability, and to remove false positive answers, all respondents who claimed to have taken “relevin” were excluded from the material.

54 All the variables' cut-off points were chosen in order to ensure that enough cases were included in each category and in order to achieve an even distribution of cases across categories.
the more the child tells the parents of his or her activities and the more the child is bonded to conventional society.

Social bonds to school

The variable that measures social bonds to school is self-reported school skipping. This measures the students’ willingness to obey basic rules of the conventional institution they are engaged in. It is expected that strong commitment to school defers the student from skipping school, whereas high levels of school skipping means that the student is not committed to the institution he or she is engaged in. The variable is derived from the question: “during the last 30 days how many whole days of school have you missed because you skipped or “cut”?” The variable has three categories: 0: never, 1: one day, 2: two days or more.

Delinquency

In social control theory, delinquency is commonly the dependent variable which often includes drug use as well as other forms of delinquent behavior. The current study takes a more critical stance towards the definition of cannabis use as delinquency. It is expected that delinquency is culturally and socially defined, and it may or may not correlate with legal definitions. Although stealing a car and using cannabis are both illegal acts per se, cultural normalization of drugs suggests that only the former reflects anything about the person’s moral or rational stake in conformity. Following this line of thought, delinquency is here used as an independent variable predicting the level of cultural normalization of cannabis.

Delinquency was measured based on a delinquency index which was created based on 9 questions regarding students’ frequency of participation in different types of behavior which are against social rules or law. The following categories are used in the analysis: 0: never participated in any type of delinquent activities, 1: participated in some type of delinquency 1-2 times, 2: participated in some type of delinquency 3 times or more.

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55 Much research has questioned the direction of the relationship between commitment to school and cannabis use. Researchers have argued that cannabis use leads to an amotivational syndrome. Following this line of thought, cannabis use constitutes a causal factor for low commitment to school. Research has, however, failed to provide evidence for an amotivational syndrome caused by cannabis. Instead, research indicates that anti-conventional lifestyles and school difficulties constitute causal factors for poor school commitment and cannabis use (Mellinger et al., 1976; Lysaker et al., 2003; Lysaker and Hall 2000; Ferguson et al., 2003).

56 The variable might underestimate school skippers as responses were obtained from students present at school at the time the study was done. Hence, students who skip school are also at greater risk for being excluded from the material than non-skippers.

57 The following behaviours are included in the index: participation in a group teasing an individual, participation in a group beating up an individual, participation in a group starting a fight with another group, having started a fight with another individual, having stolen something, having broken into a place to steal, having damaged public or private property on purpose, having sold stolen goods, having bought stolen goods.
Socio-demographic and other control variables

Research has shown that cannabis use is correlated with gender, family finances and other substance use (Adlaf & Ivis, 1996; Gore et. al., 1992) and these factors were controlled for in the analysis. Gender takes on the categories 0: male and 1: female. The family finances variable is based on student’s perceived economic status of own family compared to other families in the country and it takes on the following categories: 0: high, 1: average 2: low. Lastly, the analysis controls for frequency of lifetime self-reported alcohol use which takes on the following categories: 0: never, 1: 1-9 times, 2: 10 times or more.

Statistical analysis

Separate regression analyses where all variables were entered at once were conducted on the Swiss and the Swedish data sets using SPSS statistical software version 14.0. The cultural normalization of cannabis was analyzed based on the strength of the odds ratios in each country.58 The odds ratios measure the likelihood for the correlations between social bonds to conventional society and cannabis use. Where weak social bonds constituted strong predictors of cannabis use it was inferred that cannabis users are not well described as “ordinary people leading ordinary lives”. The opposite relation of the predictors signifies that cannabis use is to be found among “ordinary” students, and thus that there is evidence for a cultural normalization of cannabis use among 9th graders.

In order to test the possible relation between cultural and behavioral cannabis normalization a comparison between Sweden and Switzerland was conducted based on a separate logistic regression model tested on a pooled data set with both national samples. The model included the independent variables of the first model and interaction terms derived from national belonging and each independent variable. The model thus measured the joint effect of the independent variables in the two countries and the deviance of one country (Switzerland) from the joint effect. Significant results of the interaction terms represent significant differences between the two countries. Since this model was estimated to statistically test the difference in parameters across models only the significance rates are reported on (see table 2).

Limitations

The full details of the assessments of the validity and reliability of the ESPAD data are presented elsewhere (Hibell et al., 2004). In brief, the assessment revealed a generally high level of validity and reliability. For the present study it is, however, particularly important to note that the ESPAD study is a cross-sectional design, not longitudinal, which means that causal relations cannot be tested for. Furthermore, the ESPAD survey does not offer a full picture of cannabis taking youth. Respondents are relatively young, 15-16 years old, which is the age when onset use

58 Odds ratios were calculated from maximum likelihood estimates of regression coefficients and p-values were based on the likelihood ratio tests.
of cannabis usually occurs. Hence, this study is concerned primarily with initial stages of first and repeated cannabis use, rather than progression into long lasting patterns of cannabis use. On the other hand, the age limit offers an advantage of ensuring a high proportion of the age group in the society being represented in the sample.

One cause of concern for the present analysis is that since drug use in Sweden is far less prevalent than in Switzerland, there is a chance that self-reports regarding drug use are more freely given in the latter than in the former country. In the instructions to the students, it was stressed that it was important to answer each question as thoughtfully as possible. Yet, the students were also told that if they for some reason did not want to answer a particular question they did not have to. Thus, missing data rates on the cannabis questions can be seen as an indicator of the respondents’ willingness or unwillingness to report cannabis use. The proportion of unanswered questions for cannabis use was overall low, but there was a difference between the two countries. In Sweden 1% of students were unwilling to answer the question regarding lifetime use of cannabis, whereas the same figure in Switzerland was 0% (Hibell et al., 2004).

This may indicate that there is a national cultural difference at stake which makes it easier to admit cannabis use in Switzerland than it is in Sweden. Nevertheless, since the missing rate is so small it should not lead to any methodological problems in the present study. Furthermore, even if some Swedish students were unwilling to reveal their cannabis use, the comparison between users and non-users will inform the analysis regarding the relative normalization of cannabis use, although the responses are in fact more a mix of cultural and behavioral normalization than it is straightforwardly about behavioral normalization.
RESULTS
Prevalence of lifetime cannabis use

Table 1: Descriptive statistics of background variables and their distributions among users and non-users of cannabis.

<table>
<thead>
<tr>
<th></th>
<th>Sweden</th>
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<th>Switzerland</th>
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<tbody>
<tr>
<td></td>
<td>% User (N:226)</td>
<td>% Non-user (N:2929)</td>
<td>User/non-user ratio (N: 2155)</td>
<td>P-value</td>
<td>% User (N:1028)</td>
<td>% Non-user (N:1567)</td>
</tr>
<tr>
<td>Social bonds to parents</td>
<td></td>
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<tr>
<td>Parents knowledge of child's whereabouts</td>
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</tr>
<tr>
<td>Know always</td>
<td>24</td>
<td>49</td>
<td>0.49</td>
<td>***</td>
<td>40</td>
<td>70</td>
</tr>
<tr>
<td>Know quite often</td>
<td>45</td>
<td>40</td>
<td>1.13</td>
<td>38</td>
<td>25</td>
<td>5.2</td>
</tr>
<tr>
<td>Know sometimes/usually not</td>
<td>31</td>
<td>11</td>
<td>2.82</td>
<td>22</td>
<td>6</td>
<td>3.67</td>
</tr>
</tbody>
</table>

Delinquency Participation in delinquency

|                      |        |                     |                      |   |        |                      |                           |         |
| Never                | 52     | 83                  | 0.63                | ***          | 80                  | 92                  | 0.87              | ***      |
| 1 day                | 19     | 9                   | 2.11                | 11           | 5                   | 2.20                |                    |          |
| 2 days or more       | 29     | 8                   | 3.63                | 9            | 3                   | 3.00                |                    |          |

Control variables

| Economic situation |        |                     |                      |   |        |                      |                           |         |
| Economic situation | 58     | 48                  | 1.21                | **          | 54                  | 45                  | 1.20              | ***      |
| High                | 43     | 47                  | 0.91                | ***          | 37                  | 33                  | 1.12              | NS       |
| Economic situation | 43     | 48                  | 0.90                | 54           | 58                  | 0.93                |                    |          |
| Low                 | 14     | 5                   | 2.80                | 9            | 9                   | 1.00                |                    |          |
| Economic situation | 43     | 48                  | 0.90                | 54           | 58                  | 0.93                |                    |          |
| Alcohol consumption | 1      | 14                  | 0.07                | ***          | 1                   | 11                  | 0.09              | ***      |
| 1-9 times           | 8      | 43                  | 0.19                | 15           | 46                  | 0.33                |                    |          |
| 10 times or more    | 91     | 43                  | 2.12                | 85           | 43                  | 1.98                |                    |          |

P-value: Chi2, NS is Not significant (p>0.1), *p<0.05, **p<0.01, ***p<0.001

Table 1 indicates that there is a significant difference between cannabis users and non-users based on all variables, except from the variable measuring family's economic background in Switzerland. In both countries drug users have proportionally weaker social bonds to school and parents than non-users. Furthermore, whilst non-users are more likely than users to have been involved in delinquent activities 1-2 times, cannabis users are more likely to have repeatedly been involved in delinquent acts than non-users.

Additionally, the table shows that proportionally more students in Switzerland, regardless of cannabis use, reported strong parental control than their Swedish
counterparts and also proportionally more students in the Swiss sample had never skipped school than in the Swedish sample. On the other hand, proportionately more students in Sweden had never participated in delinquent activities than students in Switzerland.

**Predicting cannabis use by social control variables**

In table 2 odds ratios are presented, obtained by logistic regression analysis. For this article, only the final model is presented.

### Table 2: logistic regression for Sweden and Switzerland of lifetime cannabis use versus non-use among 15-16 year olds controlling for social bond variables, gender, socio-economic background and alcohol lifetime use.

<table>
<thead>
<tr>
<th></th>
<th>Sweden</th>
<th></th>
<th>Switzerland</th>
<th></th>
<th>Pooled data set</th>
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<tbody>
<tr>
<td></td>
<td>(n=2569) OR Sig.</td>
<td>95% CI</td>
<td>(n=2297) OR Sig.</td>
<td>95% CI</td>
<td>P-value</td>
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<tr>
<td><strong>Social bonds to parents</strong></td>
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<td></td>
<td></td>
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<tr>
<td>Child’s whereabouts (ref. cat.: Know always)</td>
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<tr>
<td>Know quite often</td>
<td>1.43 NS 0.96-2.14</td>
<td>1.72*** 1.39-2.13</td>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Know sometimes/usually not</td>
<td>1.92** 1.21-3.26</td>
<td>4.16*** 3.02-5.72</td>
<td>***</td>
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<td></td>
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<tr>
<td><strong>Social bonds to school</strong></td>
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<tr>
<td>School skipping (ref. cat: Never)</td>
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<tr>
<td>1 day</td>
<td>1.74* 1.10-2.80</td>
<td>1.83** 1.26-2.64</td>
<td>NS</td>
<td></td>
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<tr>
<td>2 days or more</td>
<td>2.43*** 1.59-3.70</td>
<td>2.68*** 1.66-4.32</td>
<td>NS</td>
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<tr>
<td><strong>Delinquency</strong></td>
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<tr>
<td>Participation in delinquency (ref. cat.: Never)</td>
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<tr>
<td>1-2 times</td>
<td>0.92 NS 0.51-1.66</td>
<td>1.01 NS 0.78-1.31</td>
<td>NS</td>
<td></td>
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<tr>
<td>3 times or more</td>
<td>3.28*** 2.22-4.83</td>
<td>1.50** 1.19-1.89</td>
<td>**</td>
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<tr>
<td><strong>Control variables</strong></td>
<td></td>
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<tr>
<td>Gender (ref. cat.: Men)</td>
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<tr>
<td>Economic situation (Ref. cat.: High)</td>
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<tr>
<td>Average</td>
<td>0.97 NS 0.68-1.38</td>
<td>0.89 NS 0.72-1.10</td>
<td>*</td>
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<tr>
<td>Low</td>
<td>2.30** 1.34-3.97</td>
<td>0.83 NS 0.57-1.20</td>
<td>NS</td>
<td></td>
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</tr>
<tr>
<td>Alcohol consumption</td>
<td>7.22*** 4.31-12.10</td>
<td>5.05*** 4.10-6.21</td>
<td>***</td>
<td></td>
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</tbody>
</table>

P-value, NS is Non-significant (p>0.1), *p<0.05, **p<0.01, ***p<0.001

Taken as a whole, the logistic regression analyses show that when controlling for various variables, social bonds and participation in delinquency predict cannabis use in Sweden and Switzerland. At the same time it must be highlighted that overall, the variables do not produce very high predictive power for cannabis use.

When examining table 2 in more detail it also becomes evident that the individual social control dimensions do not predict cannabis use in a clear cut manner across the two samples. The first predictor, which measure social bonds to parents, show that parent’s lack of child’s whereabouts increases the odds for cannabis use in the Swiss sample more than it does in the Swedish sample. The interaction terms in the pooled dataset show that the national difference is significant. In the second
dimension, the differences between the predictor power in each country is much smaller. Furthermore, and although skipping school was a slightly stronger predictor of cannabis use in Switzerland than in Sweden, the interaction terms in the pooled dataset indicate that there was no significant difference between the Swiss and Swedish samples.

In the delinquency dimension, only repeated participation in delinquent behavior significantly increases the odds for cannabis use in the two countries. Furthermore, the relative strength of the odds ratio differs from the two previous dimensions; the deviance index variable had a greater strength in the Swedish than in the Swiss sample. The relevant interaction term in the pooled data set reveals that this difference between the two countries is significant.

Finally, the analysis shows that gender is not a significant predictor in the Swedish or the Swiss sample. The economic background variable was insignificant on all levels in both countries, except from in Sweden in terms of being from a low economic background which produced a significant odds of 2.30. Lifetime alcohol consumption was a strong significant predictor of cannabis use in both countries.

**DISCUSSION**

If cannabis prevalence figures are taken as the only measure for cannabis normalization we could, based on ESPAD data, conclude that cannabis use is normalized or moving towards normalization in Switzerland, whereas the same is untrue for Sweden. A cannabis prevalence rate of 40% in the Swiss sample comes close to the levels interpreted as evidence of drug normalization in Parker et al.’s work (2002) as well as in other research on drug normalization (e.g. Duff, 2003, 2005; Calafat et al., 2001; Lenton et al., 1997). The Swedish prevalence rate of 7% is, on the other hand, far from the level which in the literature has been considered a sign of drug normalization.

Yet, when we consider the fact that the normalization concept also entails a cultural component, the issue of drug normalization is far more ambiguous. Indeed, the analysis shows that there is no clear cut answer to the first question posed at the outset of this article; *can cannabis users be considered to be relatively “ordinary” when compared to non-users?* The study suggests that cannabis users in both Sweden and Switzerland are reasonably bounded to conventional society, yet total cultural normalization does not exist in any of the samples as social bond factors successfully separate users from non-users. Overall, strong social bonds are protective factors against cannabis use.

Furthermore, looking at the separate dimensions it becomes evident that the different social bonds to conventional society do no show linear and easily interpretable results. Cannabis users in Switzerland have significantly weaker social bonds to parents than they do in Sweden. Thus, this dimension may be interpreted
as evidence of relatively more cultural normalization of cannabis in Sweden than in Switzerland. The results must, however, be interpreted with extreme caution. Indeed, one alternative interpretation to these results might be found in distinct national parenting styles and ideals which may affect the association with cannabis use differently. Table 1 shows that the Swedish students reported proportionally less parental control than their Swiss counterparts. This may indicate a general trend in which Swedish parents are more permissive with fewer demands or restrictions on behavior than in Switzerland. Daun (1998), for instance, has noted that independence is a Swedish ideal in the upbringing of children. Thus, whilst the results might indicate a modest yet stronger cultural normalization in Sweden than in Switzerland, competing explanations derived from cultural differences in parenting ideals cannot be dismissed.

In terms of school skipping there was no significant difference between Sweden and Switzerland. Thus, in terms of social bonds to school and cannabis use, neither of the countries can be said to exemplify more cultural normalization than the other.

The delinquency dimension was interestingly not significant in either country in terms of having taken part in a delinquent activity once or twice. This may be interpreted as a lack of difference between users and non-users. Nevertheless, it is also plausible that lack of significant results is due to an insufficient number of cases in each category. Having participated in delinquent activities three times or more, on the other hand, had a significant predictive power in both countries, and it was much stronger in Sweden than in Switzerland. As opposed to the results related to the dimension measuring social bonds to parents, this may be interpreted as a greater lack of cultural cannabis normalization in Sweden than in Switzerland. Based on the results one may hypothesize that cannabis use in Sweden is more commonly considered a deviant act among 16-year-olds than in Switzerland, which in turn leads to the situation in which cannabis use in Sweden to a greater extent than in Switzerland attracts a particular, somewhat deviant fraction of the population. This line of thought has, for instance, been suggested by Boekhout van Solinge (1997). Also Parker et al.'s (1998) normalization thesis might suggest a similar interpretation as it notes that one token of normalization is that the majority of current users do not have strong delinquent tendencies.

The non-significance of gender and economic background in the analysis also needs to be commented on. Well-established research findings show that deviancy is more common among the male population than the female population and also in the lower economic sections of society. Thus, an insignificant gender gap and result on the economic background variable between users and non-users of cannabis might be interpreted as an indication of cultural cannabis normalization in both countries included in the study. Indeed, such an interpretation is in line with the normalization thesis (Parker et al., 1998) which argues that drug use acceptance
is spreading across a range of social backgrounds, including women and high economic classes, which were previously less likely to be involved with drugs. The non-significance may, however, also be due to a lack of cases in the categories and the results can thus not easily be interpreted as cannabis normalization.

Furthermore, it needs to be noted that although coming from an average economic family background did not produce any significant results in any of the countries, coming from a low economic family background did show significant results in the Swedish sample. This may be interpreted as a lack of cultural normalization in Sweden as it is evident that cannabis users are more likely to be of low economic family background than non-users. Yet, due to insignificant results in the Swiss data set comparisons and thus also a further insight into the issues is impossible to explore.

The second research question of this study asked: does the level of cannabis users’ “ordinary” lives coincide with a similar level of drug use normality measured based on prevalence rates? In terms of the effects of each dimension included in the present analysis there is no clear pattern of concurrence of the two normality dimensions. In fact, only the delinquency dimension may provide clear-cut evidence that cultural normality coincides with high cannabis prevalence levels.

CONCLUSION
Parker and his colleagues have set out a model for adolescent drug use that requires the researcher to move beyond the simple numerical picture that aggregated epidemiological research provides. Indeed, the basic idea of normalization is that drugs are socially constructed and that one needs to begin examining the culture and meaning of adolescent drug use in order to move towards a better understanding of drug use in contemporary society. This basic position helps the researcher move away from a priory moralistic and pathological understandings of drug use and instead place the focus of drug research within the realm of cultural norms and social practice (Blackman, 2004).

Certainly, the normalization thesis might enable a better understanding of patterns of drug use as it precipitates an analysis of drug use as process as opposed to a static and pharmacological phenomenon. As such, the normalization thesis offer a pragmatic and useful way forward in reaching a better understanding of drug use in the young normal population. The normalization thesis is, however, not a coherent theory. It is rather made up of various and loosely defined dimensions and it is uncertain to which extent, if any, these relate to each other. This study has attempted to bring further light on some of the different dimensions of the normalization thesis and their possible relation. The study shows that the different dimensions currently incorporated in the normalization concepts do not necessarily relate in a linear manner; that cultural cannabis normalization does not necessarily follow behavioral cannabis normality. As such the study highlights the fact that the
normalization concept may be useful to the investigation of drug taking in very different drug taking contexts. The concept may, for instance, be useful in low prevalence countries although drug normalization was originally meant to investigate drug taking in high prevalence circumstances.

Furthermore, in terms of pushing forward the normalization debate the results of this study show that it is important to distinguish and also systematically investigate the different normalization dimensions. Indeed, the present analysis is a small but significant step towards using the drug normalization concept for investigating the relation between drug culture and behavior. We need, however, to understand better the mechanisms which trigger changes in drug related norms and drug related behavior and the relation between them. The normalization concept usefully includes both a behavioral and cultural dimension and further relevant empirical research, most usefully based on longitudinal research designs, might be able to shed further light on the directional relation between the dimensions.

Certainly, the work began by Parker et al. is only a starting point towards the developing of theories and study designs that concern drug taking in contemporary society, youth cultures and responses to them. We still need to better grasp the norms concerning drug use and its interpretation in different youth contexts and cultures. Whilst the normalization thesis is one step forward in this regard, the process is far from completed.

Acknowledgement
I would like to express my sincere gratitude to Robin Roos, Klara Selin, Jessica Storbjörk and Gerhard Grmel for reading earlier versions of the article and for sharing their insightful suggestions. The article also benefited from the help of Lars Bergman’s, Tove Axelsson Sohlberg’s and Ellen J. Amundsen’s valuable advice.

References


Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.


Appendix I
APPENDIX I

Interview guide - socially integrated drug users, myth or reality?

Drug experience
Can you tell me a bit about the first time you used alcohol?
   When?
   How did it feel?
   What happened?

Can you tell me about the first time you used drugs?
   Did you use it in combination with alcohol?
   What happened?
   With whom did you use?
   What was the reason for your first drug use?

Can you tell me about your drug use - from the first time you used until today?
   Which drugs have you used?
   Which is your favorite drug/s?
   How often do you use?
   Have you ever felt that you needed to increase the intake of drugs in order to get
   the same effect as before or because you wanted to get a different effect of the
   drug?
   Have there been periods during which you have used more drugs than in other
   periods? If so, why? Under what circumstances?
   Can you tell me why you use drugs today?

Can you tell me about a typical occasion for your drug use?
   In what kind of circumstances do you normally use drugs?
   Where do you normally use drugs?
   If you use drugs with others, who do you normally use with?
   Do you have contact with these people also when you do not use drugs?
   Are there usually people who do not use drugs present when you use drugs? If so,
   how do they react to your or other's drug use?
   Are there any special rituals or traditions you do when you use drugs?
   How do you normally ingest drugs?

Can you tell me what happens when you get the drugs?
   Is it easy to get a hold of the drugs?
   How to you get drugs?
   Where do you get drugs?
   How much time do you spend getting drugs?
   How much money do you spend on drugs?
Can you explain me how it feels to take drugs?
   What do you feel right before you take drugs/when you take drugs/immediately after you take drugs/the day after drug-taking?

Have you ever taken drugs when you initially did not want to take drugs?
What do you feel when people around you take drugs but you do not?
Can it be difficult to say “no” to drugs?

Have you ever had a bad drug experience? Can you tell me about it?
What is your best experience with drugs?
What is your worst experience with drugs?

Do you think that drugs have affected your physical health?
Do you think that drugs have affected your mental health?

**Gender**
Can you tell me about other people you know who also use drugs?
   Is it mostly women or men?
Do you think there is a difference regarding how men and women use drugs?
Do you think there are more men who use drugs than women? Why?
Do women and men use drugs in different ways?

**Attitudes**
How do you think your life would have been if you never had used drugs?

What kind of meaning do drugs have in your life today?

Do you have siblings?
   Do they use drugs?
   How does that make you feel?
   How would you react if they use or wanted to use drugs?

Do you think there is a difference between dangerous and non-dangerous drug use?
Can you give me an example of dangerous and non-dangerous drug use?
Do you think there is a difference between the risks of different kinds of drugs?
How would you characterize your own drug use in terms of risk? Has it always been like that?

Do you know anyone who has become addicted to drugs?
   How did that happen?
   What do you think is the reason for the person’s addiction?

If you wanted to, do you think you could stop using drugs?
   Why do you think you have not become addicted? (If the informant thinks he/she is addicted, ask why he/she thinks he/she has become addicted?)
   Do you think there is a risk for you to becoming addicted?
   What, if anything, could make you stop using drugs?
   If you would need help to stop taking drugs, what kind of help do you think would suit you best?

Do you think that the society should help those who get addicted? How? Why?
Who has the responsibility for the social problems that are related to drug-taking?

What do you think about society's official drug information?

What do you think about Sweden's drug-related legislation?
   What do you think about the fact that it is illegal to use/sell drugs?
   Do you think it would be a better society if drugs were legal?
   What do you think the effects of sanctions for drug use/sale are?
   Would you use drugs more openly or in a different way if it was legal?

Background questions
   What is your
   - Age?
   - Nationality?
   What do you do for a living? (study, work, full-time or half-time, unemployed?)
   What is the highest education that you have completed or are currently completing?
Appendix II
Before you start, please read this

This questionnaire is part of an international study on alcohol, drugs and tobacco use among students your age. The survey is performed this year in more than 30 European countries. The Swedish Council for Information on Alcohol and Other Drugs, CAN, SWEDEN initiated the project, and it is supported by the Pompidou Group at the Council of Europe. This is the third study. The first one was done in 1995 and the second in 1999.

In your country the survey is done by .................... The results will be presented in a national report as well as in an international comparison of the results from all participating countries. The report will not include any results of single classes.

Your class has been randomly selected to take part in this study. You are one out of about 2.800 students in .........., participating in the study.

This is an anonymous questionnaire - it does not include your name or any other information, which would identify you individually. When you have finished the questionnaire, please put it in the enclosed envelope and seal it yourself. Do not write your name on that either. Your teacher/survey administrator will collect the envelopes after completion.

If the study is to be successful, it is important that you answer each question as thoughtfully and frankly as possible. Remember your answers are totally confidential.

The study is completely voluntary. If there is any question, which you would find objectionable for any reason, just leave it blank.

This is not a test. There are no right or wrong answers. If you do not find an answer that fits exactly, mark the one that comes closest. Please, mark the appropriate answer to each question by making an “X” in the box.

We hope you will find the questionnaire interesting. If you have a question, please raise your hand and your teacher/survey administrator will assist you.

Thank you in advance for your participation.

Please begin.
The first questions ask for some background information about yourself and the kinds of things you might do.

1. What is your sex?
   - Male
   - Female

2. When were you born?
   - Year 19

3. How often (if at all) do you do each of the following?
   - Mark one box for each line.
   - a) Ride around on a moped or motorcycle just for fun
   - b) Play computer games
   - c) Use the Internet
   - d) Actively participate in sports, athletics or exercising
   - e) Read books for enjoyment (do not count schoolbooks)
   - f) Go out in the evening (to a disco, cafe, party etc)
   - g) Other hobbies (play an instrument, sing, draw, write etc)
   - h) Play on slot machines (the kind in which you may win money)

4. During the LAST 30 DAYS how many whole days of school have you missed?
   - Mark one box for each line.
   - a) Because of illness
   - b) Because you skipped or "cut"
   - c) For other reasons

5. Which of the following best describes your average grade in the end of the last term?
   - A (93-100)
   - A- (90-92)
   - B+ (87-89)
   - B (83-86)
   - B- (80-82)
   - C+ (77-79)
   - C (73-76)
   - C- (70-72)
The next major section of this questionnaire deals with cigarettes, alcohol and various other drugs. There is a lot of talk these days about these subjects, but very little accurate information. Therefore, we still have a lot to learn about the actual experiences and attitudes of people your age.

We hope that you can answer all questions, but if you find one, which you feel you cannot answer honestly, we would prefer that you leave it blank.

Your answers will not be made known to anyone, they will never be connected with your name or your class.

The following questions are about CIGARETTE SMOKING.

6. On how many occasions (if any) during your lifetime have you smoked cigarettes?

<table>
<thead>
<tr>
<th>Number of occasions</th>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-39</th>
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</table>

7. How frequently have you smoked cigarettes during the LAST 30 DAYS?

- [ ] Not at all
- [ ] Less than 1 cigarette per week
- [ ] Less than 1 cigarette per day
- [ ] 1-5 cigarettes per day
- [ ] 6-10 cigarettes per day
- [ ] 11-20 cigarettes per day
- [ ] More than 20 cigarettes per day

The next questions are about ALCOHOLIC BEVERAGES – including beer, wine and spirits.

8. On how many occasions (if any) have you had any alcoholic beverage to drink?

Mark one box for each line.

<table>
<thead>
<tr>
<th>Number of occasions</th>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-39</th>
<th>40 or more</th>
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<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

a) In your lifetime ........................................

b) During the last 12 months..........................

c) During the last 30 days .............................

9. Think back over the LAST 30 DAYS. On how many occasions (if any) have you had any of the following to drink?

Mark one box for each line.

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<tr>
<th>Number of occasions</th>
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<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-39</th>
<th>40 or more</th>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

a) Beer (do not include low alcohol beer) ......

b) Wine ....................................................

c) Spirits (whisky, cognac, shot drinks etc) (also include spirits mixed with soft drinks)
10. The last time you had an alcoholic drink, did you drink any beer/lager/stout? If so, how much? (Do not include low alcohol beer).
   - [ ] I never drink beer
   - [ ] I drank beer on my last drinking occasion
   - [x] Less than a regular bottle or can (<50 cl)
   - [ ] 1-2 regular bottles or cans (50-100 cl)
   - [ ] 3-4 regular bottles or cans (101-200 cl)
   - [ ] 5 or more regular bottles or cans (>200 cl)

11. The last time you had an alcoholic drink, did you drink any cider? If so, how much? (Do not include low alcohol cider).
   - [ ] I never drink cider
   - [ ] I drank cider on my last drinking occasion
   - [ ] Less than a regular bottle or can (<50 cl)
   - [ ] 1-2 regular bottles or cans (50-100 cl)
   - [ ] 3-4 regular bottles or cans (101-200 cl)
   - [ ] 5 or more regular bottles or cans (>200 cl)

12. The last time you had an alcoholic drink, did you drink any alcopop? If so, how much?
   - [ ] I never drink alcopops
   - [ ] I drank alcopops on my last drinking occasion
   - [ ] Less than a regular bottle or can (<50 cl)
   - [ ] 1-2 regular bottles or cans (50-100 cl)
   - [ ] 3-4 regular bottles or cans (101-200 cl)
   - [ ] 5 or more regular bottles or cans (>200 cl)

13. The last time you had an alcoholic drink, did you drink any wine? If so, how much?
   - [ ] I never drink wine
   - [ ] I drank wine on my last drinking occasion
   - [ ] Less than a glass (<15 cl)
   - [ ] 1-2 glasses (15-30 cl)
   - [ ] Half a bottle (37 cl)
   - [ ] A bottle or more (≥75 cl)

14. The last time you had an alcoholic drink, did you drink any spirits? If so, how much?
   - [ ] I never drink spirits
   - [ ] I drank spirits on my last drinking occasion
   - [ ] Less than a drink (<5 cl)
   - [ ] 1-2 drinks (5-10 cl)
   - [ ] 3-5 drinks (11-25 cl)
   - [ ] 6 drinks or more (≥30 cl)
15. Think of the last day on which you drank alcohol. Where were you when you drank?
Mark all that apply.
☐ I never drink alcohol
☐ At home
☐ At someone else's home
☐ Out on the street, in a park, beach or other open area
☐ At a bar or a pub
☐ In a disco
☐ In a restaurant
☐ Other places (please describe) ........................................................................................................................................................

16. Think back over the LAST 30 DAYS. How many times (if any) have you bought beer, wine or spirits in a store (grocery store, liquor store, kiosk or gas station) for your own consumption?
Mark one box for each line.

<table>
<thead>
<tr>
<th>Number of occasions</th>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-39</th>
<th>40 or more</th>
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<tbody>
<tr>
<td>a) Beer (do not include low alcohol beer)</td>
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<tr>
<td>b) Wine</td>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>c) Spirits</td>
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<tr>
<td>d) Spirits</td>
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<tr>
<td>e) Spirits</td>
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17. Think back once more over the LAST 30 DAYS. How many times (if any) have you had five or more drinks in a row? (A "drink" is a glass of wine (ca 15 cl), a bottle or can of beer (ca 50 cl), a shot glass of spirits (ca 5 cl) or a mixed drink.)
☐ None
☐ 1
☐ 2
☐ 3-5
☐ 6-9
☐ 10 or more times

18. How likely is it that each of the following things would happen to you personally, if you drink alcohol?
Mark one box for each line.

<table>
<thead>
<tr>
<th>Very likely</th>
<th>Likely</th>
<th>Unsure</th>
<th>Unlikely</th>
<th>Very unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Feel relaxed</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) Get into trouble with police</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>c) Harm my health</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>d) Feel happy</td>
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<td>e) Forget my problems</td>
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<tr>
<td>f) Not be able to stop drinking</td>
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<tr>
<td>g) Get a hangover</td>
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<tr>
<td>h) Feel more friendly and outgoing</td>
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<td>☐</td>
<td>☐</td>
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<tr>
<td>i) Do something I would regret</td>
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<td>☐</td>
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<tr>
<td>j) Have a lot of fun</td>
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<tr>
<td>k) Feel sick</td>
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</table>
19. **On how many occasions (if any) have you been drunk from drinking alcoholic beverages?**
   
   Mark one box for each line.

<table>
<thead>
<tr>
<th>Number of occasions</th>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-39</th>
<th>40 or more</th>
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<tbody>
<tr>
<td>a) In your lifetime</td>
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<tr>
<td>b) During the last 12 months</td>
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</tr>
<tr>
<td>c) During the last 30 days</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

20. **Please indicate on this scale from 1 to 10 how drunk you would say you were the last time you were drunk.**

   | Somewhat | Heavily intoxicated to the point of being unable to stand on my feet |
   |          | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |
   | merry only |     |     |     |     |     |     |     |     |     |     |
   |           |     |     |     |     |     |     |     |     |     |     |
   |           |     |     |     |     |     |     |     |     |     |     |
   |           |     |     |     |     |     |     |     |     |     |     |
   |           |     |     |     |     |     |     |     |     |     |     |

   [ ] I have never been drunk

21. **How many drinks do you usually need to get drunk? (A "drink" is a glass of wine (ca 15 cl), a bottle or can of beer (ca 50 cl), a shot glass of spirits (ca 5 cl) or a mixed drink.)**

   [ ] I never drink alcohol
   [ ] I have never been drunk
   [ ] 1-2 drinks
   [ ] 3-4 drinks
   [ ] 5-6 drinks
   [ ] 7-8 drinks
   [ ] 9-10 drinks
   [ ] 11-12 drinks
   [ ] 13 drinks or more

22. **Have you ever heard of any of the following drugs?**

   Mark one box for each line.

   a) Tranquillisers or sedatives (give names that apply) [ ] Yes [ ] No
   b) Marijuana or hashish [ ] Yes [ ] No
   c) LSD [ ] Yes [ ] No
   d) Amphetamines [ ] Yes [ ] No
   e) Crack [ ] Yes [ ] No
   f) Cocaine [ ] Yes [ ] No
   g) Relevin [ ] Yes [ ] No
   h) Heroin [ ] Yes [ ] No
   i) Ecstasy [ ] Yes [ ] No
   j) GHIB [ ] Yes [ ] No
   k) Methadone [ ] Yes [ ] No
   l) "Magic mushrooms" [ ] Yes [ ] No

   [ ] Yes [ ] No
23. Have you ever wanted to try any of the drugs mentioned in question 22?
   ☐ Yes
   ☐ No

24. On how many occasions (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil)?
   Mark one box for each line.

<table>
<thead>
<tr>
<th>Number of occasions</th>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-39</th>
<th>40 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) In your lifetime</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) During the last 12 months</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) During the last 30 days</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

25. On how many occasions (if any) have you sniffed a substance (glue, aerosols etc) to get high?
   Mark one box for each line.

<table>
<thead>
<tr>
<th>Number of occasions</th>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-39</th>
<th>40 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) In your lifetime</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) During the last 12 months</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) During the last 30 days</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Tranquillisers and sedatives, like .... (give examples that are appropriate) are sometimes prescribed by doctors to help people to calm down, get to sleep or to relax. Pharmacies are not supposed to sell them without a prescription.

26. Have you ever taken tranquillisers or sedatives because a doctor told you to take them?
   ☐ No, never
   ☐ Yes, but for less than 3 weeks
   ☐ Yes, for 3 weeks or more

27. Have you ever used any of the following drugs?
   Mark one or more boxes for each line.

   a) Tranquillisers or sedatives (without a doctor’s prescription) ☐
   b) Amphetamines............................................................................................................. ☐
   c) LSD or some other hallucinogens .................................................................................. ☐
   d) Crack .................................................................................................................................. ☐
   e) Cocaine ............................................................................................................................. ☐
   f) Relevin .................................................................................................................................. ☐
   g) Heroin .................................................................................................................................... ☐
   h) Ecstasy ................................................................................................................................. ☐
   i) “Magic mushrooms”........................................................................................................... ☐
   j) GHB ........................................................................................................................................ ☐
   k) Drugs by injection with a needle (like heroin, cocaine, amphetamine)........................... ☐
   l) Alcohol together with pills ................................................................................................. ☐
   m) Alcohol and marijuana/hashish at the same time.................................................................. ☐
   n) Anabolic steroids.................................................................................................................. ☐

   Yes, during the last 30 days Yes, during the last 12 months Yes, during lifetime
   ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
28. **On how many occasions in your lifetime (if any) have you used any of the following drugs?**

Mark one box for each line.

<table>
<thead>
<tr>
<th>Number of occasions</th>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-39</th>
<th>40 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Tranquillisers or sedatives (without a doctor’s prescription)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) Amphetamines</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) LSD or some other hallucinogens</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d) Crack</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e) Cocaine</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f) Relevin</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g) Heroin</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>h) Ecstasy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>i) &quot;Magic mushrooms&quot;</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>j) GHB</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>k) Drugs by injection with a needle (like heroin, cocaine, amphetamine)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>l) Alcohol together with pills</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>m) Alcohol and marijuana/hashish at the same time</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>n) Anabolic steroids</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

29. **When (if ever) did you FIRST do each of the following things?**

Mark one box for each line.

<table>
<thead>
<tr>
<th>Never</th>
<th>11 years old or less</th>
<th>12 years old</th>
<th>13 years old</th>
<th>14 years old</th>
<th>15 years old</th>
<th>16 years old</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Drink beer (at least one glass)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) Drink wine (at least one glass)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) Drink spirits (at least one glass)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d) Get drunk on alcohol</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e) Smoke your first cigarette</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f) Smoke cigarettes on a daily basis</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g) Try amphetamines</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>h) Try tranquilisers or sedatives (without a doctor’s prescription)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>i) Try marijuana or hashish</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>j) Try LSD or other hallucinogen</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>k) Try crack</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>l) Try cocaine</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>m) Try heroin</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>n) Try ecstasy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>o) Try “magic mushrooms”</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>p) Try GHB</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>q) Try drugs by injection with a needle (like heroin, cocaine, amphetamine)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>r) Try inhalants (glue, etc) to get high</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>s) Try alcohol together with pills</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>t) Try anabolic steroids</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
We want to find out how people begin to take drugs. We want you to think back to the very first occasion (if any) on which you took any of them and tell us about it. (Let us say again that any information you choose to give us about this will be very strictly confidential to the researchers. Your name is not on this questionnaire and nobody will attempt to find it out).

30. What was the FIRST drug (if any) that you have ever tried?
   - [ ] I have never tried any of the substances listed below
   - [ ] Tranquilizers or sedatives without a doctor’s prescription
   - [ ] Marijuana or hashish
   - [ ] LSD
   - [ ] Amphetamines
   - [ ] Crack
   - [ ] Cocaine
   - [ ] Relevin
   - [ ] Heroin
   - [ ] Ecstasy
   - [ ] “Magic mushrooms”
   - [ ] GHB
   - [ ] I don’t know what it was

31. How did you get this substance?
   - [ ] I have never used any of the substances listed in question 30
   - [ ] Given to me by an older brother or sister
   - [ ] Given to me by a friend, a boy or a girl, older than me
   - [ ] Given to me by a friend my own age or younger
   - [ ] Given to me by someone I have heard about but did not know personally
   - [ ] Given to me by a stranger
   - [ ] It was shared around a group of friends
   - [ ] Bought from a friend
   - [ ] Bought from someone I have heard about but did not know personally
   - [ ] Bought from a stranger
   - [ ] Given to me by one of my parents
   - [ ] Took it at home without my parents permission
   - [ ] None of these (please describe briefly how you did get it)……………………………………
   - [ ] ……………………………………………………………………………………………………………………………………………………

32. Which was the reason(s) for you to try this drug?
   Mark all that apply.
   - [ ] I have never used any of the substances listed in question 30
   - [ ] I wanted to feel high
   - [ ] I did not want to stand out from the group
   - [ ] I had nothing to do
   - [ ] I was curious
   - [ ] I wanted to forget my problems
   - [ ] Other reason(s), please specify…………………………………………………………………………………………………………
   - [ ] Don’t remember
33. In which of the following places do you think you could easily buy marijuana or hashish if you wanted to?

Mark all that apply.

- [ ] I don’t know of any such place
- [ ] Street, park etc
- [ ] School
- [ ] Disco, bar etc
- [ ] House of a dealer
- [ ] Other(s), please specify: ...........................................................................................................................

34. How much do you think PEOPLE RISK harming themselves (physically or in other ways), if they:

Mark one box for each line.

<table>
<thead>
<tr>
<th>Activity</th>
<th>No risk</th>
<th>Slight risk</th>
<th>Moderate risk</th>
<th>Great risk</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) smoke cigarettes occasionally .................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) smoke one or more packs of cigarettes per day ................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) have one or two drinks nearly every day ....................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) have four or five drinks nearly every day ...................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) have five or more drinks each weekend .......................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) try marijuana or hashish (cannabis, pot, grass) once or twice ..........</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) smoke marijuana or hashish occasionally .....................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) smoke marijuana or hashish regularly .......................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i) try LSD once or twice ..................................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j) take LSD regularly ...................................................................</td>
<td></td>
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<tr>
<td>k) try an amphetamine (uppers, pep pills, bennie, speed) once or twice..</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l) take amphetamines regularly ....................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m) try cocaine or crack once or twice ...........................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n) take cocaine or crack regularly ..............................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o) smoke crack once or twice .....................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p) smoke crack regularly ............................................................</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>q) try ecstasy once or twice .......................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>r) take ecstasy regularly ...........................................................</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>s) try GHB once or twice .............................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>t) take GHB regularly .................................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>u) try drugs by injection with a needle or twice ................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>v) take drugs by injection with a needle regularly ...........................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>w) try inhalants (glue etc) once or twice ......................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>x) take inhalants (glue etc) regularly ..........................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
35. How difficult do you think it would be for you to get each of the following, if you wanted?
Mark one box for each line.

<table>
<thead>
<tr>
<th>Item</th>
<th>Impossible</th>
<th>Very difficult</th>
<th>Fairly difficult</th>
<th>Fairly easy</th>
<th>Very easy</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Cigarettes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Beer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Wine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Liquor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Marijuana or hashish (cannabis, pot, grass)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) LSD or some other hallucinogen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Amphetamines (uppers, pep pills, benzos, speed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) Tranquillizers or sedatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i) Crack</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j) Cocaine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k) Ecstasy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l) Heroin (snack, horse)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m) &quot;Magic mushrooms&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n) GHB</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o) Inhalants (glue etc)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p) Anabolic steroids</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

36. How many of your friends would you estimate ....
Mark one box for each line.

<table>
<thead>
<tr>
<th>Item</th>
<th>None</th>
<th>A few</th>
<th>Some</th>
<th>Most</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) smoke cigarettes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) drink alcoholic beverages (beer, wine, spirits)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) get drunk at least once a week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) smoke marijuana (pot, grass) or hashish</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) take LSD or some other hallucinogen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) take amphetamines (uppers, pep pills, benzos, speed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) take tranquillizers or sedatives (without a doctor’s prescription)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) take cocaine or crack</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i) take ecstasy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j) take heroin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k) take inhalants (glue etc)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l) take &quot;magic mushrooms&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m) take GHB</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n) take alcohol together with pills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o) take anabolic steroids</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 2 3 4 5
37. Have you ever had any of the following problems? Mark all that apply for each line.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Yes, because of my alcohol use</th>
<th>Yes, because of my drug use</th>
<th>Yes for reasons other than alcohol or drug use</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Quarrel or argument</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) Scuffle or fight</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) Accident or injury</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d) Loss of money or other valuable items</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e) Damage to objects or clothing you owned</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f) Problems in your relationship with your parents</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g) Problems in your relationship with your friends</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>h) Problems in your relationship with your teachers</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>i) Performed poorly at school or work</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>j) Victimized by robbery or theft</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>k) Trouble with police</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>l) Hospitalised or admitted to an emergency room</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>m) Engaged in sexual intercourse you regretted the next day</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>n) Engaged in sexual intercourse without a condom</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

38. Do you think that heavy drinking influences the following problems? Mark one box for each line.

<table>
<thead>
<tr>
<th></th>
<th>Yes, considerably</th>
<th>Yes, quite a lot</th>
<th>Yes, to some extent</th>
<th>Yes, but only a little</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Traffic accidents</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) Other accidents</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) Violent crime</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d) Family problems</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e) Health problems</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f) Relationship problems</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g) Financial problems</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

39. Does any of your older siblings ….? Mark one box for each line.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
<th>Don’t have any older siblings</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) smoke cigarettes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) drink alcoholic beverages (beer, wine, spirits)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) get drunk</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d) smoke marijuana or hashish (pot, grass)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e) take tranquillisers or sedatives (without a doctor’s prescription)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f) take ecstasy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
The next questions ask about your parents. If mostly foster parents raised you, stepparents, or others answer for them. For example, if you have both a stepfather and a natural father, answer for the one that was the most important in raising you.

40. What is the highest level of schooling your father completed?
   - [ ] Completed primary school or less
   - [ ] Some secondary school
   - [ ] Completed secondary school
   - [ ] Some college or university
   - [ ] Completed college or university
   - [ ] Don't know, or does not apply

41. What is the highest level of schooling your mother completed?
   - [ ] Completed primary school or less
   - [ ] Some secondary school
   - [ ] Completed secondary school
   - [ ] Some college or university
   - [ ] Completed college or university
   - [ ] Don't know, or does not apply

42. How well off is your family compared to other families in your country?
   - [ ] Very much better off
   - [ ] Much better off
   - [ ] Better off
   - [ ] About the same
   - [ ] Less well off
   - [ ] Much less well off
   - [ ] Very much less well off

43. Which of the following people live in the same household with you?
   Mark all that apply.
   - [ ] I live alone
   - [ ] Father
   - [ ] Stepmother
   - [ ] Mother
   - [ ] Stepmother
   - [ ] Brother(s) and/or sister(s)
   - [ ] Grandparent(s)
   - [ ] Other relative(s)
   - [ ] Non-relative(s)

44. How satisfied are you usually with......

   a) your relationship to your mother? ......................
   - [ ] Very satisfied
   - [ ] Satisfied
   - [ ] Neither satisfied or not satisfied
   - [ ] Not so satisfied
   - [ ] Not at all satisfied

   b) your relationship to your father? ......................
   - [ ] Very satisfied
   - [ ] Satisfied
   - [ ] Neither satisfied or not satisfied
   - [ ] Not so satisfied
   - [ ] Not at all satisfied

   c) your relationship to your friends? ......................
   - [ ] Very satisfied
   - [ ] Satisfied
   - [ ] Neither satisfied or not satisfied
   - [ ] Not so satisfied
   - [ ] Not at all satisfied

   1 2 3 4 5
45. Do your parents know where you spend Saturday nights?
   ☐ Know always
   ☐ Know quite often
   ☐ Know sometimes
   ☐ Usually don’t know

46. If you have ever used marijuana or hashish, do you think that you would have said so in this questionnaire?
   ☐ I already said that I have used it
   ☐ Definitely yes
   ☐ Probably yes
   ☐ Probably not
   ☐ Definitely not

47. If you have ever used heroin, do you think that you would have said so in this questionnaire?
   ☐ I already said that I have used it
   ☐ Definitely yes
   ☐ Probably yes
   ☐ Probably not
   ☐ Definitely not

---

The next section includes questions about your parents’ thoughts about alcohol and drug use.

A1. If you wanted to smoke (or already do), do you think your father and mother would allow you to do so?
Mark one box for each line.

<table>
<thead>
<tr>
<th></th>
<th>Would allow (allows me) to smoke</th>
<th>Would not (does not) allow smoking at home</th>
<th>Would not (does not) allow smoking at all</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Father</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) Mother</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

A2. What do you think your mother’s reaction would be if you do the following things?
Mark one box for each line.

<table>
<thead>
<tr>
<th></th>
<th>She would not allow it</th>
<th>She would discourage it</th>
<th>She would not mind</th>
<th>She would approve of it</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Get drunk</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) Use marijuana/hashish</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) Use ecstasy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

A3. What do you think your father’s reaction would be if you do the following things?
Mark one box for each line.

<table>
<thead>
<tr>
<th></th>
<th>He would not allow it</th>
<th>He would discourage it</th>
<th>He would not mind</th>
<th>He would approve of it</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Get drunk</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) Use marijuana/hashish</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) Use ecstasy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
A4. How satisfied are you usually with ....
Mark one box for each line.

<table>
<thead>
<tr>
<th></th>
<th>Very satisfied</th>
<th>Satisfied</th>
<th>Neither satisfied or not satisfied</th>
<th>Not so satisfied</th>
<th>Not at all satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) the financial situation of your family? ....</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) your health?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) yourself?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

A5. How often do the following statements apply to you?
Mark one box for each line.

<table>
<thead>
<tr>
<th></th>
<th>Almost always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Seldom</th>
<th>Almost never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) My parents set definite rules about what I can do at home........</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) My parents set definite rules about what I can do outside the home</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) My parents know whom I am with in the evenings..........................</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d) My parents know where I am in the evenings ..................................</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e) I can easily get warmth and caring from my mother and/or father..........</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f) I can easily get emotional support from my mother and/or father........</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g) I can easily borrow money from my mother and/or father ...............</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>h) I can easily get money as a gift from my mother and/or father .......</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>i) I can easily get warmth and caring from my best friend...............</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>j) I can easily get emotional support from my best friend...............</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

A6/ How much money do you usually spend a week for your personal needs without your parents’ control?
B1.

........................................................................................................... National currency

The following questions are about yourself and things you might do.

B2. What house work do you usually do at home?
☐ I do shopping
☐ I take care of younger sisters/brothers
☐ I take care of pets
☐ I cook
☐ I clean the house/apartment
☐ I do laundry
☐ I wash dishes
☐ I work on the household plot of land (garden)
☐ I take care of farm animals
☐ I care about elder family members
☐ I take out the trash
☐ I don’t usually do any house work
B3. How much TV or video do you estimate you watch on an average weekday?

☐ None
☐ Half-hour or less
☐ About 1 hour
☐ About 2 hours
☐ About 3 hours
☐ About 4 hours
☐ 5 hours or more

B4. How good do you think you are at schoolwork, compared to other people your age?

☐ Excellent, I am probably one of the very best
☐ Well above average
☐ Above average
☐ Average
☐ Below average
☐ Well below average
☐ Poor, I am probably one of the worst

The following section is about what you think of yourself.

C1. Below is a list of statements dealing with your general feelings about yourself.  
Mark one box for each line to indicate if you agree or disagree.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) On the whole, I am satisfied with myself ..................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) At times I think I am no good at all.........................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) I feel that I have a number of good qualities ................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) I am able to do things as well as most other people .......................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) I feel I do not have much to be proud of.....................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) I certainly feel useless at times................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) I feel that I'm a person of worth, at least on an equal plane with others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) I wish I could have more respect for myself..................................</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>i) All in all, I am inclined to feel that I am a failure........................</td>
<td></td>
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</tr>
<tr>
<td>j) I take a positive attitude toward myself......................................</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

C2. During the LAST 7 DAYS, how often .......
Mark one box for each line.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Rarely or never</th>
<th>Sometimes</th>
<th>Several times</th>
<th>Most of the times</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Have you lost your appetite, you did not want to eat ......................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Have you had difficulty in concentrating on what you want to do ........</td>
<td></td>
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<tr>
<td>c) Have you felt depressed ..............................................................</td>
<td></td>
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</tr>
<tr>
<td>d) Have you felt that you had to put great effort and pressure to do the things you had to do .......................................................</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>e) Have you felt sad..................................................................................</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>f) Couldn’t you do your work (at home, at work, at school) ..................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C3. How much do you agree or disagree with the following statements?  
Mark one box for each line.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Totally agree</th>
<th>Rather agree</th>
<th>Don't know</th>
<th>Rather disagree</th>
<th>Totally disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) You can break most rules if they don’t seem to apply</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) I follow whatever rules I want to follow</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) In fact there are very few rules absolute in life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) It is difficult to trust anything, because everything changes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) In fact nobody knows what is expected of him/her in life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) You can never be certain of anything in life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following questions concern behaviours, which may be against some social rules or the law. We hope that you will answer all the questions. Nevertheless, if you come across a question, which you cannot answer honestly, we prefer that you leave it unanswered. Remember that your answers are anonymous.

C4. During the LAST 12 MONTHS, how often have you ......  
Mark one box for each line.

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Number of occasions</th>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-39</th>
<th>40 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) hit one of your teachers</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>b) gotten mixed into a fight at school or at work</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>c) taken part in a fight where a group of your friends were against another group</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) hurt somebody badly enough to need bandages or a doctor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) used any kind of weapon to get something from a person</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) taken something not belonging to you, worth over (the equivalent of) $10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) taken something from a shop without paying for it</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) set fire to somebody else's property on purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i) damaged school property on purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j) gotten into trouble with the police for something you did</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C5. Has any of the following ever happened to you?  
Mark one box for each line.

<table>
<thead>
<tr>
<th>Event</th>
<th>Not at all</th>
<th>Once</th>
<th>Twice</th>
<th>3-4 times</th>
<th>5 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Run away from home for more than one day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Thought of harming yourself</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Attempted suicide</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The following questions concern behaviours, which may be against some social rules or the law. We hope that you will answer all the questions. Nevertheless, if you come across a question, which you cannot answer honestly, we prefer that you leave it unanswered. Remember that your answers are anonymous.

**D1. During the LAST 12 MONTHS, how often have you ....**
Mark one box for each line.

<table>
<thead>
<tr>
<th>Number of occasions</th>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-29</th>
<th>40 or more</th>
</tr>
</thead>
</table>
a) participated in a group teasing an individual. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
b) participated in a group bruising an individual | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
c) participated in a group starting a fight with another group | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
d) started a fight with another individual | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
e) stolen something worth (give a rounded sum approx equivalent to 2-3 movie theatre tickets) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
f) broken into a place to steal | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
g) damaged public or private property on purpose | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
h) sold stolen goods | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**D2. During the LAST 12 MONTHS, how often have you ....**
Mark one box for each line.

<table>
<thead>
<tr>
<th>Number of occasions</th>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-29</th>
<th>40 or more</th>
</tr>
</thead>
</table>
a) been individually teased by a whole group of people | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
b) been bruised by a whole group of people | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
c) been in a group that was attacked by another group | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
d) had someone start a fight with you individually | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
e) had something worth (give a rounded sum approx equivalent to 2-3 movie theatre tickets) stolen from you | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
f) had someone break into your home to steal something | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
g) had someone damage your belongings on purpose | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
h) bought stolen goods | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
The last section of the questionnaire includes some questions about alcohol and moist snuff.

**O1.** Now think back over the LAST 30 DAYS. On how many occasions (if any) have you had any *home made* or *smuggled* alcohol to drink? 
Mark one box for each line:

<table>
<thead>
<tr>
<th>Number of occasions</th>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-39</th>
<th>40 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Home made beer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Home made wine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Home made spirits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Smuggled beer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Smuggled wine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Smuggled spirits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**O2.** On how many occasions (if any) have you used moist snuff? 
Mark one box for each line:

<table>
<thead>
<tr>
<th>Number of occasions</th>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-39</th>
<th>40 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) In your lifetime</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) During the last 12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) During the last 30 days</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**O3.** How much moist snuff have you used during the LAST 30 DAYS?

- [ ] None at all
- [ ] Less than 1 box per week
- [ ] 1 box per week
- [ ] 2 boxes per week
- [ ] 3 boxes per week
- [ ] 4 or more boxes per week