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Dr. Jekyll and Mr. Hyde

The Strange Case of the Two Selves of Clandestine Drug Users in Scotland

Drugs and Alcohol Today

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3 The perception illicit drug use is problematic, to be solved via medicine, social work and
4 drug enforcement agencies is widespread (McPhee et al, 2012). This article disputes
5 such discourse and argues the user of illicit drugs should not be homogenised. Illicit
6 drug use is one activity amongst many that (some) people, conventionally, pursue. The
7 article draws upon qualitative research that utilised a bricoleur ethnographic
8 methodology (Rodgers 2012). The focus is on the drug taking of non-treatment seeking
9 illegal drug users. Findings reveal this demography manage conflicted social identities.
10 The potential stigma of being discovered as an illicit drug user generates strategies to
11 secure a clandestine self, (i.e. Mr. Hyde). The paper explores how and in what way
12 socially competent drug users differ from others who are visible to the authorities as
13 criminals by criminal justice bureaucracies and known to treatment agencies as defined
14 problem drug users.
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Keywords: drug addiction, identity, illicit drugs, sociology, ethnography

Context

Dr. Jekyll and Mr Hyde is a gothic novella by Scottish author Robert Louise Stevenson (1886). His choice of the name 'Hyde' symbolises this character whom prefers not to be recognised. Stevenson argues humans have a dual conflictual nature, and proposes the soul is an inherent battleground where an 'angel' and 'fiend' struggle for dominance. Hyde is situated in dark side which squeezes out Dr. Jekyll. Man's essential nature lies hidden beneath the veneer of civilisation. Although 'dark' illicit drug consumption is a site of "extreme enjoyment" lying outside the capitalist economy of desire and legitimate consumption (Bjerg 2008). Contrary to received opinion that the enjoyment of the drug user undermines desire for other pleasures and things (Bjerg, 2008), the symbolic order inhabited by Stevenson's fictive being manages to overcome psychoactive drug domination and maintain the positive self-representation of "socially integrated drug users" (Rodner et al 2005).

Like Stevenson, we propose a homo duplex. Our model of the self is one that is both alert to convention and fearful of stigma should the 'fiend', the illicit drug-taker, be discovered. If the stigmatised self, Hyde, were revealed, his/her civil death would ensue. Hyde would have won, but at a cost. The tenability avoiding this perilous outcome supports the thesis that the physiological effects of drug taking does not dominate behaviour and that cultural factors inform outcomes (Shewan et al 2005; Weinberg, 2002). Sociological analyses of drug addiction propose that to assist

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3 addiction recovery we should emphasise it as a project of activating a self-identity
4 which is integrated (Weinberg 2002). Neale et al (2010) note the difficulty captured or
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6 known problem users have as a result of recovery processes attempts to reclaim and
7
8 restore an unspoiled identity.
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13 This article focuses on the illicit drug use of a neglected hidden population of
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15 drugs takers who are not formally identified as problem users. The non-captured drug
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17 taker has never sought treatment, nor been imprisoned for either drug possession or
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19 unruly behaviour while intoxicated.
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23 The intentionally unseen (McPhee 2013) suggested that there were hidden users
24
25 'out there' unknown to services and the police, and even friends and families. This
26
27 paper explains theoretically how hidden populations use agency as protective factors to
28
29 avoid becoming known as drug takers by resisting the othering that accompanies how
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31 structures and language construct the typical drug user identity as spoiled, contagious,
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33 evil and beyond retribution (McPhee 2009, MCPhee 2013).
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38 The research question the study examines is: How and in what way does a
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40 climate of moral legal and medical censure and ensuing societal reaction to the use of
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42 certain drugs, impact on the social worlds of non-treatment seeking illicit drug users?
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44 We explore the social experiences of hidden and unseen drug users who live through
45
46 their careers as drug takers in a moral universe from which they would be excluded if
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48 their 'clandestine' identity were revealed to 'outsiders' (Becker 1963). The specific
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50 empirical objectives were to explore the participants' subjective experiences of being
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52 hidden drug takers and how these intersect with their status as otherwise 'normal' and
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3 productive law-abiding citizens. Emphasis rests on the function that drug use plays in
4 their hidden social identity. To that end our analysis explores membership of sub-
5 cultures deemed deviant by society (Parker et al., 1998; Hammersley, 2011,
6 Hammersley et al, 2001).
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13 Orne (2013) using Goffman's classic work, *Stigma: Notes on the Management of a*
14 *Spoiled Identity* (1963), found queer young people capable of maintaining a "double
15 consciousness" by using management strategies, for instance, by either disengaging or
16 by tailoring their identity to conform. The 'discredited' individual conceals stigma by
17 covering and preventing the stigma trait from "looming large" and being a focus for
18 interactional attributions. The aim is to prevent a loss in status, and worse,
19 criminalisation. Goffman (1959, 1971) argues the ability to present oneself as a moral
20 actor is crucial in enabling participation in, and maintaining, full membership of the
21 moral societal community. He coins the notion 'career' to apply to any practice that
22 implies a career path of a social identity. Goffman's career concept (1961:119) refers
23 to 'any social strand of a person's course through life'. He argues progression through
24 life as a social actor is a career. The 'backstage' in his dramaturgical model of the social
25 refers to what is hidden in contrast to the 'frontstage' which is public. Goffman's multi-
26 plex view of identity is a presentation in response to the perceived demands of
27 everyday life including normative expectations that others may hold.
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49 'Hidden populations' is a euphemistic phrase often applied by convention to
50 marginalised groups, i.e. homeless, criminals, sex workers and class-A drug users
51 (Frank & Snijders, 1994; Griffiths, et al. 1993). Shewan et al (2005) argue drug
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3 research ought to incorporate hidden populations and desist from concluding that
4 chemical effects of drugs are always addictive and destructive. In their study of heroin
5 users, they propose destructive outcomes emerge not necessarily from drug toxicity,
6 but from the attendant psychological and social effects of drug taking; culture and
7 psychology are potential causal factors responsible for adverse effects (Golub et al,
8 2005). Heroin can be used over considerable duration and by those who have no
9 contact with agencies, nor criminal records. On the contrary most of their experienced
10 user sample were in employment and Higher Education. Weinberg (2002) argues
11 against the received medicalised position that drug addiction and its effects are located
12 in pathological deficiencies. Instead Weinberg (2002) proposes key elements of
13 addiction are cultural and social transgression which transmits the meanings of the
14 addiction process which some argue in the case of "methadone maintenance" equates
15 to a bio-political discipline (Bourgeois, 2000).
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34 Axel Klein (2011) argues the symbolic and ideological functions of drug policy
35 triumph over scientific objectivity. Some researchers are sceptical about drug policy
36 objectives (Berridge and Thom, 1996; Seddon, 2011; Seddon, 2005, Seddon et al.,
37 2008; Duke 2001; Ashton 2006). Critics describe the tendency to play down value
38 conflicts and power struggles that occur between various agencies of social control,
39 particularly medicine and law enforcement, which create factions and opposing
40 stakeholder interests. The possession of drugs that have been defined as illegal breaks
41 the law within the confines of the United Kingdom Misuse of Drugs Act 1971.
42 Criminalising drug takers, and medicalising the use of drugs, valorises the abstinent
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3 identity of non-drug users as a norm, thereby creating binary categories of drug users
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5 and non-drug users, and by extension, good healthy citizens and bad unhealthy
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7 criminogenic citizens (Brown, 2007; McPhee 2013). Since the formation of the UN
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9 conventions in 1961 and 1971, the use of certain drugs, i.e. opiates, cocaine and
10
11 cannabis, have been linked to addiction, crime and deviance (Szasz 2003; Goode,
12
13 2006). Weinberg (2002) argues that we must “de-naturalise addiction” and foreground
14
15 its sociology. In this vein Hammersley (2011) argues research ought to shift away from
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17 theorising “drug-users” and instead explore “drug-use” as a strategy of avoiding
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19 medicalising this field.
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27 **Methodology**

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30 Using methods employed by McPhee (2013) and informed by the work of
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32 Pearson (2001) provided an ‘emic’ and an ‘etic’ view (Headland et al., 1990) in
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34 identifying and recruiting participants. That view is articulated within the frames of
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36 reference of an insider, as opposed to a purely ‘etic’ framework of understanding from
37
38 the perspective of the ‘objective’ outsider. As part of a wider study on drug use and
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40 drug distribution we included observational field notes at events where drug taking
41
42 occurred, semi-structured interviews and informal discussions with over 30 drug users
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44 at varying ‘career’ stages. Transcripts and summaries of 24 of these have been
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46 produced that document their views. Salient extracts from participants are included in
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48 the paper to provide insights in relation to issues surrounding the research question.
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55 **Recruitment and inclusion exclusion criterion**

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5 Initially four 'gatekeepers' provided researchers with an introduction to drug users who
6 fitted the inclusion criteria. They had to have been current or former users of illegal
7 drugs and have not had any contact with any treatment agency or service. Potential
8 participants were excluded on the basis of having had experience of formal treatment
9 or contact with the criminal justice system for drug offences.
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18 After gatekeeper networks had been exhausted, the researchers reverted to a wider
19 chain referral network to recruit further participants. This method of selection via the
20 first social gathering to recruit participants yielded several suitable participants. This
21 method of selection involved mentioning exactly what type of user the researchers were
22 interested in, for example an equal number of male and female users¹ and a large
23 enough sample of opiate experienced users.
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33 Anonymity was assured and identifying details (known only to researchers) were kept
34 separate from recordings and transcripts. Interviews lasted one hour and took place in
35 a private room ensuring confidentiality. Using a digital recorder, participants were asked
36 to explore their experiences of using controlled drugs. Data saturation occurred after 24
37 full transcriptions were typed and coded descriptively. A selection of transcripts were
38 read to allow the main (sub)themes to emerge. The method of structured thematic
39 analysis using inductive and deductive processes was used (Neale 2016). After a coding
40 structure was compiled, all transcripts were read and analysed using this method.
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56 ¹ Examining gender differences in detail was not a research objective.
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3 **Table 1 and 2 here (see appendix 1)**
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5 **FINDINGS**
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8 Table 1 documents drug types, and frequency. Table 2 indicates demographic details
9 of participants documented at the onset of the semi structured interviews. Information
10 regarding age, residence, age at first drug use, age they first injected drugs, current
11 status, and in particular whether they had ever used heroin, a drug particularly feared
12 and demonised, is included.
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21 The strategies participants used to remain hidden included identity rejections, identity
22 exchanges and identity concealment.
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25 **Identity rejections**
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28 Problematic drug users are most associated in stereotypical constructions of user
29 identities as heroin injectors, or heroin injectors in waiting. This was a stereotype firmly
30 resisted by participants. Gilbert, an intermittent user of several drugs including MDMA
31 and ketamine, described 'problematic users'. This was an identity he rejected:
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40 'The lowest of the low. They don't work, get by in life on drugs and that's
41 wrong.' - (Gilbert)
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48 When asked to characterise traits and qualities which signified being a problematic
49 drug user, Alison stated:
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3 'Out of control, promiscuous, [selfish], losing control...the way they view things
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5 [results in their] social network disappear [ing],' - (Alison).
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10 Alison's statement supports literature in that recreational users are at risk of
11 becoming problematic users should 1) sufficient and 2) continual exposure to drugs
12 occur. This view was consistent among all opiate naive participants and fits with wider
13 public discourse. Yet, this was not a view shared by opiate experienced participants.
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Kilroy presented a more nuanced opinion whereby he did not consider the drugs themselves to be the main variable resulting in problematic use:

'If you've got a coke addiction then you've got to be a high-flyer, you've got to be pulling in the money. I don't see those types of people in a sort of greasy-haired spotty way as I would imagine heroin users, junkie[s].' – (Kilroy)

Kilroy drew attention to economic resources, and other types of capital, that individuals may have at their disposal. Kilroy used this as a tool for measuring what is, or more likely to become, 'problematic'. Addiction is more than drug exposure alone. Rather a user's economic situation may be an important factor in influencing drug choice, as well as consumption method, and ensuing consequences. In general participants repeated and endorsed perceptions that heroin users, and more so injectors, were 'untrustworthy', and different from *their* own sensible controlled use (McPhee 2013). Significantly, some participants, considered addicts as biologically

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3 different from non-addicted users. Juliet argued some are 'born addicts', alluding to the
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5 phenomenon known as 'crack baby syndrome' when referring to 'heroin bab[ies]':
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10 'Some might have been born...a heroin baby and they've got it in their blood.' -
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12 (Juliet).
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18 Isabel further emphasized the point that addiction is inherited, and viewed addicts as
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20 having:
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25 '...a tendency to be schizophrenic, so they've got that imbalance in their head. I
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27 don't think these drugs will necessarily...give you psychological problems but if
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29 you have that gene within you [beforehand] then that might be the thing that
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31 sways it.' - (Isabel).
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37 Leshners' (2000) hijacked brain theory likewise suggests addiction is primarily
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39 biological, and recognised or diagnosed by a loss of control over use. A significant
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41 proportion of participants described the connection between addictive drugs, for
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43 example heroin, with an innate addictive nature, as being likely to result in problematic
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45 drug use:
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3 [problematic users] just wait for their next dole cheque or wage to get more
4 drugs. That is somebody who lets the drug use them rather than them using the
5 drug.' - (Robert).
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12 Robert, a former heroin user, argued that for some users, they have little, or no
13 control over their desire for drug consumption; resulting in problematic usage. While
14 most shared this view, a few opiate naive participants knew heroin users who did not
15 neatly fit such stereotypes, despite still adhering to general stereotypical narratives in
16 their wider discussion.
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25 For most participants, factors of being an innate 'addict' and 'drug addictiveness'
26 were considered the primary causal factors in defining and differentiating between
27 addiction and controlled use. The creation of such boundaries enabled participants to
28 identify themselves as different from 'addicts', and thus reject a drug addict identity.
29 Addicts were described as easily identifiable. Not only because of their mode of dress²,
30 accents, or visible characteristics. In being visible, heroin addicts are vulnerable; and
31 open for identification as 'The Other' (Bauman, 1989). Thus, they were considered part
32 of a deviant sub-culture, easily recognisable, and subsequently, instantly subjected to
33 societal scorn. Ronald explained how heroin and crack cocaine are more likely to result
34 in problematic use:
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55 ² I.e. wearing long sleeve shirts and jackets, which helped cover the 'track marks' on their arms from regular
56 injecting.
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3 'Depends on what kind of drug user that you're talking about...I've not come
4 across a decent heroin addict yet, they would rob you. Crack-heads [also],
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6 would rob you.' - (Ronald)
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12 Literature reveals these two drug types as particularly addictive, with sufficient
13 exposure. However, there is also literature that has found users able to control the use
14 of such drugs (Hammersley and Ditton, 1994; Shewen and Dalgarno, 2005) and
15 challenges the view that drug exposure is a sufficient causal factor resulting in loss of
16 control, and risk of addiction. However, such evidence was unknown to participants,
17 who generally repeated the views disseminated via 'drug talk'³. Yet, there are several
18 scholars who have challenged the 'drug talk' discourse: arguing addiction to be part of a
19 social construction. Consequently, any efforts to locate the cause of habitual drug use in
20 the user or in the drug is a somewhat pointless exercise. McPhee (2013) notes there is
21 substantial evidence from statistical relationships between dislocation and social
22 problems like alienation, anomie, crime, and drug addiction. Yet participant Mary, a
23 regular cannabis user and occasional opium user, who worked in media did
24 acknowledge such labels were somewhat socially constructed. Mary had recently
25 conducted research on poverty, and found while many individuals in deprived areas
26 wanted to cease taking drugs, much of their root problem stemmed from deeper non-
27 drug related issues:
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55 ³ A reference to temperance discourses that legitimises demonising users of illegal drugs for choosing intoxication
56 over abstinence.
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3 [I] was interviewing kids...in prison [and who had] drug habits... [yet] not that it
4 isn't a drug addict's fault, [but] if [they] had been taken out of poverty and
5 [social exclusion] and [given] some jobs [they may not have consumed drugs],'
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10 – (Mary)
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15 This view was expressed by a small minority of participants. The majority tended to
16 view the cause of addiction in biological or psychological explanations and ignored
17 environmental or structural factors related to inequality and deprivation. Yet given that
18 there were a variety of competing explanations for addiction – biological, structure,
19 psychological – all expressed by the participants, merely highlights the complexity of
20 the debate in both the academic and public arena, as to what addiction actually is, and
21 what policy/approach might best suit in addressing such issues. Indeed Yvonne, who
22 had tried heroin and lived with a regular user discussed how several of her social group
23 became addicts while others did not:
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39 [heroin] was pants. The experience wasn't as good as it was made out to be...I
40 just expected something more like when you take E[cstasy], you feel
41 wonderful...[heroin] just wasn't that great. ' - (Yvonne)
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49 When probed as to why she did not become an addict and others in her social
50 circle did, Yvonne stated that other things such as work', 'friends', and 'kids' were
51 simply more important. It would seem that when other things are held in higher
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3 esteem, than the use of drugs, then drug problems are less likely. What is certain is
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5 that numerous risk factors beyond exposure are important in contributing towards
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7 problematic usage.
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10 11 12 **Identity exchanges and negotiated loss of control**

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15 Participants discussed how drugs were not only an enjoyable experience, but in
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17 many cases, drug taking proved somewhat functional in that it allowed participants to
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19 experience a temporary 'loss of control' and sense of escapism. Rather than using
20
21 terms like 'loss of control' in the strictest sense, participants emphasised that such
22
23 behaviour occurred within created risk boundaries. They preferred to describe
24
25 themselves as creative risk takers, as opposed to irresponsible hedonists:
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32 'The whole point of taking drugs with me is I like to get really high to a point,
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34 where you're not coming down for a while and you feel great.' - (Ronald)
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40 Like Ronald, most participants gave similar reasons for drug taking, whereby they
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42 sought to temporarily exchange the contingent identity for a somewhat controlled
43
44 hedonist pursuit. Participants adopted language which described their own drug taking
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46 as having been risk assessed and thus responsible. Participants actively rejected
47
48 stereotypical descriptions of hedonism. Temporary, and responsible, loss of control
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50 meant that participants, as with Ronald, did not put their 'master-status' at risk.
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54 Participants rejected the imposed boundaries byway of addiction discourses, which
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3 emphasised drug use as of out of control, and risk of addiction. Rather, by making loss
4 of control about pleasure, participants like Ronald exercised their individual agency,
5 temporarily exchanging one identity for another. Drug taking was therefore typically
6 viewed as personal 'me' time, whereby the working day ceased, and recreation began.
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8 Silvia explained:
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18 'It (drug taking) is a reward and a kind punctuation, a knocking off.' - (Silvia).
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23 Drugs are used to symbolically create atmospheres/environments that are
24 leisurely, and like in all other human activity, there are serious users, with a high
25 degree of knowledge, intermittent users, and '(drug) tourists', who come and go, but do
26 not actively identify with the 'native', or regular user.
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34 Karen, a daily user of cannabis, and former opiate user stated:
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39 'Drug user is a pretty vague term for a pretty broad spectrum. Which end of the
40 spectrum should I pick...habitual user or recreational.'- (Karen)
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47 As Karen notes, drug use exists on an ever-shifting continuum, making 'labelling'
48 problematic if at all possible. Interestingly, why participants first started using drugs,
49 and their reasons for continuing, changed little. Ultimately drug use was considered to
50 aid sociability and enjoyment in the company of like-minded individuals. This finding is
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3 of course contrary to the typical service user narrative and discussion of drug careers
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5 which end in abstinence or death. As this narrative was distinctive, it was therefore
6
7 important to explore the mechanisms by which participants separated 'recreational'
8
9 from 'problematic', and through which status was achieved and communicated,
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11 exercising control. The purpose or function of the narrative was to create a separate
12
13 identity, functional insofar as it distanced the participants from the stereotypical
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15 problem user, and perhaps also the typical problem users' lack or loss of agency, once
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17 labelled and 'outed' as a problem user akin to Stevenson's depiction of Mr Hyde.
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25 **Identity concealment**

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27 Three distinct forms of identity concealment, through which participants also
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29 derived their sense of normality and social inclusion, emerged from the data. These
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31 were the 'worker', the 'parent', and the 'hobby enthusiast'. Ronald, a worker, stated:
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37 'I'm just a normal functioning human being. I've got friends ... some of them are
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39 very successful and run really successful businesses and they take drugs like
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41 myself, just as and when, it's not something they are doing every day.' -
42
43
44 (Ronald)
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49 Ronald normalised his use by categorising it as something which most of his
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51 social circle practice. By emphasising that this did not affect his capacity to be an
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53 effective worker, Ronald neutralised potentially stigmatising labels. Donald went a step
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3 further, and categorised drug taking as something the majority of people do, and used
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5 his workplace as a representative sample:
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10 'Most folk I know take drugs, illegal drugs of one sort or another... probably a
11
12 quarter to a third of the people [in the workplace] take drugs.' – (Donald)
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18 Donald's view that the use of some illegal drugs is essentially normalised, or
19
20 accomodated was quite contrary with how drug takers are typically characterised in
21
22 government policy documents, and perceived by 'moral entrepreneurs' (See Becker,
23
24 1963). While this situation though was possibly unique to Donald's workplace, or even
25
26 an exaggeration, it was a finding which supports the narratives of other participants.
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28 Donald explained that users may acknowledge each other's drug taking at his place of
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30 employment, but it was concealed from others out with for fear of reprisal, stigma, or
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32 persecution:
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39 'I mean one of the lads; his wife does not know anything of his coke use.' –
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41
42 (Donald)
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47 Donald referred to this particular friend as 'Escobar-veneer', because he
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49 consumed so much cocaine, yet hid this behind a 'vener' or cover of respectability
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51 that even significant others did not know. Participants spoke at great length about
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53 concealing their alter ego identity even during recreational times, and while they
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3 considered drug taking was very much common practice amongst most of their peer
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5 networks, the governing societal discourse meant that they still had to conceal it
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7 from others, including loved ones. This was particularly true for those who were
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9 parents. Juliet explained why one of her friends can never become one 'in the know'
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11 regards her drug taking:
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17 'We have so much in common; I could talk to her all day. But I would never
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19 bring her on a night out, as I've heard her comment on people taking drugs.
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21 Because I think she is so against them, she believes it's a bad thing. Although
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23 we are friends she is so against it so I choose not to tell her anything.' – (Juliet)
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30 Thus, there was considerable risk attached to drug use disclosure in certain
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32 workplaces, Colette explained:
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37 'You couldn't just talk about this to anybody, like people in your work or
38
39 whatever.' (Colette)
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44 'Child protection' social policy is underpinned by the discourse that drug using
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46 parents are more likely to practice poor parenting, and that their drug wants may
47
48 supersede their children's needs (Barnard and McKeganey, 1999). Such beliefs stem
49
50 from temperance dogma⁴. Several cannabis using parents discussed how they
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56 ⁴ See Hogarth's engraving titled 'Gin Lane'
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3 limited consumption to when their children were in bed or staying at a
4 relative's/friend's house. For parents who consumed drugs such as ecstasy or
5
6 cocaine, this was typically limited to weekends: again, when children were being
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8 supervised by other adults.
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13 Being a parent meant negotiating the identity nexus of parent/user. Thus,
14 one identity was often decanted for another depending on the circumstances and
15 setting. As such, drug use was risk assessed, controlled, and typically confined to
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17 'recreational time'. It would even impact upon levels and duration of consumption
18 during these times. Isabel explained that she was a parent of a young child, and
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20 how she managed the risks of intoxication, and loss of control:
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30 'With a young child in the group that we socialise with, I always take less
31 than them and am always aware that I've got to leave. If they are going to
32 start taking an E pill usually to their one, I take half ... I've got to get home
33 and be responsible and all that.' (Isabel).
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42 Isabel pointed out that even during the identity exchange which occurs in
43 recreational time, she had to be aware of the impact consumption may have on her
44 other identity as a parent, and thus put in place certain risk boundaries.
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49 Those who adopted the 'hobby enthusiast' identity as part of the concealment from
50 law-abiding citizen to drug user, included a variety of activities. These ranged from
51 being a 'petrol head' who spent time racing cars and bikes, to 'club tourists' who
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3 would use drugs at certain clubs/parties, or other social events, to those who
4 engaged in sports to mitigate the negative effects of prolonged use of stimulant
5 type drugs. These responsible risk assessors required safe places where they could
6 express this aspect of their personal identity with like-minded others, where there
7 appeared to be a group cohesion, as those who 'use' and those who are not part of
8 the social worlds of the purposely unseen. Drug use for club tourists, particularly
9 older participants, was seen as a way of tearing down social barriers like class and
10 other subjective divisions. Harry explained:
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25 'I met a lot of people through it (MDMA) as well too, clubbers, people that I
26 would probably not normally have a great deal in common with, from very
27 affluent backgrounds, when we were doing the club thing.' - (Harry)
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35 Harry indicated that drug use in certain social events was a way of bonding
36 users who would usually operate independently of one another. Drug- taking
37 environments were largely perceived as classless environments where social
38 distinctions were created through having knowledge about drugs, as opposed to
39 what one consumes, owns or has achieved. The clothes, music, lifestyle all
40 interacted to create aspects of an identity that allowed a sense of belonging, where
41 drug taking was not condemned as irresponsible, but tasteful and even essential to
42 the enjoyment of music. Yet, for others, like those who had a predominantly
43 sporting identity, such as Kirk (a rambler and climber), or John (a martial arts
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3 expert), drugs fitted into their lifestyles better than other socialising substances like
4 alcohol. Kirk explained why he tended to favour illegal drug use over alcohol
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6 consumption:
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13 I hate anything that gives me a hangover... it doesn't suit what I do with the
14 rest of my life....Me and my [friend] were into climbing and we were coming
15 back from weekends, totally knackered and we used to drink in a boozier and
16 we heard about sulph or wiz (amphetamine sulphate) that gave you a bit of a
17 buzz. It meant you were wide awake, and we thought it would match our
18 weekend's hill-walking, climbing.' - (Kirk)
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30 These participants, like Kirk, enjoyed risk, and considered alcohol as 'empty
31 carbs' or gave participants a 'hangover'. Stimulant drugs were seen to fit their
32 particular lifestyles better. The use of the stimulants amphetamine and cocaine
33 enabled Kirk and his friend to pursue energetic pastimes. Several participants
34 indicated that drugs were functional, and not just in the social nexus. Sport tends
35 to overall be in general a group/social activity to one extent or another. Identity
36 concealments and exchanges, it would seem, are possible due to the blur in the
37 discursive divides between non-user, user, recreational user, and problematic user,
38 and the ability of the users to successfully switch identities, and exercise an agency
39 unavailable to know and 'outed' problem users. Thus, for the participants, drug use
40 was merely one part of an eclectic identity. In rejecting stereotypical user and
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3 problem user labels they avoided negative social reaction and being discovered or
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5 labelled as a 'problem' drug user. It was this fear that motivated them to remain
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7 purposefully hidden and unseen.
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10 11 12 **Discussion**

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15 This paper contends that the personal identity discourse of participants is an
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17 attempt to align themselves with non-user identities to prevent socially damaging
18
19 stigma. Participants presented themselves as part of moral social groupings, while
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21 simultaneously engaging in certain behaviours routinely scapegoated and stigmatised.
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25 The participant responses suggested that the functional and instrumental value
26
27 of drugs was the 'nexus' around which a significant part of their hidden social life
28
29 existed. Consumption of drugs was often confined to weekends and social occasions
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31 and the use of stimulants in particular was considered purposeful insofar as they
32
33 allowed some users to stay awake and/or consume alcohol without succumbing to its
34
35 depressant properties and exhibiting a loss of control.
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39 If the experiences and perceptions of our participants potentially reflect wider
40
41 norms and a significant proportion of Scotland's population have experienced drugs, or
42
43 know people who have, who did not become problem users, then it could be argued
44
45 that we reconsider conceptualising drug users as 'offender-addicts in waiting'. In the
46
47 past a 'drug-user' was definable as a member of a deviant sub-group (Becker, 1963). It
48
49 is without doubt that adopting an 'addict' identity or being known as an addict is a
50
51 radical shift in individuality, and highly stigmatised (Radcliffe & Stevens, 2008).
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3 Common misperceptions of drug users construct stigmatised identities based on
4 misidentifying drug of choice with pathology (Anthony, et. al., 1994) or on their route of
5 administration (e.g. junkies and injectors) (Samaha & Robinson, 2005; Radcliffe and
6 Stevens 2008), or their type of crime (drug traffickers, dealers etc.) (Yacoubian 2001,
7 Galenianos, et al., 2017; EMCDDA 2017). We require explanations for drug taking that
8 move away from simple constructions of deviance and labelling. It is no longer
9 appropriate to label drug users as 'outsiders' (Becker 1967), as this is only a small part
10 of their personal and social identity. The management of an aspect of identity, which
11 must be concealed to protect self-esteem and status as 'normal', is required (Goffman,
12 1963).

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15 Identification for the participants in this research was characterised in terms of
16 protecting esteem and managing potential social affronts. Users construct positive
17 identities by rejecting negative aspects of identities that are potentially stigmatising
18 (being a heroin smoker but rejecting emphatically the identity of drug injector). Illicit
19 drug use may serve as a marker of identity boundaries in a way that is potentially
20 misleading. Judgements of similarity to, and difference from, others, which are
21 constructed on this basis, may not work outside the small-scale settings of drug use
22 (Hammersley et al., (2001).

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25 These processes, previously highlighted by the labelling model in the sociology of
26 deviance (e.g. Becker, 1953), are also central to Goffman's interactionism perspective
27 and are useful in the study of identity (Jenkins, 1996). Nonetheless, there has been an
28 increasing merging in the ways in which drug users understand and foreground their

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3 status as non-deviant, ordinary citizens and how they are externally categorised
4 (Radcliffe & Stevens 2008; McPhee 2013). Signification, negotiation and categorisation
5 are likely to combine in different ways to produce a range of potential identity
6 constructions. Some studies find that users who view drugs as a large part of their
7 lives struggle to maintain or develop other aspects of their social identity, such as
8 parents (Taylor, 1994), students (Brewer & Pierce, 2005), masculine men (Caceres &
9 Cortinas, 2005) or non-addicted, successful drug dealers (Bourgeois and Pearson, 1995;
10 Schensul et al., 2005). Bauman (2000) helpfully summarises the complexity of this
11 situation by stating:
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25 “perhaps instead of talking about identity, inherited or acquired, it would be
26 more in keeping with the realities of the globalising world to speak of
27 identification, a never ending, always incomplete, unfinished open-ended activity
28 in which we all, by necessarily or by choice, are engaged” (Bauman, 2000:152).
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32 It is evident that our research participants manage clandestine identities by
33 disclosing their drug use *only* to others who they believed would not condemn them.
34 The interviewees expressed frustration at how their lifestyle choices were perceived by
35 ‘other’ drug users (alcohol users in particular), in government policy documents and in
36 the drug talk which underpins addiction discourse, and supporters of drug prohibition,
37 as a moral battle.
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49 **Conclusion**

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51 Jock Young (2004) has argued that the study of deviance disregards three major
52 problems in its measurement. These are the problems of representativeness, of the
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3 plurality of definition, and claims to truth based on the previous two categories. The
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5 term 'drug user' is a signifier saturated with meaning and symbolism immediately
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7 brought into play when this label is used. In one single concept, that of the 'addict
8
9 offender', and the perceived inevitable 'loss of control' that results from exposure to
10
11 drugs, we find embedded a simple, static explanation about what drugs are, and the
12
13 power they have to remove reason and rationality. The pejorative terms used to
14
15 denote drug problems such as 'abuse' and 'misuse' and the complications associated
16
17 with drug consumption by social actors signifies a universal view of users not as human
18
19 beings, who choose to do something that is condemned, but as 'others', a force that
20
21 terrifies by contaminating a good ordered society. Drug 'addict', 'junkie', 'problem user',
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23 'offender', 'waster', 'poor parent', and numerous other terms within this lexicon render
24
25 into thought drug users as different and outside of a moral community.
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32 Research into drug use from the beginnings of the twentieth Century onwards
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34 concentrated on the addict as different and linked drug use to crime and pathology
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36 (Glassner and Loughlin, 1987; Alexander, 2008). The large body of social science
37
38 research which challenges 'dope fiend' mythology is little known by the public and is
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40 available only in specialist texts, and in academic institutions.
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44 This paper introduces a new concept into the lexicon of social research, that of
45
46 the 'purposively hidden drug user'. We allude to this concept in our reference to
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48 Stevenson's novella. Such a term allocates some power to drug users labelled deviant
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50 due to their choice to use illegal drugs, but who maintain the clandestine identity of a
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52 Mr. Hyde. The terminology endorses the active decision of these research participants
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3 to remain part of a wider community that rejects the use of drugs as immoral and
4 criminal, and how they manage to maintain a clean identity by intentionally concealing
5 deviant activity by veils of respectability and selective conformity, exercising individual
6 agency.
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13 The data indicates that the use of illegal drugs have become accommodated for
14 these participants; however, users are routinely stigmatised, and all use is thus linked
15 to problem users, who are most often domiciled in pockets of deprivation in the UK,
16 vulnerable and likely to be caught within the criminal justice system as 'drug offenders',
17 unable to exercise agency as active subjects. This allows the discursive gaps between
18 the stigmatised outsider, the 'offender in waiting', and the illicit, illegal drugs user to be
19 closed, and creates self-fulfilling prophecy. Golub et al (2005) argue drug use in the US
20 inner-city involves relations between drug sub-cultures and individual identity
21 development. Pressures to belong to street-cultures in the US context means the
22 agency of those with limited attachment to conventions may not mature out from using
23 drugs such as heroin, crack and marijuana. Golub et al refer to this trajectory as "sub-
24 cultural inertia". This meaning of the latter connects with the persistence of the
25 stigmatised outsider whose connectedness to mainstream norms appears ambivalent.
26 Their "offender-in-waiting" status is sustained both by a tenuous attachment to
27 convention and the strength of the pull of their sub-cultural affinities.
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49 The analysis of our data revealed the techniques the participants utilised to
50 remain purposely hidden, are due to their abilities to exercise agency, and avoid such
51 'disabling' labels, with attendant social affronts, stigma and discrimination (McPhee et
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3 al., 2013). Three themes of identification were discussed in terms of (1) Identity
4 rejections: referring to how the participants viewed themselves as essentially normal,
5 and rejected the addict identity using several arguments with which to delineate identity
6 difference, including biological arguments - addicts were born not made; that some
7 drugs, such as heroin, inevitably caused problems although this was only true of the
8 opiate naive; and structural factors as causal to use and problems. (2) Identity
9 exchanges: the participants were able to voluntarily engage in a temporary loss of
10 control, which as volitional separated them from problem users (3) Identity
11 concealments: referring to the necessity of concealing an identity as functioning drug
12 users to preserve an untainted identity. Several participants were parents. This paper
13 discovered techniques used by participants to neutralise risk by creating boundaries
14 that separate 'moderate' and 'compulsive use' patterns. Rodner et al (2005) argue
15 drug-users' positive self-representations in Stockholm giving rise to their "drug-wise"
16 self-control and knowledge about drugs is enabling of their capacity to draw boundaries
17 between themselves and other "deviant" drug users, and to sustain responsible life-
18 styles outside of their drug-taking choices. Akin to the research participants, through
19 the power of individual agency they challenge the prevalent construct of illicit drug
20 users as helpless victims of addiction to evil substances.

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47 The data presented in the article is consistent with the narratives we have
48 identified in the qualitative literature. The data endorses the view that the consumption
49 of illicit leisure activity is not confined to any one subculture. Young (2003) has argued
50 that even socially excluded groups, such as problem drug users, can embrace
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3 consumption as a way out of their economic and social situation. The argument is that
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5 drugs and crime are rational responses to a culture that views those who do not
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7 conform to the 'norms' of abstinence from illegal drugs, in particular heroin users, as
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9 unproductive, irrelevant, and disposable humans lying beyond an "iron cage" of
10
11 rationality.
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15 Max Weber famously argues that this thesis typifies the morally dutiful
16
17 disenchanted landscape of Western capitalism. Bourgois (2000) argues that even in
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19 methadone interventions designed in the US to treat heroin addiction a newly designed
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21 iron cage is imposed, and one which worsens the cultural circumstance of those
22
23 subjected to this "moral discipline". Despite the methadone user being classed as
24
25 "patient" not "criminal", not only does this dependency cause anger and depression it
26
27 also impacts their cultural integration and ability to recover from stigma. Judged as a
28
29 type of iron cage the methadone clinic, Bourgeois (2000) discovered, merely re-
30
31 distributes an outsider illegitimacy in order to make these users more manageable to
32
33 policing. What Hammersley (2001) calls a "hidden disability" remains but these US
34
35 heroin addicts are also estranged from the street. Through being able to strategically
36
37 conceal their illicit drug-taking activities our sample manage a "hidden disability"
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39 without status loss or the stigma of a spoiled identity. Their drug use appeared to be
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41 one form of an identity marker whose meaning was arguably helpful to their holistic
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43 wellbeing.
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Table 1 The research participants		
		number
Sex	Male	12
	female	12
Age	20+	06
	30+	07
	40+	08
	50+	03
Drug use pattern	Abstinent	02
	Intermittent users	17
	Daily users	05

Source: the intentionally unseen research participant interviews.

Drugs and Alcohol Today

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Pseudonym	age	sex	area	employment	have children	Accomm	qualification	Drug 1	Drug 2	Used heroin
Isabel	35+	F	E	Self employed	yes	owned	HNC	cocaine	GHB	No
Silvia	40+	F	E	Self employed	yes	rented	Degree	MDMA	Alcohol	No
Robert	35+	M	E	Self employed	no	rented	C & Guilds	cannabis	GHB	No
Alison	35+	F	E	student	no	rented	Dip.	MDMA	GHB	No
Kirk	52	M	I	Self employed	no	owned	Dip.	cocaine	MDMA	No
Karen	34	F	E	catering	no	rented	HND	cannabis	MDMA	No
Rob	45	M	E	catering	yes	rented	HND	cannabis	MDMA	Yes
Gilbert	26	M	G	engineering	no	rented	MSc	cocaine	MDMA	No
John	45+	M	G	Self employed	yes	owned	Degree	cocaine	NPS ¹	No
Donald	50+	M	I	Emergency services	yes	owned	Degree	cannabis	MDMA	No
Jamie	25	M	G	Builder	no	owned	C & Guilds	MDMA	cocaine	No
Chris	26	M	G	Insurance	no	rented	Higher	cocaine	MDMA	No
Ronald	52	M	I	Risk management	yes	owned	Prof. Qual	MDMA	cannabis	yes
Colette	25	F	G	Office	no	rented	Degree	cocaine	Ketamine	No
Juliet	24	F	G	Office	no	rented	A level	MDMA	cocaine	No
Mr B	26	M	G	Landscaping	no	rented	GCSE's	alcohol	cocaine	No
Renee	32	F	E	unemployed	no	rented	Dip.	NPS	Ketamine	yes
Mary	41	F	B	Self employed	no	owned	none	MDMA	cannabis	yes
Mr K	42	M	B	Caring profession	no	owned	Degree	cocaine	cannabis	yes
Millie	49	F	G	media	yes	owned	MSc.	cannabis	MDMA	No
Mr HM	40	M	G	Caring profession	yes	owned	SVQ3	cannabis	MDMA	No
Helen	35	F	E	Student support services	yes	owned	HND	cannabis	MDMA	No
Kath	35	F	E	catering	no	rented	HND	cannabis	MDMA	No
Yvonne	29	F	B	unemployed	yes	rented	none	cocaine	MDMA	Yes

¹ New Psychoactive Substances ('Legal Highs' or 'Chemical Highs'), refers to in both instances Mephedrone or other synthetic cathinones