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## Violence Against Women in the Stockholm Drug Scene

Illicit drug scenes tend to be shaped by the right of the physically stronger and subsequently by male domination. International evidence demonstrates a high incidence of drug scene-internal emotional and physical violence against female drug scene members. Scientific literature suggests that drug-using women in Sweden might be psychosocially and socioeconomically particularly vulnerable and exposed to the risk of male violence. This study explores, analyses and explains types, occurrences and the psychosocial and sociocultural context of violence against women on the main inner-city drug scene in Stockholm (Sweden).

Keywords: drug scene Stockholm; women; male violence; physical and sexual trauma; normative sociocultural climate; reversed gender equality; public discourse; feminist drug treatment

### Gewalt gegen Frauen in der Stockholmer Drogenszene

Illegale Drogenszenen werden häufig vom Recht des physisch Stärkeren und dementsprechend durch männliche Dominanz bestimmt. Internationale Forschung weist eine hohe Inzidenz von drogenszenen-interner physischer und emotionaler Gewalt gegen weibliche Szenemitglieder auf. Wissenschaftliche Fachliteratur lässt vermuten, dass drogengebrauchende Frauen in Schweden besonders stark von psychosozialer und sozio-ökonomischer Vulnerabilität betroffen und dem Risiko, männliche Gewalt zu erleben, betroffen sind.

Stockholmer Drogenszene; Frauen; männliche Gewalt; Trauma durch physische und sexuelle Gewalt; normatives soziokulturelles Klima; invertierte Geschlechtergleichstellung; öffentlicher Diskurs; feministische Drogenarbeit

### 1. Introduction and theoretical background

As other criminal milieus, illicit drug scenes have been conceptualised as “subcultures of violence” (Surratt et al., 2004), shaped by the right of the physically stronger (Bernard, 2016). Due to the subsequent male domination typically prevailing in illegal subcultures, women seem significantly more exposed than men to the hazards inherent to the social dynamics and conditions around drugs (e. g. Gilbert et al., 2015; Moore et al., 2008). A *drug scene* can be defined as ‘an inter-related cluster of cultural elements associated with the consumption [and trade] of an illicit drug in social settings’ (Golub et al., 2005, p. 219). Overall, the scientific knowledge on women in drug scenes is limited. Existing international publications agree in finding a high incidence of physical and emotional violence against female members of subcultures where illicit drugs are used and traded (e. g. Bourgois, Prince & Moss, 2004; McNeil et al., 2014). This comprises in the first place violent behaviour performed by other drug scene members including the setting of intimate relationships (e. g. Moore et al., 2008; El-Bassel et al., 2011; Gilbert et al., 2015). Bernard (2013) identified repressive drug policy strategies, particularly in combination with a lack of low-threshold harm reduction services, as forms of structural violence that can promote psychological and physical risks and subsequent socio-economic marginali-

sation especially in female drug users. Furthermore, subcultures around specific drugs like cocaine or crack seem to bear an increased risk of male violence against drug-using (El-Bassel et al., 2005) and sex-working, drug-using women (Bernard, 2013).

With respect to the Swedish context, both statistical and qualitative scientific knowledge on women who use drugs are notably incomplete and restricted (see also Beijer et al., 2018). In regards to gender-specific prevalence rates, The Swedish Council for Information on Alcohol and Other Drugs (CAN, 2014) assumes that one percent of the Swedish female population engages in heavy illicit drug use. Numbers published by the European Monitoring Centre for Drug and Drug Addiction (EMCDDA, 2011) suggest 27 % of Swedish heavy drug users to be women and one out of four treatment clients to be female (EMCDDA, 2017). Acute hospital admissions due to illicit drug use in 2016 indicate a slightly higher number of approximately 33 % (CAN, 2017). According to the 2017 EMCDDA country report for Sweden, drug overdose death rates in women have increased by 400 % in the past decade (EMCDDA, 2017). Two investigations suggest overdose death rates for women and men being similar (Brådvik et al., 2007; Ledberg, 2017). A study employing standardised mortality rates found an even higher risk for women than for men of dying from an overdose (Stenbacka, Leifman & Romelsjö, 2010). Hence, indications exist that the rate of fatal overdoses and consequently drug use among women in Sweden has increased considerably in recent years (EMCDDA, 2014). With respect to consumption patterns in a sample of 1 865 patients at alcohol and drug treatment units in Stockholm, Storbjörk (2011) assumes no significant differences in legal and illegal substance use severity between women and men. When analysing these figures, it becomes obvious that the available official numbers can portray only certain aspects of drug use among Swedish women. They cannot give a complete, consistent picture or an explanatory context. While partly arriving at different results, the aforementioned Swedish studies nonetheless correspond to each other in indicating substantial numbers of women using drugs in Sweden and prevalence rates probably being considerably higher than the captured ones.

Investigating the social situation of amphetamine and heroin consuming women in Malmö (Southern Sweden), Richert, Månsson and Laanemets (2011) compared the social status of the two groups and found the latter to show significantly greater degrees of social marginalisation. Hence, the main drug of choice and the respective culture embedding its trade and use appear to be amongst the factors that determine the social vulnerability of drug-using women.

Regarding the psychosocial vulnerability of Swedish drug-using women, different researchers identified distinct gender specificities. Almost an entire quantitative sample of substance-using women in Stockholm reported previous experiences of male violence and the majority stated symptoms of violence-related post-traumatic stress disorder (Scheffel Birath et al., 2013). The other Swedish study explicitly investigating violence experiences of drug-using women focusses besides on Stockholm also on Sweden's second and third biggest cities, Göteborg and Malmö, and supports these findings (Holmberg, Smirthwaite & Nilsson, 2005). Regarding both symptoms of post-traumatic stress disorder and the recurring experience of male violence, homeless women seem to be affected particularly severely (Beijer et al., 2018).

While illegal drug scenes generally appear to pose intensified risks of male violence for female scene members, some international evidence also states the existence of independent, self-reliant women in the drug environment, partly even themselves acting aggressively and violently (e. g. Lewis, 2011; Stallwitz, 2018a). The skillful, competent female dealers who assert themselves within gender-stratified drug markets with heavily masculine „rules of game“ in urban

Norway constitute a Scandinavian example (Grundetjern & Sandberg, 2012). Swedish drug literature also contains some counter-evidence of both vulnerable men and independent, strong, criminally active women (Byqvist, 2006). These examples may not receive sufficient attention and thereby be reproducing one-sided, static drug scene-related gender stereotypes (Storbjörk, 2011). Similar to Grundetjern and Sandberg (2012), Richert (2009) found the majority of his sample of 188 women recruited at the needle exchange in Malmö to provide themselves with drugs in a self-reliant manner, thereby drawing on a combination of formal/legal and informal/illegal sources of income. Still, the existing literature suggests that drug-using women in Sweden are possibly even more psycho-socially and socio-economically vulnerable than in other countries and exposed to the risk of violent treatment, primarily by male drug scene members (Byqvist, 1999, 2006; Statens folkhälsoinstitut, 2010; Richert, 2015). Hence, this study intends to analyse and explain types, occurrences as well as psychosocial and sociocultural contexts of violence against women in the Stockholm drug scene and thereby expanding the professional knowledge in this precarious and sensitive area.

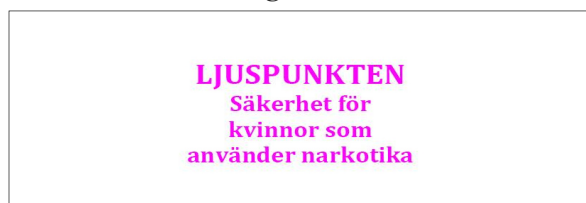
The literature suggests that drug-using women in Sweden seem to report greater feelings of shame and guilt about their involvement in illicit substances than women elsewhere (Lander, 2003; Trulsson, 2000). Therefore, this study engages ‘peer researchers’, i. e. presently or previously drug-using women with experience of male violence conducting research with women with the same experience. Besides being able to reach hidden populations that otherwise are difficult or impossible to access, peer-involved research can contribute to marginalised peers’ empowerment, their social integration and gives scientific acknowledgment and credit to the views of those directly affected (Damon, 2017).

## 2. Methodology

Within the scope of a guest researcher stay at the Centre for Social Research on Alcohol and Drugs (SoRAD) at Stockholm University (Forte-financed grant, ref. number 2016-07269), the author conducted a research project on violence in the Stockholm drug scene. The project’s overall research question reads ‘What are causal contexts, conditions, and functions of violence within the main inner-city street-based drug scene in Stockholm?’ With the aim of comprehending the forms, sources, and functions of scene-internal violence, the social organisation of Stockholm’s main street-based drug scene was analysed and interpreted against the background of its micro- and macro-socio-cultural environment. Based on the results of an initial pilot study, the author identified “violence against female members of the Stockholm drug scene” as the most frequently named and most significant occurrence of drug scene-internal violence. Consequently, she directed the focus of a partial study that she presents in this paper on this topic. The research question of the partial study reads ‘What are forms, settings, and functions of violence against women within the main inner-city street-based drug scene in Stockholm?’ On the grounds of the results from this pilot study, the author and four women from the Stockholm Drug User Union (SBF) established the peer research and intervention group LJUSPUNKTEN (Bright Spot) in March 2017 and the author ran the group weekly until August 2017. During this period, LJUSPUNKTEN comprised altogether nine currently or formerly drug-using and/or -selling women aged mid-20s to early 50s. ‘Peer’ refers to the women participating in LJUSPUNKTEN. Depending on the respective occasion, members of LJUSPUNKTEN alternated between taking on the role of peer researchers and of peer study

participants (Damon, 2017). The author and project leader prevented role confusion by means of a structured, transparent, and clear group leadership style. In the following, members of LJUSPUNKTEN will be referred to as *peers* or *peer researchers* in their function as research associates in the here presented peer-involved partial study. The term *participant* includes members of LJUSPUNKTEN in their study participant function as well as the peer participants. It needs to be emphasised that the peer researchers and participants provided not only the partial study and intervention program but also the “conventional” interview study with valuable insider insights that allowed an encompassing understanding of the Stockholm drug scene’s inner workings. In August 2017, the author passed on the group leadership to a member of LJUSPUNKTEN who extended the original presence group to an online group on 8<sup>th</sup> January, 2018 of which the author remains a member. Within a short period, the online group gained a multitude of the original LJUSPUNKTEN members and meanwhile counts 48 women of whom the majority has or has had experience of both drug use and violence. The reason for the significantly greater number of online than of presence members seems to lie in the strong feelings of shame and guilt women associate with the personal use and sale of drugs. Virtually all LJUSPUNKTEN members gave explanations of this kind and thereby drew on their own experiences and feelings as well as those of the women they interviewed at the methadone clinics and spoke to at the Stockholm Drug User Union.

*Image 1.* LJUSPUNKTEN’s official logo used on flyers and web sites (Bright Spot. Safeness for women who use drugs)



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## 2.1 Peer-involved research designs

Different authors have emphasised the invaluable contributions peer-involvement can offer to drugs research (Brown et al., 2019; Barratt & Lenton, 2010). At the same time, the scientific literature reflects a lack of critical consideration of engaging people who have used illicit substances in participatory, i. e. peer-involved, research processes (Greer et al., 2018). Moreover, the involvement of peer research assistants has often been limited to consultation and recruitment tasks (Jurgens, 2008). This study engages women who use or have used drugs and experienced male violence as research assistants, i. e. peer researchers, at all stages of the research process.

## 2.2 Data collection and analysis

The author consulted members of LJUSPUNKTEN in their role as peer researchers at all stages of the research process. They contributed “native expertise” to devising the research design

and assisted in the recruitment of interview partners. In their role as study participants, peers provided ethnographic insights into the lifeworlds of women within the city's drug scene that otherwise would have been difficult or impossible to obtain. The author and the peer researchers applied the relevant research findings practically in the design of peer-led measures to protect, strengthen, and empower women in the Stockholm drug scene.

The author and the peer researchers collected the peer-involved data between 27<sup>th</sup> March, 2017 and 11<sup>th</sup> July, 2018. The data consist of records and minutes of the 12 almost weekly occurring LJUSPUNKTEN meetings at SBF written by peer researchers and the author. Furthermore, the peer researchers conducted peer interviews with female patients at two methadone-prescribing clinics in the South of Stockholm on four occasions (5<sup>th</sup>, 12<sup>th</sup>, 19<sup>th</sup> and 26<sup>th</sup> April, 2017), 37 contributions to an online discussion posted by members of the LJUSPUNKTEN Facebook group, and numerous ethnographic peer observations recorded during the 12 LJUSPUNKTEN meetings.

The data presented in this article include peer accounts, analyses, and interpretations in relation to violence occurring within Stockholm's main inner-city drug scene. In addition to the peer-collected data, the author conducted qualitative in-depth interviews with 18 persons (of whom six were female) currently or previously using and/or selling drugs in Stockholm. This paper focusses on and exclusively presents the data collected by and with the assistance of the peer researchers. A number of scientific publications presenting the results of the in-depth interviews are currently in progress.

Data was compiled and documented during LJUSPUNKTEN meetings. The author digitalised, summarised, condensed, clustered, and conceptualised all the data from the peer interviews and peer researcher sessions in relation to the research question of the partial study. On this basis, she conducted the data analysis, which she oriented towards the principles of content analysis by Mayring (2000), both together with the peer researchers within the weekly peer researcher sessions, on her own, and in collaboration with fellow researchers at SoRAD.

With the assistance of peers, the author derived categories inductively from the initial data, applied them deductively to the ensuing data, and further abstracted and developed them throughout the research process. The category system generated in this way provides an encompassing descriptive representation of the emergence, nature, and role of violence against women within the Stockholm drug scene. Furthermore, it informs the overall theoretical framework of the entire research and intervention project and provided the basis of the coding grid applied to the interpretation of the 18 qualitative interviews at a later stage.

As outlined above, the following results constitute the condensed, clustered, and theoretically abstracted contributions of peer participants and peer researchers on the topic of male violence against drug-using women in Stockholm. Typically, the generated themes and categories cannot be allocated to individual data collection incidents but were developed and further refined on the basis of most of them. Hence, in most cases no specific citations are provided. However, citations are provided in relation to two literal quotations and to an account of strong, independent female members of the Stockholm drug scene.

### 3. Results

One of the most striking study findings was the unusually frequent and widespread exposure of women in the Stockholm drug scene to often severe physical, emotional, and sexual male

violence. The introductory paragraph of the results section gives a summary of the types, forms, and settings of violence against women common in the Stockholm drug scene that are further outlined and illuminated in the following. Common types of drug scene-internal violence reported by participants include sexual assaults such as rape, beatings, verbal and emotional abuse, sex for drugs demanded and prostitution forced by intimate partners, generally by male users, and to a lesser degree by dealers, and finally theft of money or drugs primarily by male users. Participants described women who financed their drug use through sex work to face the additional risk of being emotionally and/or physically abused, raped, not paid, or robbed of drugs by clients. Many women describe emotional states that suggest symptoms of post-traumatic stress disorder, however, without referring to a specific diagnosis.

Generally, drug scene-internal violence seems to be most frequently exerted by male drug scene members against women using and not selling drugs, often within intimate relationships, and usually associated with drug acquisition.

In relation to particularly risky and dangerous situations for drug-using women, participants outlined a variety of settings. They described the aggravated risks women encounter when obtaining their drugs themselves (instead of through a partner, friend, or acquaintance) and buying unaccompanied. They can be robbed of money or drugs or are sexually assaulted by male users or, to a lesser degree, dealers. Buying in the state of physical and/or emotional withdrawal was explained to increase a woman's readiness to expose herself to dangers in order to obtain drugs. Especially young women new to the scene were depicted as often being oblivious to male gifts and favours tending to be linked to the expectation of repayment in form of sex, drugs, or money that could be claimed aggressively. Moreover, informing others of personal drug or money possession can make a woman a target of (violent) robbery. Homelessness generally seems to increase the likelihood of women being exposed to physical, sexual, and emotional assault especially when moving and/or using drugs on their own in public places or alone with strangers or acquaintances.

When explaining the causal backgrounds of male violence against drug-using women, many participants picture a vicious cycle of women in the Stockholm drug scene tending to suffer from early violence-related trauma and to be experiencing re-traumatisation through male violence in the drug environment. Participants' outline how women's precarious psychosocial situations often cause them to have low self-esteem that leads them into intimate relationships with men, who they become emotionally, financially, and socially dependent on and who treat them violently. 'The right of the physically stronger' tends to justify and normalise men's emotional, physical, and sexual violence against women. Consequently, women's low self-esteem and inferior, dependent, and passive roles in social and intimate relationships as well as the overall drug scene are continuously reinstated.

From study participants' accounts, the atomised, fragmented structure and overall weak sense of community of the Stockholm drug scene became apparent. Participants related these conditions causally to the severe criminalisation, repression, and stigmatisation of drugs in Sweden that inhibited social relations between sellers and buyers beyond business as well as solidarity and mutual care amongst drug scene members in general. Participants explained that consequently, drug scene-internal violent treatment of drug-using women as the weakest link of the subculture was promoted and extremely common. They portray it as a virtually established normality engrained in the culture around drugs in Stockholm and overall Sweden.

They described the intense, overpowering feelings of shame and guilt women typically felt for their drug use and overall life situation as often causing them to withdraw into social isolation

and emotional solitary. Feelings of shame and guilt were depicted as further aggravated when women administered their drugs intravenously and/or engaged in sex work. Hence, women would often avoid social support and formal treatment in order to escape the anticipated harsh social sanctions. One participant speaks of “dependence beyond drug dependence” in which drug-using women typically accept daily physical, emotional, and sexual violence from intimate partners and other men as price for a place to sleep, access to money, or to avoid losing their children [peer researcher, minutes of weekly LJUSPUNKTEN meeting, 19<sup>th</sup> July, 2017]. Another woman further outlines these contents and explains in a post in the LJUSPUNKTEN Facebook group her experience and concept of “dubbla skammen” (double shame). She describes how the blame from, on the one hand, society and, on the other, family, partner, and oneself causes drug-using women fear of the (immediate) future. She continues by explaining how loneliness and the lack of social relations and support can lead a woman who uses drugs into a relationship with a man who treats her violently and how this man can consequently become her “only security”. She pictures societal support for drug-using women, especially with additional mental problems, who have been exposed to violent assault as virtually non-existent.

“It’s good to take up the double shame, the fears of not knowing what is to come, accusations from society, oneself, one’s family and one’s partner. What is going to happen in a situation where she is all alone? Women like me, who don’t have a family, relatives who can or want to give support. Neither economical nor emotional. When she would rather risk daily violence and assault to avoid sleeping outside, losing her children, facing loneliness and isolation, being without money etc. Dependence extends further and deeper than many understand and I fucking think that we are more alone than many others. Either from childhood or because she has burnt the bridges on the way. Economic violence, physical, psychological, sexually. When a woman from “ordered circumstances” experiences assault she will most likely receive the support of other women, maybe a family who cares or society who tried to convince her that the shame isn’t for her to carry and solutions are “easier” to find. But if one isn’t from “ordered circumstances”, it doesn’t really work like that anymore and one doesn’t get the same support and claqueur or solutions. Then one’s partner is “the best” one has. The only “security”. Exposure to violence in our target group is so horribly complex and if support is difficult to get for women who experienced violence, support is nearly non-existent for women with drug dependence or mental disorders.” [translated from Swedish by the author] [21<sup>st</sup> June, 2018, Facebook post by a woman with experience of drug use and male violence, early 30s]

A number of participating women gave accounts of their desperate attempts and failures to find support from social institutions and the police. In correspondence with the quotation above, “falling through the treatment net” was pictured as particularly devastating for women with co-morbidity, i. e. drug use and mental health problems.

Some participants also gave accounts of a few independent, self-reliant, or even aggressive women asserting themselves within the male-dominated structures of drug use and sale in Stockholm. These women were (partly) portrayed as behaving violently (e.g. kicking and punching) towards other drug scene members such as other women and intimate partners. The proportion of female compared to male dealers was generally reported to be very small [e. g. minutes weekly meeting LJUSPUNKTEN, 24<sup>th</sup> April, 2017].

With respect to violence against female drug scene members from outside the scene, many participants described beatings and verbal, physical, and sexual assaults by police and private security guards as relatively commonplace and widespread. The risk of this type of scene-external violence seems increased for women who additionally engage in sex work.

## 4. Discussion

Violent emotional, psychological, and physical treatment of female members of the Stockholm drug scene seems very common and to be performed primarily by male drug users and, to a lesser degree, dealers. The wide range of types of violence reported includes verbal emotional, physical, and sexual abuse including beatings, rape, sex for drugs, forced prostitution, as well as stealing drugs and/or money. Participants described drug-using women engaging in sex work as facing the additional risk of being beaten, sexually assaulted, or robbed by clients.

Drug-using women have been found to be significantly more likely to experience gender-based and intimate partner violence than women who do not use (Moore et al., 2008; El-Basse et al., 2011; Gilbert et al., 2015). The majority of women interviewed in drug treatment tend to report experience of violent trauma and many of post-traumatic stress disorder (Fullilove et al., 1993; see also Schäfer et al., 2019), a finding reflecting participants' statement that virtually every woman in the Stockholm drug scene has been sexually assaulted. The extremely high seeming incidence of (childhood) trauma and re-traumatisation through experiences of violence in the drug environment amongst female members of the Stockholm drug scene reflects the findings of other Swedish researchers cited in the introduction (Beijer et al., 2018; Scheffel Birath et al., 2013). Based on qualitative interviews with 103 substance-using women at drug treatment units in Stockholm, Malmö, and Göteborg, Holmberg, Smirthwaite and Nilsson conceptualise drug use as self-medication for post-traumatic stress syndrome (2005).

The strikingly high incidence of violence against women in the Stockholm drugs scene seems closely related to the unusually fragmented, socially atomised, and underground nature of the Stockholm drug subculture undermining and destroying a sense of community and solidarity between drug scene members (Stallwitz, 2018a). In previous studies, the author found a strong sense of *community-mindedness* amongst drug scene members to encourage pro-social norms and behaviours and thereby to counteract violence and other harms associated with illicit drug subcultures (Stallwitz, 2007, 2012, 2014; see also Stallwitz & Shewan, 2004). The author defines *community-mindedness* as mutual care, rules of acceptable behaviour, and non-violent informal sanctions of rule transgressions (Stallwitz, 2012, p. 64). Amongst other causes, severe police repression can destroy community-mindedness as well as cause a drug scene to fragment and turn underground (Stallwitz, 2012, pp. 243; Lucchini, 1985). Different authors have described Swedish drug policy as relying on a high level of criminalisation of and the implementation of repressive measures and policies against the use and trade of drugs (Olsson, 2017; Cook & Stone, 2017). These conditions seem to cause fear amongst drug scene members and thus to effectuate the Stockholm drug scene's fragmented, underground nature as well as to inhibit an overall sense of subcultural community-mindedness. According to international research, repressive police interventions can lead to a number of harmful consequences that are likely also to apply to the situation of the Stockholm drug scene. Intensified repressive police interventions against drug scenes in Melbourne, New York, and Vancouver have been found to promote rushed, risky, and unsafe injection practices, unsafe disposal of syringes, and to inhibit contact between health services and intravenous drug users (Aitken et al., 2002; Cooper et al., 2005; Small et al., 2006). Aitken et al. (2002) observed unsafe injecting to be particularly prominent amongst homeless women and men. Furthermore, the authors noted a general increase in subcultural violence, presumably affecting women as the weakest drug scene member.



International research corresponds to participant reports with respect to the relatively common occurrence of drug scene-external violence in form of beatings as well as verbal, physical, and sexual assaults of drug-using women by male police (Lunze et al., 2016; Shannon et al., 2008) and security guards (Kennedy et al., 2017). Sex work as a source of income apparently adds the extra risk of assault by clients (Church et al., 2001; Surratt et al., 2004) as well as an increased probability of police assault. Logie et al. (2011) explained the latter in terms of the intensified intersectional stigma attached to both drug use and sex work. Surratt et al. (2004) explicate how historical and current victimisation often implicate a continuing cycle of violence experienced by female drug-using sex workers throughout their lives.

Participating women describe the Stockholm drug scene's character as exceptionally patriarchal and determined by extremely traditionalised gender roles. They tended to associate the normalised violent treatment of female drug scene members with their overall exceptionally low and passive hierarchical positions in the drug scene. According to Bernard (2019), patriarchal values, norms, and structures of drug scenes result from the conditions of prohibition (2019) and the acceptance of physically stronger scene members enforcing power through the normalised application of violence (2016). Hence, traditionalised gender roles constitute a widespread norm in the drug environment (Craib et al., 2003) and women tend to hold significantly lower hierarchical and status positions than men (Bernard, 2016). Subsequently, the health-related and psychosocial strains of life in the drug scene are aggravated for female members (Bernard, 2019). Findings of the present study and of other relevant research suggest a particularly pronounced traditionalisation of gender roles in Stockholm's drug scene (Holmberg, Smirthwaite & Nilsson, 2005; Scheffel Birath et al., 2013). Participants describe a vicious cycle in which women's physical and emotional inferiority and dependence on men enfeebles their self-esteem and leads them to subordinate behaviour that again reinstates their inferior, dependent, and passive roles in social and intimate relationships within the drug scene (see also Trulsson, 2000). In a country featuring the world's third highest gender equality score of 82.2 % (World Economic Forum, 2018, p. 8), the particularly pronounced gender gap found in the Stockholm drug scene might be unexpected. This phenomenon of women's strikingly low and passive hierarchical positions within Stockholm's main drug scene could be conceptualised as "*reversed gender equality*". The mechanism behind the *reversed gender equality* within the Stockholm drug scene seems to rely on an interaction of structural macro- and micro-social and social-psychological factors. Virtually all participants describe intense feelings of shame and guilt drug-using women typically feel for their drug use and general life situation. Drug use-related shame and guilt have been found to generally be common (O'Connor et al., 1994) and to arise simultaneously in response to negative self-relevant situations (Hequembourg & Dearing, 2013). However, these feelings appear to be significantly intensified in Swedish drug-using women. Participants tend to associate the vicious cycle outlined above and women's drug use-related feelings of shame and guilt causally to Sweden's harsh cultural and political climate against illegal drugs. Hence, women's shame and guilt apparently fuel the *reversed gender equality* typically found in the Stockholm drug scene. According to Moskalewicz, Room, and Thom, the normative Swedish ideal of acting as responsible citizens can cause Swedes to feel more guilt and shame after alcohol intake than other Europeans (2016). Expectedly, this effect intensifies further with respect to the use of illicit substances as indicated by the strongly negative attitude towards drugs common in Sweden (Rodner Sznitman, 2008). The overpowering social stigma attached to illicit drugs seems to be deeply engrained in the Swedish culture. Shame and guilt subsequent to breaching the social norm through the

involvement with illegal drugs appears aggravated for women who obviously feel that society sees them as deviating even more than men do from fulfilling their societal roles of accountable, responsible, and dutiful carers. Along the same lines, Lander (2003) concludes that the internalised [Swedish] norm and ideal of being “a good woman” aggravated self-victimisation and progressive social deviation in the eight drug-using women she had interviewed qualitatively in Stockholm (see also Trulsson, 2000).

Participants describe female members of the Stockholm drug scene as permanently anticipating and fearing rigorous social and societal sanctions and therefore often to avoid social support and formal treatment (Stallwitz, 2018a; Stallwitz & Nystedt, 2018). The findings of women reporting intense feelings of shame and guilt for their drug use and general life situation and as a consequence avoidance of contact with drug help institutions points to the need of understanding drug-using women’s constructions of self-concept and identity in treatment offers (Trulsson, 2000).

## 5. Practical recommendations and political implications

Prevention and intervention strategies tend to be most effective when moving beyond a solely individual-level focus to also include structural and environmental measures. In order to avoid the above-mentioned adverse effects of intensified police repression on drug scenes, intervention approaches in the context of illegal drug scenes should incorporate a balance of demand, supply, and harm reduction principles (Aitken et al., 2002). Cooper, Moore, Gruskinc, and Kriegerd (2005) recommend strategies designed in cooperation between community, non-governmental, and governmental organisations and point to the necessity of improving access to treatment and establishing safe injection spaces. In this, a drug scene’s internal sense of community-mindedness (Stallwitz, 2012) should be protected and purposefully utilised in providing support especially for socially inferior sub-groups of the drug-using population such as women. Approaches focussed specifically at the support and empowerment of drug-using women embrace target group-specific training and education schemes for police, authorities, and treatment institutions, target group-specific round tables with representatives from all relevant agents and players including those affected (drug-using women), and target group-specific (discreet) outreach work. Addressing municipalities and police, a toleration model should be considered where female drug users are tolerated in certain public spaces and can protect each other from assault etc. Regarding the normative harsh socio-cultural and political climate against illicit drugs in the Swedish society, a conscious public debate should be lead on the socio-cultural and psycho-social situation of drug-using women in Sweden with a particular focus on „skam och skuld (shame and guilt)“. In this, it should be highlighted that the strong Swedish public discourse on gender equality potentially can conceal the reversed gender equality prevailing in the drug environment. The debate should include the life worlds of drug-using women that frequently are shaped by traumatisation and re-traumatisation, every day violence, and self-medication through drugs. Treatment institutions can assist drug-using women in becoming more resilient in offering, for example, trainings and courses to strengthen women’s sense of self-worth, self-defence, and social and negotiating skills (Dahm & Wagner, 2015; Surratt et al., 2004). Herein, the involvement of peers can be particular helpful and effective (see Stallwitz, 2018a, 2018b). Besides, Geer et al. (2019) highlighted the engagement of

peers, i. e. people with the experience of drug use, in political decision-making processes as a “best practice approach to developing priorities, programs, and policies” (p. 227).

Embracing a feminist perspective in drug treatment (see Peine, 2015) can support women’s stabilisation and empowerment processes by strengthening solidarity and community-mindedness (Stallwitz, 2012, pp. 360) among women. Psycho-education can help women to understand their own traumatisation and/or dissociative personality and accompany them to help themselves. The creation of safe spaces offers the possibility to discuss shame- and painful topics openly and without fear. Finally, socio-therapeutic interventions can support women to emancipate from a victim to an agent role and overcome socio-economic marginalisation.

## 6. Strengths and limitations of this study

The peer-involved research design constitutes the most significant strength of the present study in so far as it allowed insider insights into delicate social areas that otherwise are hard or impossible to reach and provides complementary perspectives and validation for conventional research findings. Peer-involvement and -leadership in the context of illicit drug scenes can contribute to the reduction of drug-associated stigmatisation and strengthen the social integration of peers. This effect can be particularly vital for inferior groups such as women. At the same time, peer-involvement potentially reduces the principle investigator’s level of control over the implementation of the data collection and of scientific professionalism. Possibly, data collection cannot be documented as accurately as by conventionally educated researchers. A research design based on the combination of conventional and peer-involved methods, however, offers possibilities that conventional research alone cannot fulfill.

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