

Anke Stallwitz

The Role of Community- Mindedness in the Self-Regulation of Drug Cultures

A Case Study from the Shetland Islands

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on the Shetland Islands'.*

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Freiburg

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Synopsis

The objective of the empirical study presented in this book was to investigate the location-specific aspects impacting on the features and social structure of the heroin scene in Shetland as perceived by local heroin users. Furthermore, participants' representations concerning the characteristics of various types of heroin users and user groups as embedded in the overall structure of the subculture were examined. Characteristics distinguishing individuals and groups comprise, amongst other things, sociocultural backgrounds, and respective patterns of use predominant at the time of the interviews, ranging from occasional smoking to heavy intravenous consumption. Hence, included are individuals and groups characterised by controlled, biographically stable, and socially integrated heroin use, as well as those typified by heavy, habitual, biographically varying, and socially less integrated use. The research findings suggest that the island heroin subculture had existed socially unobtrusive and apparently well-integrated in the Shetland society for approximately two decades. For this period of time, the subculture quasi-regulated itself. Around the turn of the millennium, the scene began to lose its internal balance and social integration due to an array of complexly interwoven occurrences, one being a massive influx of new users.

The analysis of not only the results of the present study but also comparable research propose the level of *community-mindedness* playing a crucial role in whether a drug subculture possesses the ability to regulate itself and thus to maintain an inner and social equilibrium. The concept of *community-mindedness* offers society a novel and very useful approach to prevent and counteract the development and expansion of drug use and trade-related phenomena and trends that potentially harm the individual and/or society. The concept can be employed powerfully by science, politics, education, health care, police, criminal justice, and practical drugs work in order to purposefully strengthen a subculture's capacity of self-regulation. The prerequisite of implementing this approach implies the ideological openness to evaluate illicit drug cultures pragmatically according to their *actual effects* rather than to the fact that they are illicit and thus generally condemnable. Furthermore, the understanding is required that drug use and cultures can never be eradicated but can be approached and handled as to cause a minimum of harm.

Part I
Theoretical and Empirical
Foundations of the Study

Chapter 1

Introduction

1.1 Drug Use on the Shetland Islands

Illegal drug, and in particular heroin use, has commonly been regarded as an urban phenomenon (Dickerson and Stimson 1995; Galt 1997; Barnard and Forsyth 1999; Henderson 1998, 2000). Heroin with its reputation as the most addictive and destructive of illicit drugs (Goldstein 1979; Zinberg 1984; Erickson and Alexander 1989) has typically been associated with socio-economic deprivation and marginalisation (Galt 1997; Barnard and Forsyth 1999; Henderson 1998, 2000; EMCDDA 2005). Consequently, the vast majority of studies concerned with heroin use and associated issues have been conducted in urban, mostly socio-economically disadvantaged areas. Thereby, the impact of location-specific factors, that is, the geographical, cultural, and social setting, tends to be neglected or even completely ignored. In this context, heroin use is often automatically viewed as problematic, usually occurring along with or even causing other socially deviant activities, such as criminal conduct (Jessor and Jessor 1977; Hall et al. 1978; Donovan et al. 1991; Murji 1995). Due to the widespread assumption that repeated heroin use inevitably leads to addiction, heroin *use* is typically equated with heroin *abuse*, that is, addicted heroin use (McMurran 1994; Brown 2004; Kemmesies 2004; Warburton et al. 2005). These three assumptions – the association of heroin use with urban deprivation, its automatic categorisation as a socially deviant, delinquent behaviour, and the equation of heroin use with heroin abuse – are widely accepted as conventional wisdom by the general public, politicians, as well as a large number of researchers concerned with the investigation of the nature and prevalence of drug use (Harding and Zinberg 1977; Galt 1997; Henderson 1998; Parker et al. 1998; Forsyth and Barnard 1999).

This view can be traced to deficiency-oriented, often medical approaches, used to explain heroin use that regards using patterns as being primarily determined by the addictive pharmacology of the drug (National Institute on Drug Abuse (NIDA) 2005; Goode 2007). Hence, heroin use is predicted to be destructive across individuals and situations and non-compulsive, that is, controlled use is not considered to be an

option (Shewan and Dalgarno 2005). For a long time, medical explanations have constituted the theoretical basis that informs most investigations in this field (Warburton et al. 2005). Often, the medical orientation is entangled with moral aspects since drug and especially heroin use is widely seen as transgressing society's boundaries with respect to morally acceptable behaviour (Schmidt-Semisich and Nolte 2000; Kemmesies 2004; Goode 2007). In 1977, Harding and Zinberg had already referred to such conventional assumptions as 'popular mythology about the evils of the opiates and heroin, in particular' (p. 12). The two authors, who challenged the customary beliefs about heroin and heroin use more than three decades ago with their convincing research findings, have pointed out that the automatic equation of any style of drug *use* with *abuse* will inevitably generate a normative research restriction. Accordingly, no differentiation is made between moderate and excessive use (Zinberg et al. 1975).¹ This biased perspective on the phenomenon of heroin use allows only a narrow, predetermined range of outcomes. Regarding the outcome of heroin use to be solely pharmacologically determined self-evidently leads researchers to expect the same outcome for different individuals.

Depending on the exact theoretical approach used, individual differences are sometimes considered, though usually in terms of risk, or protection factors making drug use more or less probable (Türk and Bühringer 1999). Thereby, the consideration of the respective social circumstances beyond the determination of individual and social risk and protection factors becomes largely unnecessary. Consequently, individual characteristics, situational factors, and the immediate and wider culture in relation to specific patterns of use receive little attention. The immediate culture in which drug use is embedded, the drug subculture,² is mainly either not considered or regarded as deviant societal subdivision, where unacceptable and illegal conduct occurs in concentration (e.g. Lucchini 1985; Surratt et al. 2004). Although Zinberg and colleagues have emphasised the individually and socially protective potential of the heroin subculture and drug subcultures in general since the 1970s (Zinberg et al. 1975; Zinberg and Jacobson 1975; Harding and Zinberg 1977), this point of view has not yet prevailed against the mainstream perception of heroin use outlined above. Thus, a wide gap still exists between the perspectives of the comparatively few researchers acknowledging and further exploring the crucial impact of the immediate and wider social, cultural, and geographic setting on the development of certain styles of drug use (e.g. Grund 1993; Dean 1990, 1995, 2001; Lalander 2003) and the mainstream of drugs researchers (Berridge and Edwards 1987; Wilson and Steiner 2002). The present study is intended to contribute to filling the scientific gap created by the restrictive conditions of conventional heroin research. Rather than assuming the empirical knowledge from studies on heroin use and treatment needs of problematic, urban heroin users to be universally applicable, the supposition underlying this investigation is that the nature of drug use patterns depends significantly upon diverse individual factors, the immediate and wider cultural and

¹ The work by Zinberg, Harding, and colleagues will be discussed in more detail later on.

² The definition of 'subculture' is provided in Part I, Sect. 2.6.

social environment, and the geographical location. Concerning the outcome of a drug using situation, these aspects reciprocally influence each other in differing, complex ways in their effects on styles of drug use (Zinberg 1984; Cohen 1989; Shewan and Dalgarno 2005). An understanding of the social mechanisms operating within the surrounding drug subculture, hitherto largely ignored by research, provides an opportunity to explicate style and nature of drug use. Therefore, the features and the social structures of the Shetland heroin subculture represent the central research matter of this study (Northern Joint Police Board 2009, 2010).

When considering the idyllic, sparsely populated, wealthy appearance of the Shetland Islands with their wide green treeless hills, idyllic bays, and remote location amidst the North and the Norwegian Sea, an array of different associations cross one's mind. These might involve scenic nature, Shetland ponies, birds, seals, knitwear, Vikings, and maybe the inhabitants' propensity to consume alcohol. The use of illegal drugs and especially heroin will most likely not be amongst such spontaneous images. Thus, the rationale behind carrying out research into heroin use on the Shetland Islands is perhaps not self-evident (Draus and Carlson 2006; Murray and Chamberlain 1999; Pasternak 2001; Rist and Watzl 1999; Small et al. 2009).

1.2 Forerun of the Study

Initially motivated by the knowledge of the Shetland Drug Project existing in the island capital Lerwick, I had conducted an investigation based on qualitative in-depth interviews with 12 heroin users in Shetland in the summer of 2000. The study aimed to explore the nature of heroin use in an atypical setting such as the Shetland Islands. The research question of the examination reads 'What is it like to use heroin in Shetland?' In order to recruit local heroin users with different styles of use, I had lived in Shetland for 2 months. The study revealed the existence of a highly covert, small, and apparently relatively well integrated, unproblematic heroin subculture that had persisted in this state for approximately two decades (cf. Stallwitz and Shewan 2004). However, around the time of the interviews, the scene was seemingly on the brink of fundamental changes. While, according to interviewees, for many years, predominantly older, cautious people had been involved in heroin use and supply, now a group of carelessly consuming and dealing youngsters had begun to take over. Consequently, the forerunners of a spread of risky, intravenous drug use and a changing mentality started to become perceptible. To follow up this altering situation, to find out more about the circumstances of the long maintenance of the previous equilibrium, as well as about how individual styles of heroin consumption were influenced by the peculiar island location of Shetland seemed to be urgent issues worthy of future research. From this explorative study, I had realised how much invaluable knowledge could potentially be gained from a further, more thorough, comprehensive, and focussed scientific investigation within a wider framework.

Finally, 4 years after my first data collection, I was able to implement these research considerations that in the meantime surprisingly no one else had pursued.

Apparently, the Centre for Drug Misuse Research at Glasgow University had played with the idea of investigating drug use in Shetland but never put their study plans into action (cf. two unpublished pilot studies by Marina Barnard in 2007). My job position at the time, a coordinator of an EU study on difficult to reach heroin users in nine European cities, allowed me to arrange a two months' stay in Shetland, during which I would both carry out my work requirements and conduct the data collection. Meanwhile, the case for an intensive research project had become more pressing: According to reports by a local newspaper that had been published a few months before I began the data collection in May 2004, heroin use had begun to rise unsettlingly in Shetland (Hooker 2004). Over the course of the data collection for my first study, I had established numerous work-related and social contacts on the islands, including practitioners, professionals, and politicians in the drugs field, many of which I could instantly reactivate when I arrived on the island. Particularly important were the contacts to several of the local drugs workers, who familiarised me with the different services and facilities of the Shetland Community Drugs Team (CDT), a counselling and prescribing service for problematic drug users and the successor of the Shetland Drug Project. They also introduced me to heroin using clients.

1.3 Overview of the Book

This section provides an overview of the individual chapters to give the reader an understanding of the book's composition, which is subdivided in 'Part I: Theoretical and Empirical Foundation of the Study', 'Part II: The Shetland Heroin Scene – Location-Specific Characteristics and Historical Evolution', 'Part III: Community-Mindedness and Self-Regulation in Drug Cultures', and 'Part IV: Promoting Self-Regulation and Social Integration of Drug Cultures'.

Part I: While Chap. 1 introduces the reader to the subject matter, Chap. 2 presents fundamental definitions, theoretical approaches, and empirical work relevant to the subject of location-specific perspectives on drug use and drug cultures. Hereby, a theoretical foundation for the present study is provided. Topics included in this chapter comprise theoretical of explanations various styles of drug use, qualitative drugs research, drug subcultures, international location-specific investigations of drug use, research on drug use on the Shetland Islands, and the specificity of the island setting. In Chap. 3, the reader receives information about the methodological underpinning of the present study. Thereby, the significance of qualitative drugs research, the suitability of the grounded theory methodology for a scientific project of this kind, as well as the cultural psychology perspective are explicated. Furthermore, preconceptions prior to conducting the empirical work and the exact research and data analysis procedures are elucidated.

Part II (based on the accounts of the 24 interviewed Shetland heroin users): Chapter 5 portrays Shetland's alcohol and overall drug scene, Chap. 6 the features and descriptive characteristics of the island heroin scene, Chap. 7 the heroin scene's

internal structure, Chap. 8 a historical perspective of the scene and its five distinct eras, Chap. 9 the heroin trend at the time of the interviews in summer 2004, Chap. 10 the strength of the scene's community-minded spirit throughout its five eras, and Chap. 11 provides a 'Summary of Part II'.

Part III: Chapter 12 presents and discusses the level and role of community-mindedness in the self-regulation of drug cultures in the scientific literature, illustrated by the examples of heroin scenes in different countries. Chapter 13 provides empirical evidence and theoretical explanations of the inner structure and organisation of British drug markets. Chapter 14 explains the courses and backgrounds of historical transitions of urban heroin markets and scenes. Chapter 15 presents and interprets numbers and statistics in relation to the British, Scottish, and Shetland heroin trends. Chapter 16 depicts media reports on heroin on the Shetland Islands. Chapter 17 explains patterns and trends of heroin use in Shetland according to the island's location-specific particularities. Chapter 18 explains the genesis and development of illicit drug scenes in relation to the surrounding mainstream culture, and Chap. 19 gives a 'Future Prognosis of the Shetland Heroin Scene'.

Part IV: Chapter 20 introduces a model that explains under which conditions drug cultures can maintain a homeostatic and socially integrated existence and how this knowledge can be utilised to effectively minimise individual and social harm associated with illicit drug cultures. Approaches to effective drug policy and intervention based on the model are introduced.

Appendix 1 provides the interview guidelines of the present study, Appendix 2 a glossary of Shetland and Scottish slang used in interviews, and Appendix 3 the strengths and limitations of the present study.

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Chapter 2

Theoretical Background and Literature Review

2.1 An Introduction

Diverging conceptual terms and their definitions determine the scientific debate around the use of drugs in general and of heroin in particular. According to the respective theoretic stance taken, both termini and their definitions vary fundamentally. Due to the customary assumptions regarding heroin, the technical literature concerned with the consumption of the opiate is often focussed on patterns of ‘problematic heroin use’. Below, definitions of both ‘problematic’ and ‘unproblematic drug use’ as utilised in the relevant literature and this work are introduced.

2.2 Definitions of Problematic and Unproblematic Drug Use

2.2.1 Defining Problematic Drug Use

Most heroin research is based on quantitative surveys of destructively consuming, urban users; therefore, heroin use is typically regarded as *problematic* per se. Although the majority of studies share similar empirical prerequisites, no single working definition of ‘problematic drug use’ exists in the scientific literature. On the contrary, depending on the theoretical approach, an array of diverse conceptual distinctions is utilised, which greatly complicates the possibilities of cross-study comparisons. Apart from the widely used medical-pathological definition of drug use, for example, psychological, sociological, legal, and economic definitions are circulating. Some sources refer to ‘problematic drug use’ (Frisher et al. 2007), others to ‘problem drug use’ (Advisory Council on the Misuse of Drugs 1982; EMCDDA 2009a) and others again to ‘drug abuse’ (DSM-IV, APA 1994), or ‘misuse’ (Nutt et al. 2007). Due to its ambiguity and judgemental connotations, the

World Health Organization deliberately avoids the term ‘abuse’ in their International Statistical Classification of Diseases and Related Health Problems (ICD-10) and speaks instead of ‘harmful/hazardous use’ (WHO 2009).

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) defines problem drug use as ‘injecting drug use or long-duration/regular use of opioids, cocaine, and/or amphetamines’ (2009a). This definition does not take into account the actual nature of drug use in relation to the user’s overall life or society, but rather labels so-called hard drugs as problematic per se. ‘Hard drugs’ typically include heroin, crack/cocaine, and amphetamines (e.g. Schmidt-Semisch and Nolte 2000). Concerning the differentiation between ‘hard’ and ‘soft’ drugs, Schmidt-Semisch and Nolte suggest speaking of ‘hard consumption patterns’ rather than of ‘hard drugs’ to counteract the widespread biases inherent in the conventional understanding of the just named drugs (2000). In addition to the EMCDDA definition, a large variety of definitions are used by the different European countries. Even within a country’s borders, definitions can vary, as shown by the example of the UK: In England, the use of opiates and/or crack/cocaine falls under ‘problem drug use’, and in Scotland the use of opiates and/or benzodiazepines. Throughout the UK, powder cocaine use is excluded from the case definition with the exception of Northern Ireland, which does include powder cocaine (EMCDDA 2009b). The definition applied by the Scottish Information and Statistics Division within the scope of the ‘Drug Misuse Statistics Scotland’ employs the definition of a problem drug user as ‘any person who experiences social, psychological, physical or legal problems related to intoxication and/or regular excessive consumption and/or dependence as a consequence of his/her own use of drugs or chemical substances’ (Advisory Council on the Misuse of Drugs 1982). With regard to the latter definition, the consumption style and not the substance determines whether drug use is classified as ‘problematic’ or ‘unproblematic’. The weakness of this definition lies in the word ‘problem’ occurring both in the term to be defined and the definition, which causes a circular argument. This flaw can be compensated by defining ‘problem’ and specifying the perspective from which the situation is assessed. The definition of ‘problematic drug use’ utilised in this book is oriented towards the above given definition by the Advisory Council on the Misuse of Drugs, which specifies ‘problematic’ as ‘undesirable and harmful’ and includes the perspective of the individual and/or society. However, the heroin users interviewed for this study, whose patterns of use match the criteria of ‘problematic heroin use’, are typically referred to as ‘habitual’, ‘habited’, or ‘heavy users’, respectively, in order to avoid labels that are associated with devaluating associations.

2.2.2 Defining Unproblematic, Controlled Drug Use

As pointed out before, conventional heroin research does not usually take the possibility of ‘unproblematic’ use of ‘hard drugs’, such as heroin and crack/cocaine, into account (cf. Boland 2008). Nonetheless, a decisive body of research on

controlled heroin and crack/cocaine use exists and is steadily growing, as will be demonstrated later on. Still, the notion of controlled use of ‘hard’ drugs represents an extremely controversial issue, far from being treated as a commonly accepted phenomenon amongst drugs researchers and even less the general public (Harding and Zinberg 1977; Weber et al. 1997; Strieder 2001; Schippers and Cramer 2002; Stierle 2005). Similar to the definitions concerning ‘problematic heroin use’ just discussed, conceptuality in the context of ‘unproblematic heroin use’ also bears much variation. Many investigations in this area operate with the classification ‘controlled’ (e.g. Cheung 2000; Shewan and Dalgarno 2005); a series of studies employ attributes such as ‘non-dependent’ (Warburton et al. 2005; McSweeney and Turnbull 2007), ‘normal’ (Pearson 2001; Hammersley 2005), or ‘occasional’ (Blum 1967; Powell 1973).

2.2.2.1 Social Integration

Virtually all research on controlled heroin and crack/cocaine use is based on socially integrated, in contrast to socially marginalised or deprived heroin users. Social integration in relation to heroin users is frequently defined in terms of permanent accommodation, employment or education, and contact to non-using friends (cf. Kemmesies 2004; Shewan and Dalgarno 2005; Warburton et al. 2005).

2.2.3 *Spectrum of Using Patterns*

However, the use of drugs, including heroin, should not be seen as falling in either the problematic, uncontrolled, compulsive *or* the controlled, unproblematic category, but to occur on a continuum with more or less controlled tendencies. Nonetheless, for research purposes, a cut-off point between ‘problematic’ and ‘controlled’ is often determined. According to Schippers and Cramer (2002), the use of ‘hard drugs’ can be regarded as ‘controlled’, when it does not collide decisively with any personal aims of the individual and is led by rules of self-control that are or can be made explicit. More specifically, this means that a person is able to interrupt their habitualised behaviour through their own initiative.

2.2.4 *Definitions Employed in This Book*

With regard to the heroin users presented in the empirical part of this book, the classifications just presented are by and large avoided in order to prevent any kind of valuation and judgement. Within the scope of an investigation based on a constructivist approach such as the present study, a categorisation of ‘controlled’ and ‘uncontrolled’ use conducted by someone other than the interviewee seems

presumptuous. Therefore, basic information about the socio-economic backgrounds and using styles of each study participant is provided instead, and the reader may make their own classifications. To indicate physical dependence, the term *habitual* is employed. Patterns of heroin use that are characterised by an infrequent, non-habitual, and non-intravenous nature are referred to as *occasional*. The two end points of the continuum of using patterns represented within the study sample are represented by heavy, habitual, intravenous use and occasional, non-habitual, non-intravenous use.

2.3 Deficiency-Oriented Approaches: The Prevailing Theoretical Basis of Most Research on Heroin Use

2.3.1 The Medical or Disease Model

For a long time, medical theories have held a prevailing position amongst the theoretical explanations of heroin use associated with socially undesirable behaviour in the Western world (Zinberg 1984; Cohen 1990; McMurrin 1994; Peele 1985; Davies 1992, 1997; Baier 2004; Kemmesies 2004; NIDA 2005; Warburton et al. 2005). From the perspective of pharmacologically and psychiatrically oriented medical approaches, psychological variables play an insignificant subordinate role, and the respective social and physical context is not considered. Medical or disease models (cf. Warburton et al. 2005), as described by diagnostic systems such as the DSM-IV (American Psychiatric Association 1994) and the ICD-10 (WHO 1992), characterise heroin addiction as a progressive illness, which, due to the drug's extremely addictive pharmacological properties, inevitably results from repeated use of heroin and leads to physical dependence and tolerance (Berridge and Edwards 1987; NIDA 2005; Legnaro and Schmieder 2006). Tolerance in turn implies the need for an increased dosage to continue achieving psychoactive effects and/or to be in the position to function, which unavoidably results in loss of control over one's body, psyche, and eventually life (Brown 2004). If not treated, progressive psychological and physical deterioration and ultimately death are the likely outcomes (NIDA 2005; Bernstein et al. 2006). Physical dependence is characterised by unbearable withdrawal symptoms causing the addict to do virtually anything to avoid them, including engagement in criminal activity (Davies 1992). The further the addiction progresses, the more it takes over the person's life and personality, gradually depriving them of their own will. Psychological, physical, social, and moral decay are viewed as predestined results of continued heroin use (McMurrin 1994; Hyman and Malenka 2001). This notion of heroin use and addiction has been repeatedly outlined, for example, by the US American National Institute on Drug Abuse (e.g. NIDA 2005), who claim to be 'the largest supporter of the world's research on drug abuse and addiction' (NIDA 2009).

2.3.2 Biological, Psychological, and Sociological Approaches

Although most research on heroin use is significantly influenced by the assumptions underlying the just presented conventional medical models, neuroscientific, psychological, and social theories are now exerting an increasing impact on this research field. A selection of the most widespread ones will be briefly introduced in their respective main aspects.

2.3.2.1 The Risk and Protection Factor Approach

Heroin use-related issues are often approached with the aim of identifying factors that put the individual at risk and those that provide protection from the initiation of use (Türk and Bühringer 1999). In this context, numerous individual and social risk and protection factors have been identified. For example, family conflict and substance use, peer influence, living in impoverished neighbourhoods, poor school attendance and achievement, and individual variables, such as antisocial behaviour at a young age, low self-esteem, poor coping skills, and low stress tolerance are identified to increase the risk of beginning to use drugs (e.g. Leukefeld et al. 1998; Goldberg 1999). Positive family relationships, parental affection, and interest (Donnermeyer et al. 2000) and principally the opposite of the just listed risk factors have been found to protect against the risk of becoming a drug user (e.g. Leukefeld et al. 1998; Goldberg 1999).

Furthermore, risk and protection factors associated with genetic (Levrán et al. 2008; Kuntz-Melcavage et al. 2009), neurobiological (Shalev et al. 2002), and psychological dispositions (Klee and Morris 1994; Kirby et al. 1999) are researched and widely debated.

With regard to heroin in particular, findings of studies taking the ‘risk factor-drug use prediction approach’ usually reinstate the association between drug use and socially disadvantaged urban areas and socio-economically marginalised individuals, respectively (e.g. Nurco et al. 1984; Haw 1985; Haw and Liddel 1988; Parker et al. 1988; Giggs et al. 1989; Domingo-Salvany et al. 1993; Frischer 1995) as risk factors tend to occur most commonly in socially and economically underprivileged and deprived city areas.

Various theoretical approaches from the neurosciences, cognitive, behavioural and social psychology, the social sciences and sociology are applied to explain the emergence and mode of operation of the different factors that either put an individual or a population group at risk of ‘hard’ drug use or provide protection. Some of the most influential ones are presented in the following.

2.3.2.2 The Receptor Model

Meanwhile, neuroscientific models of drug use and addiction have achieved a relatively wide popularity (Nutt 2003; Angelucci et al. 2007), with receptor theory

constituting a commonly employed example (cf. Schmidt-Semisch and Nolte 2000). The model relies on the proposition that certain endorphins produced naturally in the human body during certain pleasurable activities are very similar to morphine. By using heroin, a person attempts to obtain the pleasurable feeling, so to speak, at the push of a button, possibly because their bodily reward system is generally under-stimulated (Rothman et al. 1991; Hurrelmann and Bründel 1997; Gerra et al. 2006). Dependence develops as the person's opiate receptors are blocked by exogenous opiates and their body stops its endorphin production. Like the traditional disease approach to heroin use and addiction, the receptor model fails to explain non-addicted, occasional using patterns, and self-initiated cessation of use.

2.3.2.3 Social- and Individual-Psychological Models

Psychoanalytically oriented theories often try to explain problematic individual cases, thereby fall short in providing a universally applicable theory that clarifies why same causes can have different effects, that is, cause heroin use and possibly addiction in some but not in others (Stierle 2005). Psychoanalytic approaches, for example, often regard ego impairments that result from disturbed mother-child relations in early childhood as being pivotally causal for later drug use (cf. Kuntz 2000; Laging 2004).

Social learning theories (e.g. Akers et al. 1979; Akers 1985; Niebaum 2001) explain *how* different styles of consumption can be learned in a group but not *why*. Moreover, hitherto no empirical evidence exists proving an association between specific conditions of socialisation and heroin use and addiction (e.g. Shewan and Dalgarno 2005). Generally, social-psychological approaches to heroin use and addiction typically view heroin use from a deficit-oriented perspective and thereby focus on problematic patterns of use (e.g. Türk and Bühringer 1999; Kraus et al. 2008). All psychological models of drug use share the disadvantage of explaining problematic, individual trajectories without illuminating why the same causes have different effects in different individuals, that is, why some people start using drugs habitually and others occasionally or not at all.

2.3.2.4 Sociological Models

The labelling approach of deviant behaviour (Tannenbaum 1938) with regard to illicit drug use became widely known through Howard Becker (1963). The model explains socially deviant, unacceptable conduct, such as illicit drug and especially heroin use, as products of societal attributions rather than emerging from individual characteristics. By accepting and internalising an identity that is commonly regarded as socially deviant, such as the 'identity', deviance is further established and progresses (Quensel 1973). Labelling theory bears the risk of regarding the socio-economically marginalised heroin user as a helpless victim of their social circumstances, thereby freeing the person from their own responsibility.

Subculture theory is based on the assumption that within large social systems subsystems exist that partly recognise the same social values and norms and partly

deviate by interpreting the existing norms differently or creating their own (Lamnek 1994). Individual particularities are largely neglected, since deviance is explained as resulting from sociocultural differentiations. As Pfister points out, ethical distinctions exist not only between the dominant culture and a subculture but also between individual subcultures (Pfister and Klein 1991). She argues that subculture theory has managed to move beyond the individual perspective of delinquent behaviour but ultimately also contributes to the social stigmatisation of groupings deviant from the social norm. In 1960, Yinger already attempted to counteract this stigma attached to the notion of subcultures (Yinger 1960). He suggested a general definition of a normative system of groups and groupings within a society that differs from the main culture by particularities such as language, values, religion, or lifestyle. Nonetheless, the term 'subculture' continues to the present to be frequently associated with social deviance and delinquency (e.g. Lucchini 1985; Surratt et al. 2004).

In contrast to individually oriented approaches, sociological theories of heroin use are not limited to personal trajectories. However, here the weakness tends almost to be the reverse: Aspects of autonomous responsibility over one's own life, processes of personal decision making, and general differences are neglected.

2.3.3 Conclusions Regarding Conventional Theories of Heroin Use and Addiction

It has been demonstrated that all conventional theories of heroin use and addiction share the weakness of explaining only specific aspects of consumption and dependent behaviour. Customarily, the application of each approach is ultimately based on the assumption that heroin constitutes a socially deviant, unacceptable, and instantly addictive drug which therefore automatically leads to dependence and various other individual and social problems. In this respect, the above-presented theories are very similar to the medical model of heroin use. The shortcomings of the focus being on merely specific aspects of heroin use can be compensated by taking an eclectic approach. This way, elements of different approaches can be combined adequately in order to provide a holistic explanation of the phenomenon of heroin use. The biased ideologically rooted preconceptions concerning heroin use will however persist unaffected. This perception of heroin use has largely determined research in this field and has in turn been supported and reinforced by the findings, which to a great extent is explicable in terms of the characteristics of the populations from which participants have commonly been drawn (Schmidt-Semisch and Nolte 2000; Shewan and Dalgarno 2005), as will now be further explicated.

2.4 Limitations of Knowledge from Traditional Samples

Even though eclectic models that integrate medical, psychological, and social aspects are increasing in significance and spread (e.g. Albertín-Carbó et al. 2001; Carter 2002; Rumgay 2003), the normative research restriction of equating heroin

use with heroin abuse and thereby heroin problems continues to prevail. Accordingly, research into the prevalence and the nature of heroin use has primarily concentrated on use related *problems*, such as levels of injecting, ill health, hospital admissions, and drug-related crime (Forsyth and Barnard 1999; Bennett et al. 2006; Razali et al. 2009). These, again, have been found to be most prevalent in deprived urban areas (e.g. Haw and Liddel 1988; Parker et al. 1988; Giggs et al. 1989; Frischer 1995; Hay et al. 2005, 2009).

Traditionally, samples of drugs and especially heroin studies have mainly been gained from drugs' agencies, prisons, or criminal justice-related institutions, since these organisations provide the easiest access to drug users. The obvious disadvantage with agency clients and offenders is that neither are representative of the general drug using population. Bearing in mind that patterns of heroin use – as of all other substance use – occur on a frequency and intensity continuum with using styles of drugs agency clients tending to be located at the extreme end of destructive consumption. The case of arrested or incarcerated drug users is often similar, especially as there is a substantial crossover between the two groups. Examples constitute the difficult to reach, high-risk heroin users who are accredited to participate in programmes based on the prescription of medical heroin, such as those being implemented in Switzerland (Killias et al. 2000), the Netherlands (Dehue 2002), and Germany (Verthein et al. 2008). Thus, the knowledge to be gained from such studies tends to provide insights only into the conditions of heavy, destructive use of a more or less extreme nature. However, not everyone with the individual and social predispositions named in the section on risk and protection factors will begin to use heroin at all, and not every heroin user will eventually consume destructively.

Such prerequisites – the dominant role of medical addiction models, the concentration on biased user groups, and the focus on risk factors and economically marginalised settings – all contribute to the cementation of the above-mentioned normative restrictions, under which conventional heroin research is typically conducted. In this way, the common beliefs about heroin use are inevitably restated as the approach to the topic is biased from the onset. In this context, Szasz points out that the physiological and psychological damage on the part of the most serious abusers of illicit drugs is regularly referred to as proof of this 'pharmacomythology' (Szasz 1975).

In order to gain an understanding of the nature of heroin use, less biased and determined by the just mentioned ideologically informed research conditions, it is crucial and logical to examine the conditions of the whole spectrum of heroin consumption styles, including *both* heavy, habitual intravenous as well as occasional smoking use. The latter, still viewed as an impossible phenomenon amongst the majority of drugs researchers, will be referred to again in more detail in Sect. 2.5. Moreover, in order to obtain a comprehensive and realistic understanding of heroin use, the conduct of qualitative research is indispensable.

2.5 Qualitative Drugs Research

As has already been pointed out, customary research into drug use issues tends to be based on quantitative designs. The main reason can be explained by the continuing dominance of medical disciplines in this research domain, which largely rely on quantitative study approaches (e.g. Barrett et al. 2008; Fries 2009).

Qualitative research has the advantage of being able to challenge traditional assumptions and theories (Jungaberle 2007). By allowing for new and alternative perspectives, it bears the potential to reveal irrational, ideologically rather than scientifically informed conclusions. Quantitative studies are based on the testing of preconceived hypotheses, which might unquestioningly be reinstated and propagated. Such aspects frequently influence specifically scientific examinations concerned with socially stigmatised behaviour such as illegal drug and especially heroin use. Qualitative research designs lend themselves to the exploration of areas where no – or only limited, incomplete – scientific knowledge exists, as is the case with the phenomenon of heroin use in Shetland. Here they can offer a foundation for subsequent quantitative, further qualitative, or mixed-methods investigations. Furthermore, quantitative studies, concerned with causation and frequency and often in the form of questionnaire based surveys, are crucial in identifying and describing phenomena and trends, but often fall short of providing suitable explanations. They show, for example, *that* people take heroin in certain ways but not *how* exactly and *why*. To explain the ‘whys’ and ‘hows’, qualitative studies are essential. In this way, unexpected social and psychological aspects of drug use can be illuminated that are often overlooked by conventional quantitative approaches.

Despite the ongoing predominance of quantitative methods, the past two decades have shown an obvious trend towards a greater acceptance and acknowledgement of qualitative drugs research across the Western world (e.g. Schneider 1984; McDonald 1994; Reinarmann and Levine 1997; Decorte 2000; Beckerleg 2004; Stierle 2005). This trend is exemplified also by the existence of the Qualitative European Drugs Research Network (QED), an electronic database that includes data on researchers, research projects, and publications on qualitative drugs research (2005).

2.5.1 *Qualitative Heroin Studies with Urban Problematic Heroin Users*

In the following, the argument for the crucial contribution of qualitative approaches to the investigation of heroin use and its surrounding context will be substantiated empirically with brief introduction of qualitative investigations. Like quantitative studies, most qualitative examinations are conducted in urban areas with users

recruited through agencies working with problematic drug users. Due to the opiate's illegal and stigmatised status, access to heroin using populations is otherwise very difficult. Consequently, the knowledge of heroin use is also restricted to one end of the continuum of possible styles, and the key focus is on use associated problems and treatment needs. Still, invaluable novel knowledge can be obtained, as will be demonstrated below. This section will be introduced with a widely known study that has since reached a classical status. Subsequently, research conducted primarily in Scotland will be introduced, since the Shetland Islands, where the data for the study presented in this book have been collected, belong to this country.

In their timeless ethnographic masterpiece conducted in New York 'Taking care of business', Preble and Casey (1969) argue against the helpless, passive heroin addict promoted by disease models. Furthermore, they disprove the notion that heroin merely constitutes an escape from the psychological and social problems of ghetto life. In the authors' opinion, the addicted individual is less addicted to the drug itself than to the lifestyle and career of a street heroin user and dealer as it 'provides the motivation and rationale for the pursuit of a meaningful life, albeit a socially deviant one'. This type of unexpected conclusion would not have been accessible via a quantitative design relying on hypotheses formulated prior to the data collection.

The vital contribution of qualitative research has become particularly striking with the advent of HIV infection and AIDS, as it has proved invaluable in describing and understanding the social context of risk involved in injecting drug use, and in assisting with the development of prevention and intervention strategies (Falck et al. 1996; Ward et al. 1996; Fountain and Griffiths 1999; Ball et al. 2001; Renton et al. 2003; Beckerleg 2004; Cattan et al. 2008). Other studies have examined the motivations underlying injecting and non-injecting drug use (Neaigus and Sifaneck 2001; Davy et al. 2003), the transitions from non-injecting to injecting (Loxley and Carruthers 2002; Strathdee et al. 2002; Kelley and Chitwood 2004; Spence et al. 2004; Sánchez et al. 2006), and vice versa (de la Fuente et al. 2006). In a comprehensive review of the existing qualitative literature in relation to injecting drug use and AIDS for the European Monitoring Centre for Drugs and Drug Addiction (EMDCCA), Rhodes et al. report about significant studies published between the mid-1980s and 2000s (2001).

This has been demonstrated, for example, by an examination of the contextual determinants involved in drug injecting risk behaviours (McKeganey and Barnard 1992; Barnard 1993). 'Social distance' between drug injectors has been identified to exert a powerful influence on the decision to share injecting equipment. However, on the basis of this unanticipated finding, McKeganey et al. (1997) were in a position to design a further large-scale study with 505 injecting drug users in Glasgow, combining qualitative and quantitative elements that focussed specifically on the role of social distance in the decision to share injecting equipment.

As well as providing access to unexpected findings, qualitative methods allow for the investigation of very specific, subjective matters. Rhodes (1995) examined the factors involved in the formation of different attitudes and perceptions of risk with regard to intravenous drug use. More recently, Rhodes et al. explored drug injectors' narratives of vein damage and groin injection in the context of injecting

crack-heroin mixtures (2007). Also in the field of injecting behaviour, Wright et al. interviewed female drug users regarding their experiences of abuse from intimate partners when being injected with illicit drugs (2007). A further study focuses on the social relations of hepatitis C risk management amongst drug injectors in London (Judd et al. 2004). The authors conclude an urgent need for renewed UK harm minimisation policies to disseminate the perception that hepatitis C is avoidable and thereby restrict its spread.

Qualitative methods are also advantageous when examining sensitive cultural factors involved in drug use. Ross et al. found that predictors for problematic drug use amongst groups of young Chinese, Indian, and Pakistani drug users in Glasgow embraced being male, the non-importance of religion, and high levels of drug consumption within the same ethnic group (Ross et al. 2004). Based on this knowledge, culture-specific approaches to intervention can be developed that include specifically the discovered aspects.

In a discourse analytical investigation, Davies highlights the ideological framework of customary drugs research (1997). On the basis of more than 500 conversations with drug users in Scotland, he shows how conversations about drug use vary and change greatly according to the context and circumstances. These results suggest that drug addiction might less constitute a fixed 'truth' but rather a highly subjective phenomenon strongly influenced by the respective situational conditions. According to the author, explanations that drug users give for their drug use primarily represent functional statements often determined by the climate of moral and legal censor, rather than sources of fact.

Results from research with ex-heroin users or heroin users who decided to stop consuming deliver data that could effectively be applied to the development of treatment programmes. From semi-structured interviews with 70 'recovering heroin addicts' in Glasgow, McIntosh and McKeganey (2000, 2002) conclude that the need to 'repair a spoiled identity' is central to the recovery process. The authors explore the impact of rock-bottom experiences, trigger events, and the user's perception of the future on their decision to stop drug use.

The vital contribution of qualitative research in the development and innovation of drug treatment and intervention approaches has been researched and widely emphasised (e.g. Knight et al. 1996; Ward et al. 1996; Koester et al. 1999; Samson et al. 2001; Fischer et al. 2002; Fitzgerald et al. 2002; Shakib et al. 2004).

The studies just presented demonstrate that qualitative drugs research allows the researcher access to novel and unforeseeable information. This knowledge can effectively be applied in the development of political and practical intervention approaches to tackle problematic issues associated with drug use. In addition, it plays a crucial complementary role for quantitative studies, as new hypotheses can be generated that can subsequently be tested statistically. However, besides being carried out in urban settings, these and most other qualitative investigations concerned with heroin use are based on samples of problematic users. However, in order to develop treatment and policy approaches with a maximum efficiency, the individual and social circumstances of non-habitual, non-problematic heroin use indispensably also need to be included.

2.6 Non-habitual, Controlled Use of ‘Hard’ Drugs

In most studies concerned with the use of heroin and cocaine, using frequency and amounts are examined in order to categorise the behaviour as dependent, problematic or non-dependent, non-problematic. The difficulties in comparing the results of studies concerned with non-dependent heroin consumption, due to the differences in conceptualising *non-dependent* use, have already been discussed above. Since *controlled* seems to be the most established and across studies most similarly defined term in this respect, it will predominantly be employed in this section, unless the author of the study being discussed uses a different expression.

Attempts have been undertaken to estimate the prevalence of controlled drug and heroin use, respectively, in the general population. Hay and Gannon point out that of the 11 million people in Great Britain (27% of the population aged between 16 and 74) who have ever used illicit drugs, no more than 300,000 (1%) are drug dependent (2006). On the basis of surveys investigating lifetime prevalence, frequency, and topicality of cocaine and heroin use (Abraham et al. 1999; Herrmann et al. 1997; Kraus and Augustin 2001), Schippers and Cramer propose an estimated prevalence rate of controlled cocaine and heroin use of one to two per 1,000 of the population in the Netherlands, Switzerland, and Germany (2002).

2.6.1 Research on Non-dependent and Controlled Heroin Use

The first published scientific investigation explicitly concerned with occasional heroin use was conducted by Powell in 1973, in which 12 young adults report using heroin over three consecutive years without ever having experienced physical addiction. One factor found to mitigate against addiction was the social environment, including friends. In a qualitative study of 51 non-dependent heroin users in London in 1975, Blackwell stressed the importance of personal rules and immediate social norms in regulating use, and identified the processes of drifting, controlling, and overcoming as components of controlled heroin use (1983).

The majority of studies on controlled heroin use stem from the 1970s to the 1980s (e.g. Powell 1973; Zinberg et al. 1975; Blackwell 1983; Crawford et al. 1983). Some work has also been published throughout the 1990s (e.g. Weber and Schneider 1992, 1997), and the topic has been increasingly regaining interest amongst specifically drugs researchers in Great Britain (cf. Dalgarno and Shewan 2005; Warburton et al. 2005; McSweeney and Turnbull 2007) and Germany (cf. Strieder 2001; Kemmesies 2004; Kolte and Schmidt-Semisch 2005; Legnaro and Schmieder 2006). Besides, research on controlled cocaine and crack use has been carried out (e.g. Murphy et al. 1989; Cohen 1989; Cohen and Sas 1992; Pearson 2001; Stierle 2005; Decorte 2007; also see Sect. 2.5 of Part I).

Apart from a few exceptions, the majority of investigations into controlled heroin use have used qualitative methodologies (Schippers and Cramer 2002). Controlled

and/or socially integrated heroin use still remains an under-researched phenomenon that is most appropriately approached with an at least partly inductive, explorative, qualitative methodology. Furthermore, the accessibility of controlled heroin users, who constitute a hidden population engaging in a highly stigmatised behaviour (Fountain 2000), is very restricted as opposed to problematic users, who are readily accessible at drug treatment services (see 'traditional samples' above). Therefore, samples often tend to be too small to lend themselves to expressive statistical inferences.

2.6.2 The Significance of Drug, Set, and Setting in the Prevention of Problematic Drug Use

To date, an empirical study by Zinberg, Harding, and colleagues on patterns of opiate use amongst non-treatment users (Zinberg et al. 1975), already mentioned in the introduction, represents the most frequently cited of its type (Shewan and Dalgarno 2005). Almost every scientific investigation concerned with controlled use of heroin or other 'hard' drugs, such as crack and cocaine, draws on or refers to this early research. The findings and theoretical explanations of Zinberg and colleagues principally constitute the original foundation of this research area (also see Zinberg and Jacobson 1975; Zinberg et al. 1981; Zinberg 1984). Since the research findings did not support the widespread prohibitionist stance on illicit drug use, media and governments largely ignored the results (Webster 2004). Both the main aspects of the study and the theoretical model developed on the basis of its findings are briefly outlined in the following.

The main part of the study constitutes qualitative in-depth interviews with 61 controlled, seven semi-controlled, and 30 compulsive heroin users in Boston, who were recruited in the community. 'Controlled use' was defined in terms of having used heroin for at least a year but not to the extent that the person was physically dependent and/or their use interfered with any area of their lives. The majority of participants, who were aged between 14 and 70, reported maintaining a stable life-style. The controlled using patterns found were viewed to result from the interaction of the variables present in all drug using situations: *drug*, *set*, and *setting*. *Drug* refers to the pharmacological properties of the drug, *set* to the user's attitudes and expectations about the effects of the drug, as well as their personality and drug history, and *setting* to the physical and social location of use including the general culture's and the specific subculture's attitudes, norms, rules, and sanctions in relation to illicit drug use and users. The authors contrast alcohol and illicit drug use with regard to the *social costs*. Whereas alcohol as a legal intoxicant is subject to *social control*, that is, society accepts its consumption under certain legal restraints and develops a variety of generally accepted informal customs, rituals, and social sanctions, illicit drug use constitutes a deviant activity outside everyday social customs and is formally controlled by prohibition. Zinberg et al. argue that their findings of controlled opiate and drug use in general propose the possibility of minimising the drug use related social costs through adequate social control.

Probably the most significant and most widely known evidence for the decisive impact of set and setting on styles of heroin use has been delivered by Lee Robins and her colleagues (1980). 470 American ex-soldiers were interviewed, one and again 3 years after returning from the Vietnam War. Before the war, 2% had used heroin, and during the war, almost half of the soldiers took opiates, mostly heroin, of whom 20% regarded themselves as being addicted. After being discharged from the army and returning to their home environment, only 7% carried on using heroin and less than 1% described themselves as addicted. Thus, even of those 20% who had perceived themselves as being addicted during the war, only 10% stated that their addiction had continued back home. The combination of the atrocities of the war, that is, the characteristics of the setting, which again had an impact on the soldiers' sets, and the easy availability of heroin in Vietnam were identified as having encouraged opiate use in Vietnam and furthered the development of addiction.

2.6.3 Further Research Concerned with the Control of Heroin and Crack/Cocaine Use

The importance of social norms, rules, rituals, and sanctions in the context of controlling the use of 'hard' drugs initially formulated by Zinberg et al. (1975) has also been stated by the findings of numerous other studies (e.g. Haves and Schneider 1992; Grund 1993; Cohen and Sas 1995; MAINLINE 1996; Decorte 2000, 2002; Kemmesies 2004; Warburton et al. 2005; Korte 2007; McSweeney and Turnbull 2007). Most rules entail specific restrictions regarding the set and setting of use as well as frequency and amount. Examples include the following: to use only when feeling good, to use only with certain people, not to give drug use a central priority, not to inject, to buy drugs only when able to afford without financial problem, etc. The most expressive studies conducted in this context are outlined below.

Between 2004 and 2005, Warburton et al. conducted qualitative in-depth interviews with 51, and an Internet survey with 72 non-dependent and controlled dependent, socially integrated heroin users in the UK (2005). Results suggested the existence of a largely hidden population of socially integrated heroin users consuming heroin in a controlled fashion over long periods of time. Most participants reported physically and socially stable lives with employment and often families, and patterns of heroin consumption ranging from occasional, non-dependent to controlled, dependent use. Control over use was predominantly obtained by adhering to certain sets of norms, rules, and restrictions. Between July and November 2006, 32 of the previously interviewed users were re-interviewed qualitatively (McSweeney and Turnbull 2007). The majority of the sample reported having reduced or stopped their heroin consumption while some stated an increase in use and some no changes at all. Of those who had stopped or reduced, most had done so without any external help.

Herrmann et al. (1997) questioned 17 socially integrated cocaine and heroin users regarding their ability to control their drug use so as to stay socially unobtrusive.

Participants received assistance through mutual social control within their network of drug users and the maintenance of relations and friendships to non-drug users.

A decisive empirical input towards the German debate on controlled drug and heroin use, respectively, has been contributed by Weber and Schneider (1992, 1997), who carried out an investigation that focussed on the processes involved in the 'maturing out' of the dependant and controlled use of illicit drugs in general and in particular heroin. Altogether they interviewed 60 participants, who were divided between controlled drug users and ex-users, who had given up their drug use on their own initiative. From the comparison of the two groups, they concluded that the controlled use of drugs, such as cocaine and heroin, is possible in a way that is stable over time and thus does not merely constitute a transitional stage before abstinence or compulsive use. Moreover, they found phases of controlled use to be common in individuals whose typical patterns of use could be classed as heavy and dependent. The informal rules which controlled users stated to apply to keep their drug use unproblematic were similar to those reported in other studies. Weber and Schneider particularly emphasise the strategy of distancing oneself from the open drug scene (1992, 1997).

The process of maturing out of or recovering naturally from dependence on 'hard drugs', including heroin, has also been examined by several other researchers, who drew similar conclusions to Weber and Schneider (Winick 1962; Waldorf and Biernacki 1981; Biernacki 1986; Prins 1995; Klingemann et al. 2004; Klingemann 2006). Miller and Rollnick point out that with regard to *any* substance, the majority of people with long or short periods of use and dependence change destructive behaviours without any external assistance (2002).

Corresponding with other comparable research, Kemmesies found in his mainly qualitative study on drug use amongst 169 socially integrated people in Frankfurt, Germany, that patterns of use were regulated and maintained with the aid of specific rules and norms (2004). A significant research result was also that some heroin users stopped or reduced their illicit drug consumption when personal responsibilities increased (2004). Changes in life situations and styles, such as gaining a higher job position and/or starting a family, were often perceived as being incompatible with engagement in illegal scenes and, hence, drug use. According to the principle of rational choice, substance use was either given up completely, modified, or shifted to the legal drug alcohol. Users were seen to have 'settled in' their bourgeois lifestyles and 'arranged' themselves 'with' the requirements of the modified circumstances rather than having *matured out*. The findings show how consciously embedded drug use was in participants' lives and sociocultural worlds.

In a longitudinal study, Dalgarno and Shewan (2005) interviewed 126 long-term heroin users who had never received any kind of drugs treatment. They investigated whether this 'hidden' population bore resemblances to heroin users at drugs treatment agencies and whether controlled, non-intrusive heroin use was possible over an extended period of time. The results suggest that participants' employment and educational levels were equivalent to those of the general UK population. Moreover, both intensive, risky as well as planned, controlled patterns of heroin use were found

amongst the sample. Furthermore, numerous interviewees reported patterns of controlled use that were stably maintained over time.

In one qualitative investigation with 11 heroin users, the author even argues that participants manage to maintain their social integration not despite but *because of* their carefully regulated heroin consumption (Caiata 1996). This outcome has also been found with respect to club drug users (Moore and Miles 2004).

The application of drug use control mechanisms has also been found amongst regular and occasional cocaine and free base/crack users (Cohen and Sas 1993, 1994; Decorte 2001, 2007; Pearson 2001; Boekhout van Solinge 2001; Strang et al. 2002; Stierle 2005; Daniulaityte et al. 2007). According to ethnographic interviews conducted with crack users in Utrecht and Amsterdam (Netherlands), Boekhout van Solinge found participants to hold knowledge of how to regulate or manage the undesirable, destructive effects of the drug. This knowledge referred to comparable rules as mentioned in the context of heroin use control, that is, restrictions of the using context, regulations for the actual use, ideas for reducing use or not using, alternative ways of using, and financial aspects. Moreover, this study shows how individuals employ other substances as forms of self-medication to improve their control over the dynamic of cocaine.

2.6.4 Practical Application of Findings from Research on Controlled Heroin Use

Schippers and Cramer have pointed out that research on controlled opiate and crack/cocaine use would not only assist with the development of more efficient treatment services but also with normalising the management of illicit substances on the political and legal levels (2002).

Amongst others, the results of research on controlled substance use can effectively be applied in harm reduction-oriented approaches to drugs treatment (Rosenburg and Melville 2005). In the context of alcohol use, controlled drinking programmes have been established as a recognised treatment option for people with harmful drinking patterns and have been successfully implemented in many countries (e.g. Davies 1962; Polli et al. 1989; Heather and Robertson 1982, 1997; Körkel et al. 2002; Körkel 2004, 2005; Klingemann et al. 2004; Klingemann and Carter Sobell 2006). The first steps in this direction are also now being undertaken with regard to the consumption of illicit ‘hard’ drugs. The treatment programme KISS explicitly utilises in practice the research findings of studies on controlled use of ‘hard’ drugs (cf. GK Quest Akademie 2009a, b, c). KISS (‘Kontrolle im selbstbestimmten Substanzkonsum’ – control in self-regulated substance use) has been developed by the Quest Akademie in Heidelberg, Germany (Körkel, GK Quest 2005), and is taught by skilled KISS trainers across treatment agencies in Germany and Switzerland (GK Quest Akademie 2009a, b). The programme aims to assist the

users of legal and illegal substances, including heroin, to acquire the ability to self-regulate and thus control their substance use. This ability is based on the application of rules that regulate and restrict drug use to an extent that important areas of the individual's life are not adversely affected. It becomes obvious that the knowledge gained from the qualitative studies on controlled substance use outlined before is crucial in developing intervention programmes of this sort. The aim of learning to regulate one's drug use, either in order to eventually stop using or to continue using in a less harmful manner, provides an important treatment option alternative to abstinence. Thus, substance users who do not intend or are not able to completely stop consuming and therefore would not participate in or benefit from abstinence-oriented interventions can in this way be reached and treated. The first treatment results are published on the KISS website (<http://www.kiss-heidelberg.de/kiss-heidelberg/de/6/3/hintergrund/ergebnisse.aspx>). Moreover, counselling methods such as motivational interviewing can effectively be employed in connection with controlled substance use goals (Miller and Rollnick 2002).

On a conceptually superordinate level, research on control over legal and illegal 'hard' and 'soft' drugs provides important knowledge for the ongoing debate about the autonomy and decision-making ability of an individual regarding their personal substance use (e.g. Harding and Zinberg 1977; Zinberg 1984; Nadelmann 1990; Grund 1993; Levine and Reinerman 1993; Weber et al. 1997; Levine 2002; Kemmesies 2004; Legnaro and Schmieder 2006).

2.7 Drug Subcultures

In most of the just cited (and other) studies on control over drug use, the scene or subculture, in which drug consumption and the social norms, rules, and rituals to regulate drug use are embedded, is mentioned only marginally. The subculture is often treated as to provide some details of the social context in which drug use and related activities take place, rather than being the explicit research focus. Heroin use, particularly in an occasional, controlled manner, constitutes a largely social phenomenon, implying that use regulating values and rules are at least partly constructed and developed socially, even if they are ultimately adjusted by the individual and applied in ways that are personally suited to the user. The overall drug subculture or an individual's personal subsection within the subculture represents the prerequisite for the development and nature of all social customs and standards, including control norms and rules. Therefore, the investigation of the social world (Schütz 1967) of the heroin scene constitutes a research matter which is as important as the ways in which people conduct and regulate their heroin consumption. For this reason, the existing research which explicitly examines the conditions and nature of heroin scenes will now be presented and discussed. But first, the conception of *subculture* and *scene* needs to be specified.

2.7.1 *Defining Drug Subculture and Drug Scene*

The Federal Agency for Civic Education (Bundeszentrale für politische Bildung) defines subculture as a ‘sub-area of an encompassing culture that deliberately dissociates itself from the prevailing culture in its norms, values and manners [...] Social outsiders often amalgamate in subcultures in order to protect their deviant conduct from social control’ (2009). It has been pointed out that the prevailing culture comprises numerous subcultures that can be based on ethnicity, religion, drug use, or various other affiliations (Golub et al. 2005). A *drug* subculture can be specified as ‘an inter-related cluster of cultural elements associated with the consumption of an illicit drug in social settings’ (Golub et al. 2005, p. 219) and ‘an adaptive mechanism, which enables drug users to live an ordered social life in the environment of the conditions given by prohibition’ (Grund 1993, p. 110). Golub et al. have pointed out that drug subcultures vary concerning ‘the extent to which they represent an occasional leisure activity versus a lifestyle, an amusement versus a worldview, and an interest occasionally shared with others versus a group affiliation demanding limited association with non-members’ (p. 219). Moreover, they contend that individuals differ regarding the degree to which they become involved with a drug subculture and that they may act in entirely differing ways in diverse social contexts. The concept of subculture as employed in this book embraces all of the aspects just presented. Depending on the author, *subculture* and *scene* are used interchangeably or as different concepts. When applied differently, subculture tends to refer to a stronger, more comprehensive and existential involvement in the partial culture than scene, and scene rather to a social group based on shared interests, preferences, tastes, and a ‘we-feeling’ (Babylon Wörterbuch 2009). Throughout the book, both terms are employed interchangeably. In the empirical Part II, *scene* occurs relatively often, since interviewees tend to prefer this term. Whereas in Part III and IV, in which the empirical findings are related to the existing scientific literature, *subculture* is utilised more frequently, as other drugs researchers tend to prefer that term. In the following section, ‘scene’ is employed relatively frequently, as many studies are introduced that are concerned with the ‘open heroin scene’, an expression that generally constitutes a fixed term.

2.7.2 *Research on Heroin Subcultures*

Like qualitative drugs research, the first studies on drug subcultures were of largely ethnographic nature and came from the urban USA. Due to the research focus on the complexities of social contexts, these early investigations tended to rely on qualitative, exploratory, mainly ethnographic designs.

The USA holds a pioneering role regarding both qualitative studies on heroin use, and heroin subculture research that also tends to be qualitative. These circumstances might be explicable in terms of the first qualitative social science studies

being conducted by US American cultural anthropologists, such as Bronislaw Malinowski (1913). Building on these initial examinations, some years later the Chicago School of Sociology explored ethnographically various types of urban subcultures, including the social world of the taxi dancehall (Thrasher 1927) and gangs (Cressey 1932).

A study of socially marginalised heroin users in New York constitutes the first ethnographic investigation of a heroin subculture (Feldman 1968). Feldman stresses the necessity of understanding the immediate social context of the environment when explaining the spread of heroin use in a New York slum. According to Feldman, the movement of a large minority of action-seeking youth into a drug consuming subculture is substantially determined by the commitment to a certain subcultural ideology relying on a set of values and beliefs. Focussing on the heroin use surrounding subculture, as well as on subcultural norms, this qualitative piece of research holds a considerable relevance for the Shetland study portrayed in this book. The socio-economically disadvantaged, metropolitan setting and the exclusive focus on a subculture of individuals with addicted styles of heroin use, however, differentiate the two investigations.

A few years later, Michael Agar analysed the styles of speech of substance users in New York (1973). In order to understand the natural boundaries of heroin using subcultures, Agar recommends examining the respective subcultural slang. On the basis of a slang association test conducted with 83 opiate users, the author concludes the existence of separate subcultural scenes for different psychoactive substances.

Thirty-five years after Feldman's pioneering study, Spunt describes the nature of the current New York heroin scene on the basis of a longitudinal ethnographic investigation (2003). Whereas Feldman concentrates on a specific sub-scene in a slum area of the city, Spunt refers to the overall New York scene. The author found that 'new' heroin users, who started using in the 1990s, tended to be white, partly middle-class, and typically not 'street people'. Acquisitive crime and violence played a minor role, as the majority of users worked regularly to finance their drug consumption. Due to intense police pressure, dealing primarily took place indoors and on a personal level amongst acquaintances, for example, someone's apartment. Many consumed casually, some varied between binge use and abstinence and some always used heavily. Snorting represented the preferred route of administration. Besides these new 'trendy' users, groups of older, often black, heroin injectors also continue to exist. The author views these users, frequently displaying risky 'hardcore' consumption patterns, as being one of the most problematic user groups.

The first European studies on heroin subcultures were published in the 1980s. Noller and Reinicke's ethnographic investigation of the open heroin scenes in Frankfurt and Berlin (1987) constitutes one example. The aim of the research was to investigate and reconstruct the everyday life of heroin addicts in the context of the open heroin scene. Relevant perspectives and discourses of heroin injectors were contrasted and complemented with the accounts of various institutional views. Heroin users present the scene as providing a space that allows processes of non-pathological individuation and the development of autonomous identities.

Furthermore, the scene conveys self-sufficiency, forms of communication, a self-contained economy, and a self-created context of meanings and power opposed to the pressure of state control. However, the misery of everyday life is portrayed by injectors as subjectively stressful and destructive.

Some years later, Mariak conducted and published a similar study, also in Germany, that analyses the open heroin scene in Hamburg with the focus being on social marginalisation (1991). The central question of the investigation concentrates on why a certain group of mostly young heroin users becomes the target of social exclusion strategies, and how styles of communication between drug consumers and representatives of social control contribute in this context.

Von Aarburg takes a relatively specialised approach to investigating an open heroin scene in his culture-anthropological and ethno-psychoanalytic study of tinfoil smoking amongst 50 young heroin users in Zurich, Switzerland (1998). By ethnographic means, this route of administration is put in its historical and social context while examining the political and economic conditions. Participants were interviewed concerning the often unconscious profit of their physically and socially self-endangering heroin using behaviour. Dominant morals and norms could be accessed by analysing the Zurich street slang that often mirrors values of the mainstream consumer society.

Research on open heroin and cocaine scenes has also been carried out in the Netherlands (Grund 1993; Lempens et al. 2003). In his observational, ethnographic examination, Jean-Paul Grund analyses functionality, symbolisms, and self-regulatory aspects of drug using rituals of heroin and cocaine consumers in Rotterdam. Drug users were recruited at public sites associated with illicit drug scenes, such as the area around the central station. Most of the 192 study participants were unemployed, many homeless and the heroin (drug) scene represented a central contact point for 75% of the sample. The majority, approximately 77%, of heroin and cocaine users smoked or 'based', respectively, while the remainder injected. Amongst other results, the findings revealed stable and standardised drug use-related behaviours of a highly ritualised character. Rituals were found to be of significant importance for the processes of getting high in smokers and injectors of both drugs. In analytic density and detail, Grund's research bears a strong resemblance to the present study.

In a more recent investigation, also located in Rotterdam, Lempens et al. explored the social context of homelessness within open drug scenes (2003). Adopting an urban-ethnographic perspective, oriented towards subculture theory, the authors aimed to explain why one drug user is homeless and another seven are not.

Also based on a predominantly ethnographic research design, Korf and Nabben examine and describe the diverging crack and cocaine subcultures amongst trendsetting party and socio-economically marginalised youth in the Dutch capital Amsterdam (1999). Within both subcultures, various groups were examined with respect to the evolving and differing patterns of crack and cocaine use. Decisive differences were observed between scenes regarding socio-economic backgrounds, the role of drugs in participants' lives, routes of administration, and market mechanisms.

As Grund's research cited above, Philip Lalander's ethnographic investigation resembles the present study (2003). With his research, the author intends to highlight

the significant and rapid increase and expansion of heroin use and the surrounding subculture in the small Swedish town of Norrköping. Based on numerous interviews and observations of 25 young heroin injectors and smokers in their early 20s – all referring to themselves as addicted – Lalander explores his participants' hidden subcultural worlds, including issues such as becoming a heroin user, functioning in the subculture, subcultural norms and manners, and dealing with the police. Lalander gained access to users with the aid of social workers, treatment staff, and the snowball method, that is, social networking (Biernacki and Waldorf 1981). Largely avoiding the standard 'hardship and problem approach' to the field of heroin use (Giertsen 2005), the author illuminates using pathways of his interviewees from recreational to addicted consumers and exhibits the intimate links between local and global drug using practices.

In its sample size, analytic depth, and breadth, the investigation displays an array of similarities to the present study. Also, Shetland, located in equal distance between Norway and Scotland, is likely to be culturally determined not only by Scotland or Britain but also Scandinavian influences (e.g. Shetland Islands Council 2009a). However, the investigation also bears many differentiators. Although being a smallish, provincial town, Norrköping is still of urban character, and the study's focus is solely on a sub-scene of addicted heroin users in roughly the same age group. Nonetheless, both Lalander's and Grund's examinations have great relevance for the present research. Therefore, the results of Grund's and Lalander's investigations will be juxtaposed in opposition to the findings of the Shetland study in Part III. Although primarily concerned with individual use, Kemmesies' examination, already outlined in the section on controlled heroin use, also provides important information about the subcultural circles within which study participants are moving and consuming. In order to incorporate empirical findings concerning the subcultural setting of socially integrated, non-habitual heroin users, the relevant results of Kemmesies' study will also be included in the juxtaposition.

2.8 Location-Specific Research Perspectives of Drug Use Across the World

2.8.1 Heroin Use in Non-urban Areas

As has been argued and empirically substantiated, for a comprehensive and thorough representation of heroin use, the scientific investigation of the whole spectrum of heroin using patterns, use related norms, and the subculture in which use and norms are embedded is crucial. Equally important is the conduct of heroin research in non-urban areas. As a result of a traditional 'lack' of striking drugs problems and consequently drug treatment services, research has hitherto largely neglected non-urban and rural areas. Thus, drug use in general and heroin use in particular still continue to be considered as predominantly urban rather than rural

phenomena (e.g. Dickerson and Stimson 1995; Henderson 2000; Baier 2004). Consequently, current knowledge of rural drug use is still limited (Gardner and Peck 1996; Forsyth and Barnard 1999; Henderson 2000; Brown and Smith 2006; Oser et al. 2009). Notwithstanding, between 1993 and 1996, the Scottish Crime Survey reported significant levels of drug use in both urban and rural areas of Scotland (Hammersley 1994; Anderson and Frischer 1997). Approximately 10 years later, the levels of problem drug use (opiate and benzodiazepine use and injecting) in some rural areas in Scotland were already being assessed as ‘comparatively high’ (Hay et al. 2005). A few years later, additional areas were designated as being characterised by levels of ‘comparatively high’ problem drug use (Hay et al. 2009). A considerable rise in heroin use has been reported in many countries across the world (e.g. Tunnell 2006; Trujillo 2006; Shaw 2006; Izugbara 2005; Baier 2004), as will be demonstrated in the review of the relevant empirical evidence outlined below.

2.8.2 Defining ‘Rural’

No common definition of ‘rural’ exists in the literature. Most drugs research has used descriptive, quantifiable criteria to identify rural areas, such as population size and density and geographic location and accessibility. Furthermore, economic and employment issues have been examined. Quantifiable criteria can describe the outer appearance of places but not their inner structure and way of functioning, which are determined by the way people think, their beliefs, values, and norms. Beliefs, values, and norms in turn determine peoples’ social behaviour, including drug use. These more qualitative aspects could be summarised as ‘sociocultural criteria’. In order to optimally specify the ‘rurality’ of a location, quantitative, descriptive, and qualitative sociocultural criteria should be applied.

The Scottish Executive Urban Rural Classification 2005–2006 employs the criteria size and geographic accessibility to urban areas to categorise places in Scotland as ‘rural’ or ‘urban’. Accordingly, the classification system differentiates urban areas as large urban areas, other urban areas, accessible small towns, remote small towns, and very remote small towns. Rural areas are divided into accessible rural areas, remote rural areas, and very remote rural areas (Scottish Executive 2006).

2.8.2.1 ‘Rurality’ of Shetland

With its sparse population and 12-h ferry distance from the nearest cities, Aberdeen in Scotland and Bergen in Norway, the whole of Shetland is either categorised as a ‘very remote small town’ (3,000–10,000 inhabitants and more than 60 min driving distance to the nearest town with more than 10,000 inhabitants) or as a ‘very remote rural area’ (less than 3,000 inhabitants and more than 60 min driving distance to the nearest town with more than 10,000 inhabitants). While the capital Lerwick is categorised as a ‘very remote small town’, the complete remainder falls into ‘very remote rural area’.

However, as mentioned above, these criteria solely embrace quantifiable aspects. Merely judged by its geographical isolation and its 6,570 inhabitants, a town like Lerwick may at first sight appear relatively rural. With respect to sociocultural criteria, however, the situation appears more complex and differentiated. The town represents by far the largest place and community in Shetland, as the population of the next biggest town, Scalloway amounts to only 870 (Shetland Islands Council 2009c). Lerwick is equipped with a busy industrial and passenger port which gives the town a more urban character than other locations of similar size and remoteness. With an overall population of almost 22,000, the Shetland Islands seem generally very rural (Scottish Executive 2004). Still, Sullom Voe in the remote north of the island constitutes one of the biggest oil ports in the world (Shetland Islands Council 2009b) and attracts a large influx of foreign oil workers from mainland Britain (Wills 1991). Thus, this internationally significant industry outpost contributes an urban note to the otherwise rural appearing character of the island group.

On the other hand, further rural or non-metropolitan aspects are created by the rather restricted sociocultural infrastructure which lacks institutions such as a theatre, a cinema, or a university. Shetland's social culture is mainly defined in terms of its lively private party and Lerwick pub scene, as well as by diverse folk and maritime festivals and festivities (Visit Shetland 2009). Hence, apart from the aforementioned exceptions, the Shetland way of life may be regarded in large parts as comparatively traditional and non-metropolitan.

2.8.3 Excursion into the Empirical Evidence of Non-urban Drugs Research Across the World

The knowledge of rural or, more generally, location-specific drug use (Dean 1990, 1995; Forsyth and Barnard 1999) in Europe hitherto remains restricted. Only for about a decade now, European drugs researchers are beginning to pay attention to drug, and specifically heroin use in non-urban districts. However, the accumulating international evidence in this area proves the significance of the subject matter. Similar to qualitative investigations of heroin use and heroin subculture studies, US American academics are also pioneers in this field. For almost two decades, a considerable research interest has been taken in marijuana and other illegal drug use amongst rural or non-metropolitan youths (e.g. Wargo et al. 1990; Edwards 1992; Donnermeyer 1992; Donnermeyer et al. 2000).

In the following section, a comprehensive excursion will be taken into the international empirical evidence of drug, and specifically heroin consumption in regions beyond urban agglomeration. Hereby, the reader is put in a position to gain a rough overview of the spread, the extent, and the location-specific particularities of heroin use in very diverse locations across the world. For this reason, the most expressive and interesting research from each continent *and* socio-geographically unusual locations is included. The latter demonstrate the necessity of adding the broader conception of *location-specific* to the categorisations of *rural* and *urban*. Due to the

Shetland Islands belonging to Great Britain, British and especially Scottish research has been selected explicitly over studies from other European countries.

2.8.3.1 Research on Drug Use in Rural US America

In the early 1990s, Joseph Donnermeyer, one of the leading US American researchers in the field of non-urban drug use, published a review of 65 studies concerned with the prevalence of substance use amongst rural youth in the United States (1992). On this basis, he concludes that minimal differences exist between rural and urban youth with respect to alcohol and marijuana consumption. The use of other drugs varied between urban and rural youth, according to substance and study. The consumption of inhalants tended to be more prevalent in rural areas (Johnston et al. 1993; Peters et al. 1992), while cocaine use was more prevalent in urban areas (Johnston et al. 1993; Peters et al. 1992; Leukefeld et al. 1992). Stimulant use sometimes dominated in rural (Gleason et al. 1991; Johnston et al. 1993) and sometimes in urban areas. Heroin, sedative, hallucinogen, and LSD consumption were found to be higher amongst urban youth. Overall, these findings suggest that adolescent drug use is not restricted to metropolitan areas. The discrepancies that *do* exist in drug prevalence between rural and urban areas might be explained in terms of differences in availability and preferences for the various drugs.

Based on a literature review conducted in the mid-1990s, Weisheit and Wells suggest like Donnermeyer similar drug use rates in urban and rural America and differences in the types of drugs consumed (1996). Levels of drug use-related crime were found to be considerably lower in rural districts, where close personal and community connections inhibit local crime and encourage supervision.

Since then, a number of studies have been carried out on drug, including heroin use in rural Northern America. Motivated by the very restricted knowledge about HIV and transmission routes in less populated areas, Logan et al. contrasted the real and *perceived* HIV risk amongst out-of-treatment drug injectors in counties with high, medium, and low population densities in six states including Washington, DC (2001). Risk was perceived to be smaller in areas with lower population densities than in high-density areas. Accordingly, the authors recommend intensified HIV risk awareness training and interventions in less populated districts. Another investigation found substance use treatment needs of prison inmates with rural residencies to be different in some ways to those with metropolitan addresses (Stephens and Lo 2002). In a previous study, Leukefeld et al. had found little difference in drug use between rural and urban incarcerated prisoners before incarceration (2002). The authors inferred rural and urban drug users to be similar with rural areas being a protective factor for the use of some drugs, such as cocaine and heroin, but also to be a greater risk factor for other drug use such as alcohol and sedatives. As in other studies, differences in drug preferences were associated with differences in availability. More recently, Godlaski et al. interviewed drug users in two rural and one urban region in Kentucky (2006). Findings suggest somewhat lower rates of current drug use and an older age of initial use in very rural areas. However, globalisation

and mass communication continue to decrease the previous cultural isolation of non-urban regions, thereby reducing the differences in drug use rates between metropolitan and non-metropolitan districts. Another recent exploratory, qualitative study investigates the social context associated with initiation to heroin injecting in rural Ohio (2006). Semi-structured interviews with 25 recent heroin injectors revealed curiosity, perceived economic pressures, drug dependence, and intimate and group relations to be involved in overcoming fears associated with injection.

2.8.3.2 Research on Drug Use in Rural Australia

Since the late 1990s, rural drug, including heroin use, has also begun to be regarded as a serious, research-worthy phenomenon in rural Australia. Repeat cross-sectional surveys on patterns of drug use and blood-borne viral infections in clients of a needle exchange service in rural Darwin, Australia, revealed the most common drug of choice to be heroin and the most frequently injected drug morphine. HIV and hepatitis B and C were present amongst intravenous drug users, and the risk of further spread was anticipated. Hence, the authors recommend an enhancement of needle and syringe availability and future research into the characteristics and conditions of injecting drug use in non-urban Australian areas.

Based on the 1996 Australian Census of Population and Housing and data on drug-related offences from the New South Wales police between 1995 and 1999, Jobs et al. analysed the relationship of illicit drug use and socio-economic features of rural communities in New South Wales, Australia (2002). Drug arrests were found to be relatively evenly distributed in rural NSW, giving rise to the assumption that the underlying causes for drug offences are unique when compared to other types of crime that varied considerably across types of communities.

Another Australian investigation compared patterns and harms of drug use and service utilisation amongst rural and metropolitan injecting drug users (Day et al. 2006). Standardised, structured interviews were conducted with 164 rural and 96 metropolitan drug injectors who were recruited through drugs agencies, snowballing, and advertisements. Socio-economic features and sharing of injecting equipment were similar in the two groups. While rural users reported less daily heroin injecting, they were more likely to have injected morphine in the last month. Moreover, harm minimising services were less likely to be accessed and utilised by rural participants, pointing to the necessity for further research and service considerations. Again, a qualitative research design could be very helpful in this context.

A relatively recently published investigation analysed barriers to the implementation, access to, and success of harm minimising strategies as seen by health professionals in rural Australia (Peterson et al. 2007). About 50% of interviewed health-care professionals felt that intravenous drug use was rising in their area, heroin being the most prevalent drug used in the majority of examined states. Improvements and innovations concerning the implementation of harm minimising strategies in rural Australia were strongly recommended by the authors.

2.8.3.3 Research on Drug Use in Rural Europe

As mentioned above, for about a decade European drugs researchers are increasingly recognising the growing evidence of illicit drug use in countryside regions, and consequently the urgent research necessity concerning this phenomenon. On balance, the results of European studies resemble the previously reported outcomes of the US and Australian rural drugs research.

A Dutch paper published in 1999 reports on a survey on drug use and lifestyle, conducted in 1997 with 22,000 participants throughout the Netherlands (Abraham 1999). Outcomes suggest differences in drug use prevalence between urban and rural areas. Other examined aspects, however, such as age of initial drug use were found to be unaffected by population density. Some of the revealed discrepancies were associated with divergences in lifestyles common at the various places.

Based on the absence of research on substitution treatment in rural areas in Germany, Baier conducted an investigation into the conditions of substitute prescribing practices in Lower Saxony in northern Germany (2004). For this purpose, opiate-dependent patients receiving substitute prescriptions in a specialised practice in a rural medical practice and substitute prescribing doctors in two village practices and one small town practice with large rural catchment areas were interviewed qualitatively. Additionally, quantitative information on the demographic backgrounds of patients were collected and analysed. Treatment barriers and countryside-specific needs, such as service deficiencies and spatial distances, were examined, and suitable solutions, such as take-home regulations, substitute home delivery, and network co-operation between social services, were explored and defined.

2.8.3.4 Research on Drug Use in Rural England and Scotland

From their survey of legal and illegal substance use amongst 7,722 teenagers, Plant and Miller inferred the increasingly widespread use of illicit substances by both urban and rural British youth (1999). On the basis of capture-recapture studies with drug users recruited at drug treatment agencies and the criminal justice system in rural Norfolk, England, both problematic drug use and acquisitive crime were found to be higher than previously assumed (Hay and Gannon 2006).

In the late 1990s, Jones et al. investigated substance use and knowledge amongst school children in Fife, Scotland (1997). Findings demonstrated that the consumption of illicit drugs was not restricted to metropolitan areas. The authors emphasised the essential role of schools in providing drugs education and other forms of preventative measures.

In order to examine patterns of drug use in the Scottish highlands, Gardner and Peck (1996) interviewed 106 participants consisting of drugs agency, prison and community drug users using both quantitative and qualitative methods. Overall, the data suggested that patterns and frequency of drug use amongst illicit drug users in rural areas are not substantially different from those in urban areas and that rural injecting levels were at least as high as urban ones. Amongst the community drug

users, opiates were ever used by 34% compared to only 16% of the prisoners. This was an unexpected finding, as heroin use amongst drug using prison populations is usually known to be higher than amongst non-incarcerated drug users (Hammersley 1994). Another interesting outcome was that despite high levels of poly-drug use in the previous year, most respondents did not perceive themselves as experiencing any drug-related psychological, financial, social, legal, or medical problems.

Forsyth and Barnard (1999) compared patterns of drug use of Scottish pupils in deprived city neighbourhoods and affluent rural areas of Dundee and Perth & Kinross, respectively. Higher levels of deprivation and lower levels of school achievement were found in the urban sample. However, the socio-economic differences were not reflected in levels of reported lifetime drug use, merely the drug preferences differed somewhat. ‘Magic mushrooms’ (psilocybin-containing wild mushrooms) were more common amongst rural participants, as they naturally occur in the countryside. Astonishingly, the only drug significantly more used by rural than urban pupils was heroin.

In order to estimate the prevalence of opiate and benzodiazepine use in the Grampian Health Board area, Scotland, Hay et al. (2001) applied capture-recapture analyses to six distinct sources of data with unequal coverage of the geographical area. Two percent of the population of Aberdeen aged 15–54 years were estimated to use opiates and benzodiazepines, while the percentage for the population of a town in the north of Aberdeenshire was 2.5%. According to the authors, the capture-recapture method might be difficult to apply in all settings. However, it can give valuable information, particularly regarding the spread of drug use from cities to rural areas.

2.8.4 Location-Specific Drugs Research

The findings of the studies described above clearly demonstrate that drug use does not exclude rural districts. However, when attempting to define ‘rural’ at the beginning of Sect. 2.7, the difficulties with specifying the ‘rurality’ of a place comprehensively, on the basis of descriptive, quantitative, and qualitative criteria, became obvious. Therefore, it might be advantageous to adopt a ‘location-specific’ rather than a ‘rural’ drugs research perspective, that is, taking the specific impact of the individual location into account when analysing social, including drug using, behaviour. This approach proves particularly suitable with respect to continents and countries where little drugs research exists. Although most research on drug use in general and rural drug use in particular has been conducted in the Western world – primarily USA, Australia, and Europe – a growing body of studies from other parts of world also exists, including Asia, Arabia, Polynesia, and Central America.

As illustrated above, illicit drug use in Western cities, towns, and countryside regions bears many parallels. Western locations often resemble each other in cultural and social structures and therefore also concerning drug use patterns and trends. Hence, transfers of research findings from one Western country to another

are possible as long as considering the country- or continent-specific peculiarities. However, as will be demonstrated below, transfers from Western to non-Western places or Western places with very idiosyncratic sociocultural backgrounds, geographic locations or conditions, and historical imprintings, respectively, are often neither justified nor sensible.

2.8.4.1 Research on Drug Use in Rural Arabia and Asia, Polynesia, Central- and Very Remote North America

Mojtahedzadeh et al. investigated the characteristics of 478 active opium and heroin users who enrolled in a drug treatment clinic in rural Iran (2008). On treatment entry, 23% of the sample reported injecting, of whom 73% stated sharing injecting equipment. Of 65 drug users tested for HIV, 72% tested positive. As a consequence of the demonstrated HIV risks existing in rural Iran, the authors point to the urgent need for the further development of prevention and treatment measures within local health-care systems.

In a qualitative investigation, Waitzfelder et al. explored the magnitude of the substance-using problem, the unmet treatment needs, and the relevant location-unique features in Hawaii. Local health-care practitioners from 55 human service organisations most affected by the drug problem were interviewed (Waitzfelder et al. 1998). Respondents assessed levels of problematic substance use in Hawaii to be at least as high as on the North American mainland. Rises in heroin and crystal methamphetamine use were perceived to be most alarming, and attitudes within communities to accept, excuse, or deny substance use were regarded as aggravating the problematic extent. Both service delivery problems, such as transport, staff training, and outreach programmes, and culture-specific factors were identified as treatment barriers. The authors urgently recommend further research into the cultural aspects inhibiting people in need from seeking assistance, general, statewide educational advertising, and considerable expansions and innovations in the existing care system.

A combination of documentary and ethnographic measures was employed to explore drug use in rural Mexican communities and its relationship to social cohesion, cultural identity, migration, and trans-culturation (Aldaz et al. 2002). The results demonstrate greater levels of social cohesion, cultural identity, and capacity for integrating changes in communities with no or little drug use. These findings were particularly prevalent concerning young Mexicans who have had contact with the outside world in terms of North American culture, urban Mexican culture, and drug trafficking.

The qualitative, exploratory studies carried out in Hawaii and Mexico clearly show the significant influence of sociocultural aspects on patterns of drug use, related behaviours, and the preparedness to seek assistance. The importance of understanding the respective sociocultural and socio-geographic contexts when explaining trends in patterns of illicit drug use is also demonstrated in the Asian investigations introduced below.

According to Chengzheng et al., China has faced a drug and especially a heroin problem since the late 1980s (2004). At that time, most dependent drug users still solely smoked opium with merely a small proportion smoking heroin. The use of heroin was restricted to border regions in the southwest and rural areas in the northwest; however, it began to spread rapidly in the early 1990s. By the end of 2002, empirical evidence shows that the number of addicted heroin injectors had risen from 70,000 in 1990 to one million. Zheng et al. examined the prevalence of drug injection amongst drug users, the seroprevalence of HIV and related risk behaviours amongst injectors, and the heterosexual transmission of HIV amongst intravenous drug users and their spouses. Eight hundred and sixty drug users were recruited in seven rural counties in southwest China (1994). The results revealed an injection rate amongst drug users of 33% of whom 64% injected at least once a day. Of injectors, 49% tested HIV-positive and 62 wives of HIV-positive participants (10%) also tested HIV-positive. None of the couples used condoms when having sex. HIV seropositivity was independently correlated with a longer history of injecting, daily injecting, frequent needle-sharing, being younger, and living in Ruili County. The explosive HIV epidemic amongst drug injectors in southwest China was related to the introduction of HIV into drug using subcultures and the rapid increase in heroin injecting amongst this population. The authors recommend the immediate implementation of AIDS prevention measures, including the discouragement regarding shifting from smoking opium or heroin to injecting heroin, needle-sharing, and unprotected sex.

The outcomes of a recent literature review of studies on addictive drug use, its prevalence, correlates, and patterns in Vietnam, fit in well with the just described conditions. Similar to the situation in China outlined above, illicit drug, and particularly heroin use spread from remote, rural to urban regions rather than vice versa and illustrated in virtually all other studies previously presented in the context of rural drug use across the world. Until the 1990s, Vietnamese illegal drug use, mainly opium smoking, took place above all in rural, mountainous regions. According to Nguyen and Scannapieco, drug use has trebled over the past 10 years, and heroin has simultaneously replaced opium to now constitute the most preferred illicit drug on the Vietnamese drug market (2008). Additionally, the average age of first drug consumption has declined, and the proportion of female users risen. Injecting has exceeded smoking and gained priority, especially amongst heroin users. The authors conclude that patterns of drug use have changed radically over the past decade and further research is urgently needed to better understand the context and the circumstances, and to inform prevention and control policies.

Radical changes in the illicit drug scene have also been reported in another very remote region of the world – the Alaskan city Anchorage. On the basis of data from the Alaska Native Preschool Project, interviews with 342 preschool parents, observational data, and a review of public records, Hardenbergh et al. examined the extent of alcohol and other drug use in two representative native villages near the Bering Sea in the early and mid-1990s (1999). Qualitative data suggest an array of problems associated with alcohol and other drug use. Levels of smokeless tobacco were found to be 10 times higher than in US America and the use of marijuana nearly

three times higher. However, compared to the USA, levels of alcohol and other drug consumption were lower and significantly lower, respectively. About a decade later, local newspaper articles suggest a considerable increase in the use of especially heroin but also various other illicit drugs including marijuana, cocaine, crack, and methamphetamine (Halpin 2008; Simon 2009). Local police and authorities report enormous increases in legal, social, and medical heroin cases for regions of easier accessibility and a more metropolitan character, such as Anchorage with almost 280,000 inhabitants. Although according to the deputy commander of the Alaska Bureau of Alcohol and Drug Enforcement, heroin still represents an urban phenomenon, this trend most likely foreshadows later developments in more rural and remote regions (Halpin 2008).

Concerning a country very different and far away from Britain, Sharma has delivered a fascinating sociocultural perspective of substance use in the pluralistic and diverse culture of India (1996). The country has a history of the use of psychoactive plant products, such as cannabis and opium, and home-brewed alcoholic beverages, within a defined sociocultural framework of five millennia. Referring to cross-sectional epidemiological studies in the field of substance use in different parts of India, Sharma describes how caste, religion, local customs, and traditions play a significant role in the choice of drugs, their consumption, and their control in rural and semi-urban populations. With respect to urban populations, the intercultural barriers are diminishing with the result that even previously alien drugs such as heroin have been introduced. The changes to the drug scene and the inevitable sociocultural consequences lend themselves to further scientific enquiry, thereby considering the impact of global drug trends on areas that had previously been excluded from the use of certain substances.

Findings of Western studies largely agree in terms of indicating a general rise in illicit drug, and specifically heroin use as well as injecting in rural and remote areas. With certain delays of respectively differing lengths of time depending on country and socio-geographic location, the drug using situation in rural areas appears to gradually be adapting to urban regions, which may be explicable in terms of a worldwide globalisation. Similar trends can also be derived from the Iranian, Mexican, and Hawaiian studies and the recent developments described by Alaskan newspapers. Regarding China and Vietnam, however, the situation is portrayed differently in so far, as that illicit drug and particularly heroin use have not spread from urban to rural regions but the other way round. In order to explain these circumstances, the sociocultural and socio-geographic backgrounds need to be explored, preferably at least partly with the aid of qualitative research designs.

2.8.4.2 Location-Specific Drugs Research in Scotland

Anderson and Frischer (1997) used information from the 1993 to 1996 Scottish Crime Surveys to examine potential changes in the relationship between drug use and population density in Scotland. Whereas in 1993, respondents living in larger

towns were more likely to have used drugs recently, by 1996 the probability to have used drugs for respondents living in smaller towns and villages had adapted. Stimulant use was found to be stable in larger towns but to have increased in rural areas. Cannabis use declined in rural but increased in urban environments. While opiate use was concentrated in cities in 1993, by 1996 it had diffused also to suburban and rural areas. Even though the authors regard this investigation as very valuable in demonstrating the potential use of population surveys in describing geographical aspects of drug use, they call for more research to be able to actually *understand* the diffusion of drug use from urban to rural areas.

Two studies that explicitly examine the *location-specific* factors involved in patterns of alcohol and drug use have been carried out on the Western Isles in Scotland (Dean 1990, 1995). The author emphasises the complex interplay between the individual, their community, and elements of social structure (Dean 1990, 1995, 2001). According to Dean, aspects such as geographic remoteness, social proximity to substance use and supply, and incomer influences decisively determine the patterns of substance use found on the islands investigated. Amongst the existing drugs research, the settings of Dean's examinations are probably the closest in geographic characteristics to the Shetland Islands, although the latter is located considerably more remote.

2.9 Published and Unpublished Research on Drug Use in Shetland

2.9.1 Statistical Information on Drug Use in Shetland: ISD and CADSS

The *Drug Misuse Statistics Scotland*, annually released by the Information Services Division Scotland, provides numerical and statistical information on illicit drug use in every Scottish NHS board and council area, respectively. This information, however, is of a relatively restricted nature, since the data are predominantly derived from standardised forms that new clients consulting a drug service anywhere in Scotland have to complete in order to register. Some of the displayed figures are also based on data collected by other health services frequented by illicit drug users, such as GP's and health centres. In Shetland, these data are principally collected by the Shetland Community Drugs Team (CDT) and, to minor degrees, by the Lerwick health centre and a small number of methadone prescribing GP's outboard the CDT. Having started as a voluntary service named first Shetland Initiative on Drugs in the mid-1990s, the service became partly statutory and was then called Shetland Drug Project in the late 1990s. Around the turn of the millennium, the agency became primarily statutory and was renamed the Shetland Community Drugs Team (first abbreviated SCDT, then CDT). In 2007, it fused with the Shetland Alcohol Support Services into Community Alcohol & Drug Services Shetland (CADSS).

Hence, numbers and percentages by both CDT and CADSS are referred to in this book. The most commonly used SMR23 form is chiefly concerned with the person's drug history, current main drug of choice, route of administration, sharing of injecting equipment, legal situation, employment and education status, as well as several personal details. By and large, the ISD statistics correspond to the statistics provided in the annual reports of CDT. However, in some aspects, figures disagree and, besides, the latter exceeds the former in terms of the extent of information provided. In the following, the most relevant figures concerning the year of data collection of the present study (2004/2005) are given.

According to a paper by the Shetland Alcohol and Drugs Action Team (SADAT), 17 new clients registered with the Shetland Community Drugs Team in the year ending March 2005 (Taylor 2006). Numbers from the previous years varied from 14 in 2000/2001 to 28 in 2003/2004. In 2005/2006, a year after data collection, the Shetland rate was 223 per 1,000 and there by less than the Scottish rate 289 (Taylor 2006) but seven times higher than the island of Orkney (ISD 2006). Yet, the differences in services provided locally, and the small numbers reduce the validity of such comparisons. Whereas the national rate has been rising continuously between 2000/2001 and 2004/2005, the Shetland numbers within this time span varied from year to year. This CDT explains as predominantly associated with the specific offers, and levels of client confidence in local services (CDT 2005).

Of the 17 new clients in Shetland in 2004/2005, 82% reported using cannabis, 70% heroin, with 59% as main drug of choice, 47% amphetamine sulphate, 35% cocaine, 29% benzodiazepines, 29% MDMA (ecstasy), and 10% alcohol.

Interestingly, 100% of the new clients reported having first started using illicit drugs while under the age of 15, compared to the Scottish average of 39% and the Glasgow average of 38% in the year 2004/2005. Regarding the age of the onset of a drug problem, Shetland corresponds almost completely to the Glasgow and largely to the Scottish percentages, with 6% under the age of 15, 41% between 15% and 19, 29% between 20 and 24, 18% between 25 and 29, and five between 30 and 34. As opposed to Shetland, low Glasgow and Scottish percentages are also between 35 and 39 and 40 or older.

On the one hand, the subject areas covered by the form are limited to basic drug using and demographic topics. On the other hand, only those drug users are counted and listed that newly seek professional help, leaving out the dark figure of unknown cases that are likely to outnumber the presented cases, as heroin constitutes a highly stigmatised behaviour conducted covertly, especially in a small, remote, and close-knit community.

Estimating the prevalence of problem drug use in Scotland by Drug Action Team Area, the information derivable from the Scottish Drug Misuse Data Basis has been augmented by Hay et al. with the aid of the capture-recapture method (2005). On this basis, the prevalence rate of problem drug users in Shetland was estimated at 109 in the year 2000/2001 (Hay et al. 2001) and 85 in the year 2004/2005 (Hay et al. 2006, 2009).

2.9.2 Unpublished Research on Drug Use in Shetland

An unpublished survey concerned with the assessment of the extent of drug use in Shetland was carried out by the first drugs counsellor in Shetland in 1994 (MacIntosh 1994). The purpose of the survey was a needs assessment for the planned local drugs project. MacIntosh carried out structured interviews with 100 respondents aged from 13 to 53, consisting of young ravers, students, and older drug users who were accessed through the snowball method, a specific technique of social networking (Biernacki and Waldorf 1981). The findings suggest that a broad range of drugs were readily available and widely used by both teenagers and adults, and that individuals tended to start younger, continue for longer, and use a greater variety of drugs than elsewhere. Heroin had been tried by 14% of the participants. Problems were perceived in the low levels of awareness and knowledge regarding the effects of the different drugs by both drug users themselves and the general population in Shetland.

A pilot study on the factors influencing drug use amongst young people in Shetland, conducted by the Centre for Drug Misuse Research of the University of Glasgow (Barnard et al. 1997), constitutes a further piece of unpublished research in this area. The investigation was motivated by the evidence of the increasing emergence of drugs in rural areas, including the Western Isles (Western Isles Health Board 1996) and Shetland (Shetland Health Board 1996). The authors suggested an assimilating trend compared to mainland Britain indicated, for example, by 33% and 41% of 15- and 16-year-old Shetlanders, respectively, having taken an illicit drug in their lifetime, which constitute comparable figures to those reported for Britain overall by Miller and Plant (1996). Still, they warned against drawing any conclusions regarding this trend on the basis of research carried out in urban areas on mainland Britain, due to Shetland's physically, economically, and socially different environment.

In order to gain a greater understanding of the factors influencing drug use amongst young people, interviews were carried out with 29 professionals in the health and social services, education, police and criminal justice departments, and six drug users attending the Shetland Initiative on Drugs. Additionally, focus group interviews with students aged 16–20 were conducted. Corresponding with MacIntosh's (1994) findings, drugs were found to be widely available and drug use to be common amongst young people. As had also been a finding of the study outlined above, spells of droughts of certain drugs were reported, frequently leading to the consumption of substitutes and excessive use in times of unavailability and abundant supply, respectively. A cannabis drought, for example, could result in the consumption of diazepam or even heroin. Barnard et al. found recreational drugs, such as cannabis, amphetamines, and ecstasy, to be commonly accepted amongst young people. Moreover, they report the development of a more negative attitude towards alcohol than drugs, in this respect indicating a clear generational difference. Originally, a longitudinal qualitative study was planned to follow the above-described

pilot study, with the aim of identifying the processes by which drug use becomes integrated within young people's social networks. However, this investigation was not implemented.

2.9.3 Published Research on Heroin Use in Shetland

Two investigations have been carried out and published that are specifically concerned with heroin use in Shetland (Stallwitz and Shewan 2004; Stallwitz 2007). The first constitutes a qualitative exploration of the impact of cultural and social factors on local heroin use (Stallwitz and Shewan 2004). In order to gain an insight into the specific circumstances of different patterns of heroin use from an unusual, novel perspective, Shetland was chosen for this purpose. Due to its isolated geographic location, overall affluence, small size, and close-knit community, it constitutes a unique research setting in the area of illicit drug use. Qualitative exploratory interviews with 12 local heroin users were conducted in summer 2000. The analysis revealed the existence of a small, highly organised, and covert heroin subculture. The heroin use of the predominantly older users within this group was reported as being relatively self-controlled and unproblematic in nature, especially in comparison to heroin use associated with deprived urban areas. The significant importance of drug using norms and rules in both regulating and regulating patterns of use was identified. However, there were indicators that this situation had entered a phase of change, reflected in descriptions of an increasing number of younger, less controlled heroin users having entered the scene. Hence, further exploratory in-depth research to examine the developments of this situation, and the heroin subculture in general including its prevailing use controlling norms and rules, seemed highly recommendable. By exploring the social and historical context relevant to these findings, the understanding of the factors determining different styles of heroin use found in local individuals can be expanded significantly.

Building on the results of this initial exploratory investigation, a second study concerned with heroin use in Shetland was conducted in 2004 (Stallwitz 2007). Its aim was the investigation of the nature and the developments of the island heroin subculture from the perspective of local individuals closely confronted with heroin use through their respective work. Qualitative, problem-centred interviews with 11 local professionals and practitioners were carried out in spring 2004 (Stallwitz 2007). Interviewees included employees and managers of the drug and youth projects as well as the homeless hostel team, a local politician concerned with drug policy, a police officer of the local drug squad, a substitute prescribing GP, a methadone and syringes dispensing pharmacist, and journalists. Results supported the findings from the earlier study (Stallwitz and Shewan 2004): For approximately two decades, the heroin scene in Shetland had existed in the form of a stringently controlled, secretive underground subculture based on a restricted number of older users. The transformation begun in 2000 had apparently further progressed. The numbers of diverse (including young) users had continued to grow, accompanied by a significant

expansion in heroin supply. The development of commercial, urban tendencies was stated, including a decisive rise in patterns of risky, for example, less controlled, intravenous heroin use. Causal relations between the changes and a series of mutually dependent alterations within the mainstream and the drug culture were specified. Such factors embraced the preceding rave era, the trend towards heroin use on the Scottish mainland and the initial spread of a 'state-dependent' mentality. On balance, participants assess the changed and further changing heroin subculture as worrying and suggest innovative and adapted intervention approaches with a focus on harm reduction and drugs education of both users and the community.

2.9.4 Media Information on Heroin Use in Shetland

The findings of the just described explorative investigation (Stallwitz and Shewan 2004) and the problem-centred study (Stallwitz 2007), which are underlined by those of the two unpublished examinations, clearly pointed to the necessity of further research in this area. In addition, both the local Shetland and the national media repeatedly report on the continuously increasing heroin use and the aggravation of the heroin problem in terms of growing youth involvement and rising rates of risky use on the Shetland Islands (e.g. BBC News, 23/01/2004; Hooker, *The Shetland Times* 2004). On 23 January 2004, the BBC reported the hitherto greatest heroin seizure in Shetland that was also reported by the island newspapers (e.g. *The Shetland News*, 15/04/2004). Together with large quantities of other drugs, such as ecstasy, amphetamines, diazepam, and cannabis, the overall estimated value of the captured drugs amounted to £25,000.

Hence, apart from the existing scientific evidence, the case for a comprehensive in-depth exploration of the nature and circumstances under which heroin use occurs in Shetland was intensified by the hitherto limited knowledge and recurring media reports in relation to heroin use on the island.

2.10 The Laboratory Situation of the Shetland Islands

One of the central results of the earlier research on heroin use in Shetland was that the heroin subculture had entered a phase of transition that seemed to mirror urban trends and involved the loosening of the hitherto strict internal control of the subculture regarding heroin use and supply. Still, the outcome of the transitional situation – whether the urbanisation process would further progress or whether the heroin scene would maintain or after a while return to its largely controlled and secretive character – could not be foreseen with certainty. Therefore, investigating the development of the heroin scene after several years bears the potential to decisively extend existing knowledge about the conditions of heroin use in general and in particular at the location of the Shetland Islands. The small, geographically isolated island community

represents a unique situation that allows identifying relationships between individual environmental aspects and certain changes and developments of the heroin scene with significantly greater clarity than is possible in urban settings would. An inner-city heroin subculture tends to be subject to countless overlaying global, national, and local influences that can distort analytic sight and hence relativise conclusions of any kind. Of course, no unambiguous causal associations and interactions can ever be identified with certainty in social science research. This is explicable in terms of the nature of social phenomena being comprehensible and categorisable merely to certain extents and their perception always depending on the subjective perspective of the respective viewer. However, accepting that our understanding of social reality can always only be an approximation, the societal and geographic circumstances of the Shetland Islands provide invaluable ‘microscopic laboratory conditions’ from which general inferences can be derived and applied globally, thus also to inner-city regions. The current study has been conducted with this fundamental research intention.

2.11 Research Aim

In order to examine the setting’s effect on heroin use, related behaviour, and the social structures of the surrounding subculture, a research location is needed that provides the possibility to differentiate the effects of individual influences. The location should preferably also diverge from the usual urban sites of heroin research that are typically associated with social marginalisation. In each of these respects, the Shetland Islands represent an ideal setting for this research purpose, as they are characterised by:

- An overall small size of 1.426 km² (Shetland Islands Council 2010)
- A small population of about 21,880 inhabitants (Shetland Islands Council 2009c)
- A location geographically extremely isolated (Scottish Index of Multiple Deprivation (SIMD), 2009) with ca. 12 h by ferry from both the Scottish mainland and Norway (Direct Ferries, <http://www.directferries.co.uk/routes.htm>)
- Comparative wealth with virtually no homelessness, one of the lowest unemployment rates across Britain (Highlands and Islands Enterprise 2003; Shetland Islands Council 2008) and generally very low levels of socio-economic deprivation (SIMD, 2009)
- Generally low crime rates (Shetland Islands Council 2008)

The small size of the islands and the population, and the geographic distance from the nearest mainland facilitate the identification of both individual factors impacting on social phenomena such as drug use and their effects. The low levels of socio-economic deprivation and crime, and the high living standard clearly differentiate Shetland from customary urban research sites.

From a geo-physical perspective, the Shetland Islands are characterised by long, dark winters, only little darkness over the summers, and cool temperatures throughout

the year. Additionally, the natural appearance of the mainland Shetland and its numerous, only partly inhabited surrounding islands with their treeless, often rough, and bleak appearance are exceptional.

On a superordinate level, the purpose of this investigation is to provide an unusual, hitherto unique perspective on heroin use. In this way, a vantage point beyond conventional assumptions can be achieved that allows assumptions beyond ideology regarding a worldwide highly stigmatised behaviour. Therefore, rather than viewing and treating heroin use as a universally consistent and conforming phenomenon independent of its conditions, both the wider and immediate surroundings are considered. These include the extreme geographic isolation, the close-knit and small island community on one side, and the immediate social environment of the surrounding subculture within which the behaviour is enacted on the other. In addition, individual circumstances are also considered.

The examination of the specific conditions of the heroin subculture in Shetland, including different types of consumers entertaining a wide range of using patterns, is focussed on contributing to our overall understanding of the dynamics involved in heroin use. This knowledge bears the potential to inform not only science but also politics and intervention approaches.

2.11.1 Original Research Question

From the above-outlined basis, the following research question has been elaborated as the foundation of this investigation:

‘Which roles do location-specific aspects play concerning the formation of the heroin subculture as well as styles of heroin use on the Shetland Islands?’

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Chapter 3

Methodology

3.1 Methodological Approach: Qualitative, Semi-structured In-Depth Interviews

In exploring this question with first-hand evidence, Shetlanders personally consuming heroin constituted the optimal study population. Furthermore, to cover variation in using styles both across consumers and biographies, different user groups needed to be accessed. The greatest contrasts could be achieved by including both people receiving treatment for their dependent drug use and related problems, and recreational, occasional heroin consumers. A wide range of ages and an as balanced representation of genders as possible would help to form a comprehensive view. Considering the nature of the research question, only a qualitative research design could be applied. Simply speaking, research questions beginning with *why* or *what/which* tend to indicate the requirement of a qualitative approach. Quantitative questions usually ask *how* and are designed to compare different groups or the relationship between variables, for example, in the form of cause and effect (e.g. University of Sheffield 2009), or to identify and determine universally applicable patterns. The aim of the present study project is the opposite of this in that the *peculiarities* and *particularities* of location- and person-specific features, rather than universal patterns in the context of heroin use were of interest. Solely, an ideographic (individual and uniqueness-oriented), qualitative approach in contrast to a nomothetic (universally oriented), quantitative design allows to appropriately pursue the investigative goal and explore the research question.

Additionally, the intention to interview heroin users in Shetland, who are engaging in a highly stigmatised behaviour in very small geographically isolated island community, meant that the number of study participants would be limited to an extent that would strongly reduce the validity and expressiveness of statistical conclusions.

Moreover, apart from the two qualitative studies outlined in the introduction and conducted in 2000 and 2004, respectively, no published research on drug use in Shetland exists so far (Stallwitz and Shewan 2004; Stallwitz 2007). Consequently, the existing scientific knowledge on this phenomenon still remains very restricted and fragmentary, which speaks for further qualitative exploration.

On the basis of qualitative drugs research published in Great Britain, Rhodes and Cusick have identified six conditions requiring qualitative research approaches, which they regard as EU-wide applicable (1997). These have been summarised in an EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) monograph edited by Greenwood and Robertson (2000). They argue that qualitative drugs research both plays a necessary role and represents a prerequisite for understanding and responding to drug use. These conditions include (1) reaching and researching hidden populations, (2) understanding the experience and meaning of drug use, (3) understanding the social context of drug use, (4) informing the design of quantitative research, (5) complementing and questioning the results of quantitative research, and (6) developing effective intervention and policy responses. In summary, qualitative research is an inevitable prerequisite for properly understanding and appropriately responding to drug use.

All criteria for the employment of qualitative methods identified by Rhodes and Cusick are either directly or indirectly met, which further supports the case for a qualitative design:

- (1) As indicated above, heroin users not accessible through official agencies (or prison) constitute a 'hidden population'.
- (2) and (3) These points are self-evident regarding the research question.
- (4) and (5) As explained above, the superordinate goal of this research is to provide a fresh perspective on heroin consumption that is as little determined by ideology and traditionally inherited prejudice as feasible. Hence, traditional, quantitative heroin research is challenged.
- (6) This point is met more indirectly than directly, as I aim to contribute to scientific understanding and knowledge concerning heroin use and its surrounding conditions. This initially general knowledge is applicable to specific situations, such as informing policies and intervention concepts.

Due to the complex and multifaceted and simultaneously very specific subject matter, the best research instrument to be employed is the qualitative, semi-structured in-depth interview.

On the basis of the argument above, I originally aimed at conducting interviews with 20 Shetland heroin users, of whom half were clients of the local drugs project and the other half users not receiving professional treatment for their opiate use and including recreational, occasional heroin consumers. In a qualitative study based on comprehensive in-depth interviews, 20 participants is already a large sample able to provide high quality data in much greater abundance than needed. The inclusion of more than 20 interviewees in an investigation of this type is non-essential and can even become seriously counterproductive. In order to conduct the data analysis according to grounded theory professionally and thoroughly, the researcher – who

is looking for recurrent, common themes within and across interviews – needs to maintain a constant overview of the interview contents. This endeavour becomes increasingly challenging the more interviews are included. With a larger number of participants, the data analysis has to be curtailed in depth and thoroughness.

Before the actual research procedure, method, and sample are outlined, an excursion into the existing literature on qualitative methods will be undertaken that will illustrate the nature and role of this study approach in the social sciences in general and drugs research in particular. From here, the methodological choice for the present investigation will be explicated. Furthermore, the overall study and its method will be theoretically and epistemologically integrated into an appropriate scientific discipline.

3.2 The Significance of Qualitative Methods in Drugs Research

3.2.1 *Qualitative Methods Within the Social Sciences*

The first qualitative studies in the social sciences date back to the 1910s and 1920s and have been carried out by cultural anthropologists such as Bronislaw Malinowski (1913) and Franz Boas (1914). As already pointed out above, these early investigations were followed by the qualitative work of the Chicago school of sociology that conducted ethnographic fieldwork in the area of urban sociology (e.g. Gosnell 1927; Thrasher 1927; Cressey 1932; Frazier 1932). A few years later, the nature of qualitative methods was increasingly discredited for its perceived unscientifically subjective and inexact nature (Lamnek 2005). A paradigm shift towards positivistic, quantitative research methods occurred (Flick 2005). Qualitative approaches never completely disappeared, but for about 40 years, they existed in niches beyond the scientific mainstream (Mayring 1990). Nonetheless, the paradigm battle between proponents of deductive-nomothetic quantitative and inductive-phenomenological qualitative methods exemplified by Karl Popper and Theodor Adorno continued (Popper and Adorno 1962; Adorno et al. 1969). While the former refers to the logical explanation of an event derived from universal laws and conditions, the latter aims to describe and understand a phenomenon in its ideographic context (Wolf and Priebe 2000).

According to Mayring, the situation started to change in the late 1970s that saw the beginning of a ‘qualitative turn’ (Mayring 1990). Lamnek observes a relative establishment of qualitative research designs in the social sciences since the mid-1980s (2005). The psychologist Mayring and the sociologist Lamnek are frequently referred to as the forerunners of qualitative social science research in Germany. Meanwhile, qualitative methods have achieved widespread acceptance within the educational sciences in particular and to a lesser degree in the social sciences. Within psychology, quantitative approaches are still clearly dominant. Nevertheless, the recognition of the crucial contribution offered by qualitative methods has also begun to grow within this discipline. Branches with more alternative orientations or

intersections with the social sciences, such as cultural psychology and certain areas of social or educational psychology, now regularly adopt qualitative approaches either as main or complementary methodological foundation for their studies (Richardson 1996; Mey 2000; Camic et al. 2003). Kelle (2005a, b) states that today both quantitative and qualitative methods are applied in empirical social research. The results are steadily growing in general acceptance and influence on policies (cf. Tashakkori and Teddlie 1998, p. 11). As a consequence, a pragmatic attitude towards what Kelle calls the ‘paradigm war’ increasingly spreads out in the scientific world and, as he puts it, takes whatever seems adequate from each paradigm or methodology for one’s research questions and leaves the rest. Thus, a ‘mature’ way of carrying out research would utilise a well-thought-through and carefully developed research design supporting an effective achievement of the study aims rather than adopting dogmatic, ideologically biased stances.

3.2.2 Status and Role of Qualitative Drugs Research

The incipient paradigm shift towards a greater acknowledgement of the vital contributions of qualitative drugs research mentioned in Part I, Sect. 2.5 seems to be related to the growing understanding that the natural sciences can only provide subject-specific perspectives on biochemical, physiological aspects of drug use. Other disciplines that are more qualitatively oriented, such as social sciences, some domains of psychology, history, political sciences, and anthropology, are necessary to explain the remaining social and individual components of the drug use phenomenon. These provide alternative, albeit equally justified views. The repeatedly proven benefit and necessity of interdisciplinary and consequently inter-methodological approaches to this research subject have led to a qualitative turn now becoming clearly observable within drugs research also (Fountain and Griffiths 1999; Greenwood and Robertson 2000). Major scientific institutions, such as NIDA (National Institute of Drug Abuse) in the USA and the EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) in Europe have come to regard the contribution of qualitative research as vital and indispensable for certain areas (cf. Jungaberle 2007; Rhodes and Cusick 1997; Fountain and Griffiths 1999; Greenwood and Robertson 2000).

In a synopsis of the report ‘Inventory, Bibliography and Synthesis of Qualitative Research in the European Union’ by the NAC (National Addiction Centre) for the EMCDDA, Fountain and Griffiths (1999) outline the development and current state of qualitative drugs research in the European Union. Even though then deductive, quantitative work played and still plays a superordinate role, the authors observe an obvious trend towards an increase in state funding of qualitative projects. Fountain and Griffiths trace this development to the gradually growing recognition that qualitative research is necessary in examining the social settings in which drug use and treatment interventions operate.

In contrast to quantitative work, qualitative studies often involve smaller samples, investigate more in depth in a more inductive and holistic way, look for personal

meanings from participant perspectives, and take the specific historical and/or social context into account. The participant's rather than the researcher's perception of the world is used as a frame of reference. Instead of testing predetermined hypotheses, salient aspects of the phenomenon under study are allowed to *emerge* through the analysis. The main aim of qualitative studies is not to identify statistically significant generalisable relationships, but to understand how participants perceive and construct their personal realities. Whereas the quantitative researcher tends to claim objectivity and the role of the controlling expert, in qualitative research the participant is regarded and considered the expert teaching the researcher, who recognises their own subjectivity and inevitable influence on the research process (Taylor and Bogdan 1998; Breuer and Roth 2003). Emphasis is placed on the respectful treatment of participants, which has been underlined by Margaret Mead in reference to federal research guidelines: 'Anthropological research (a certain qualitative approach predominantly involving participant observation) does not have subjects. We work with informants in an atmosphere of mutual trust and respect' (in Klockars 1977, 217).

Davies (1997) has pointed out that quantitative methods applied in drugs research carry the risk of solely reinforcing existing stereotypes and social constructions rather than truly investigating social phenomena. In other words, not much room is left for new and alternative perspectives diverging from views commonly accepted as conventional wisdom. Qualitative exploratory research is particularly valuable in areas where the existing scientific knowledge is still limited (Grund 1993), as applies to controlled and/or rural heroin use, as well as the subcultures in which drug use is typically embedded. Rather than relying on the application of findings from studies of problematic, urban heroin users to entirely different settings and populations, qualitative approaches allow for the development of innovative, phenomenon-specific concepts (Strauss 1987; Silverman 1993; Barnard et al. 1997). Furthermore, the risk of distorted, biased responses when using self-report techniques to collect data about socially undesirable and stigmatised behaviours, such as illicit drug and especially heroin use (Davies 1992, 1997), can be overcome (Grund 1993), or at least play a less significant role.

However, qualitative research has its own limitations, one being its restricted generalisability (Agar 1986). Therefore, the greatest scientific advance is likely to result from a complementary application of both quantitative *and* qualitative approaches within a certain research area. A fundamental qualitative exploration of a comparatively underresearched subject matter can set the groundwork for further scientific inquiry, including the generation of hypotheses and thus quantitative investigations (Lambert and Wiebel 1990). Instead of treating the two approaches as philosophically incompatible (Davies 1996), they should be regarded as offering the opportunity of investigating different aspects of the same phenomenon so as to gain as comprehensive an understanding as possible (e.g. Falck et al. 1996; Calderón et al. 2000). Together with qualitative approaches, mixed method designs have also recently begun to grow in popularity. The combination of a structure and a content focus in the same investigation has turned out to be very useful in building on already existing knowledge by contributing innovative, often unexpected elements (e.g. Beckerleg 2004; Shakib et al. 2004; Rodner 2005; Mayhew et al. 2009).

Therefore, the argument here is not against quantitative and for qualitative methods in drugs research, but for the equal necessity and importance of both methodological approaches, separately or together and each in due course.

3.3 Grounded Theory as Methodological Foundation

The choice of grounded theory from the wide range of qualitative methods within the social sciences has, on the one hand, been made on the basis of my experience with previous research projects involving different qualitative methods. Complementarily, I reviewed the existing literature on qualitative methods in the social sciences systematically and thoroughly and came to the conclusion that from both a methodological and an epistemological point of view, no other approach would be more suitable than grounded theory.

Initially, the intention had been to investigate both the content and the form and structure of the representations offered by interviewees regarding the research matter. The aim would have been to explore not only *what* people say but also *how* and *why*. In that case, the study should have been based on a combination of grounded theory according to Strauss and Corbin (1990, 1998) and discourse analysis according to Edwards and Potter (1992). However, when elaborating and specifying my interview design, I gradually realised that I wanted to explore and examine the *meanings* of the images participants provided concerning heroin in Shetland rather than their *structures* and *functionalities*. Moreover, I became aware that pursuing two methodologically equitably positioned foci would most probably constrain the depth and detail of both subjects and the clarity of the overall report structure. Hence, I decided against employing discourse analysis and to solely concentrate on the interpretation of the *meanings* of interviewees' representations and therefore to fully rely on grounded theory for methodological access to data collection and analysis.

The foundational grounded theory approach was supplemented by anecdotal, ethnographic data collected whenever possible during the 2 months stay on the Shetland Islands and typically noted in a research journal kept throughout the whole research process. Examples of such anecdotal data include conversations about heroin use related topics with drug users, professionals, practitioners, and others, and spontaneous ethnographic observations in relation to the general cultural life on the Shetland Islands.

3.3.1 *Historical and Epistemological Roots of Grounded Theory*

Rather than a coherent, self-contained methodology, grounded theory constitutes a set of methodological procedures to collect, analyse, and interpret qualitative data. The approach was originally developed in the late 1960s by Anselm Strauss and Barney Glaser (Glaser and Strauss 1967). The scientific socialisation of the former

is traceable to the Chicago school of sociology and, thus, to the qualitative research tradition of symbolic interactionism according to George Herbert Mead (1956) as well as John Dewey's American pragmatism (Dilger 2000). The research orientation of the latter was determined by the Columbia school and the quantitative-statistical methods of Paul Felix Lazarsfeld (cf. Strübing 2004). The two sociologists aimed to synthesise their epistemologically and theoretically very different directions and create an approach to social research that moved beyond the deductive verification or falsification of preconceived hypotheses common in the predominantly quantitative sociology of the time (Ragin 1987). Moreover, they intended to demonstrate that qualitative empiricism can be conducted in a pragmatic, clearly structured, and systematic style. The success of their synthetically created method is demonstrated by the fact that today grounded theory is one of the most frequently employed qualitative research methods, particularly in domains concerned with social phenomena.

Since its early years, the method has been further developed, elaborated, and altered extensively. On one side, Glaser and Strauss soon branched out, and both pursued their own grounded theory direction. Up until the present date, countless disputes have taken place regarding the most accurate theoretical and epistemological classifications of the Straussian and the Glaserian traditions. Glaser's approach is generally understood as more empiricist – 'all is data' and 'let theory emerge' (Glaser 1992) – and closer to a positivistic, rationalistic world view. Strauss and later Strauss and Corbin, on the contrary, emphasise the systematic and pragmatic applicability of systematic strategies to examine the way people perceive and construct reality. With the assumption 'truth is enacted', the tendency towards a social-constructivist understanding of the social and the scientific world becomes apparent (Strauss and Corbin 1994): Rather than aiming to investigate an object reality beyond and outside people's minds, the intention is to examine, on one side, the way individuals interpret and construct their personal world (Patton 2002) and, on the other, how social worlds are interactively constructed (Strauss and Corbin 1998). In his book *Continual Permutation of Action*, Anselm Strauss (1993) defines *social worlds* by employing a working definition originally coined by Adele Clarke: 'groups with shared commitment to certain activities, sharing resources of many kinds to achieve their goals, and building shared ideologies about how to go about their business' (Clarke 1991, 131).

No universal agreement exists amongst qualitative scientists regarding the question of whether the epistemological foundation of grounded theory according to Strauss and Corbin should be referred to as *social-constructivist* (Daniel et al. 2007), *constructivist* (e.g. Charmaz 2000), or *constructionist* (Breuer and Roth 2003). Richardson has pointed out that generally psychologists tend to prefer *constructionist*, while most sociologists tend to use *constructivist*, and some *social-constructivist* (1996). Flick explains that a 'number of programs with different starting points is subsumed under these labels', and that constructivist and constructionist are often used interchangeably (p. 78). Consequently, I consider myself entitled to consider the method of grounded theory as applied in the present study as *social-constructivist*. According to the sociologists Berger and Luckmann (1966), often regarded as belonging to the founding fathers of social constructivism, reality is always constructed by humans.

While this prerequisite constitutes the phenomenology of individual consciousness, the ‘social construction of reality’ occurs above all as a communally created product of social interaction (Knoblauch 2005; Knoblauch and Schnettler 2007). Hence, specific objects of consciousness as well as social phenomena are created and established in social contexts and diverge between different groups. Strauss and Corbin themselves only indirectly speak of social constructivism (1998), whereas Glaser explicitly denies grounded theory its real constructivist nature (2002). Adele Clarke (2003), however, trained by Strauss and further developing the grounded theory approach since his death, clearly and assertively speaks of grounded theory as a ‘theory/methods package with an interpretative, constructionist epistemology’, thereby referring to Fujimura (1992) and Star and Griesemer (1989).

The popular, explicitly practice-oriented, and systematic approach to data collection and analysis elaborated by Strauss and Corbin (1998) presents itself as ideal for my research purposes. Besides its pragmatic nature, its constructivist reality perception meets my research aim. As mentioned above, the purpose of my study is to research the phenomenon of heroin use on the Shetland Islands by interviewing a group of heterogeneous local heroin users. Rather than assuming the existence of an objective reality of this phenomenon beyond my interviewees’ accounts, I adopt Strauss’s and Corbin’s perspective and operate with reality as enacted and constructed by interviewees (1998). The notion of social constructivism as according to Berger and Luckmann referred to above in combination with Schütz’s (1967) conception of ‘life worlds as social constructions’ appears to constitute a suitable epistemological framework for my project. The goal hereby is the understanding and reconstruction of the social world and its various units as perceived through the eyes of the protagonists, in this case heroin users on the Shetland Islands (Pfadenhauer 2005).

3.3.2 *The Principles of Grounded Theory*

With their denomination ‘grounded theory’, Glaser and Strauss referred to the successive elaboration of a theory that is ‘grounded’ in the data. ‘Grounded’ means that every aspect of data interpretation is validated by testing it against the original data material, to which a close connection is continuously maintained (Muckel 2007). This recurrent validation process is called ‘constant comparative method’ (Strauss and Corbin 1994). To concretise and systematise this method, Strauss and Corbin developed the ‘coding paradigm’ with which they aimed to avoid interpretations being forced on the data and thus to increase the internal validity of the results (1990). Hereby, the author ‘always looks systematically for “causal conditions”, “phenomena/context”, “intervening conditions”, “action strategies”, and “consequences” in the data’ (Kelle 2005a, b, p. 23).

Adele Clarke emphasised two unique aspects of the grounded theory approach. She points out ‘that analysis begins as soon as there are data’ and describes the process of theoretical sampling. This means that sampling is not necessarily only determined by the endeavour to provide a representative picture of a study population,

but also by theoretical concerns that have emerged in the provisional analysis. Theoretical sampling concentrates on ‘finding new data sources (persons or things) that can best explicitly address specific theoretically interesting facets of the emergent analysis’ (Clarke 2003, p. 557).

To provide a further, practical description, theoretical sampling means that the data – in most cases recorded interviews – are collected according to systematic theorising: One interview is conducted and recorded, transcribed, and subsequently analysed. On the basis of this first tentative analytic knowledge, the researcher/s decide/s, which interview partner or, as Clarke explains, which data sources might now be most suitable to increase the understanding of specific analytical features. In this manner, the data collection proceeds until a state of ‘theoretical saturation’ is reached and no more information is required to understand the research phenomenon and its circumstances. Even though strict theoretical sampling provides the ideal prerequisite for a thoroughly and systematically conducted research project, reality often shows that this time-consuming procedure is often feasible only to restricted degrees, as was the case with the present study, which will later be outlined.

Although qualitative methods are often collectively referred to as working in contrast to quantitative methods *inductively*, Strauss’s and Corbin’s coding paradigm can rather be regarded as representing an interplay of *induction*, *deduction*, and – as argued by some – *abduction* (e.g. Strübing 2004). Whereas *deduction* derives a conclusion about a single case from a universal law, *induction* works oppositely by deriving a universal pattern from an individual case (Sloman and Lagnado 2005). Following Peirce (1991), it has been argued that *abductive* reasoning entails exploring the data, identifying a pattern, and proposing a plausible hypothesis as typically applied in criminalistics (Legewie 2006). Then *deduction* comes into play again by refining the hypothesis based upon other plausible premises, and *induction* provides the empirical substantiation (Yu 1994).

In the beginning of the data analysis, one interview transcript after the other is subjected to ‘open coding’, an initial breaking down of the data. This means that while reading the transcript line by line, parts of the text that appear interesting, striking, or somehow expressive regarding the research goal are marked. After reading the transcript again, these marked parts of the text are attributed to preliminary concepts – ‘conceptual labels placed on discrete happenings, events, and other instances of phenomena’ (Strauss and Corbin 1990, p. 61). All interviews are submitted to open coding before the process of ‘axial coding’ begins. During axial coding, relationships between concepts are examined.

All through open and axial coding, the coding paradigm is applied, which entails systematically and permanently making comparisons and asking questions, thus developing provisional hypotheses that are again subjected to the coding paradigm. Questions and comparisons concern ‘causal conditions’, ‘context’, ‘intervening conditions’, ‘action strategies’, and ‘consequences’ pertaining to the phenomenon under study (Kelle 2005a, b) including its various properties and their dimensions, that is, locations of properties along a continuum (Strauss and Corbin 1990). If, for example, the phenomenon ‘intravenous heroin use’ were scrutinised, one could, according to the elements of the coding paradigm listed above, ask questions such

as ‘why do people inject heroin?’ ‘in which situations do they inject?’ ‘in which situations would they not inject?’ ‘how do they carry out the procedure of injecting heroin?’ and ‘what do people perceive as desirable and adverse effects of injecting heroin?’ Properties that would be interesting to explore would refer, for example, to ‘frequency’, ‘risk’, ‘thoughtfulness’, ‘intensity’. ‘Daily’, ‘risky’, ‘careless’, and ‘excessive’ could be properties located at the high end of dimensional continuums concerning injection patterns, whereas ‘occasional’, ‘safe’, ‘thoughtful’, and ‘moderate’ could be located at the low end.

In this manner, first concepts and later categories are elaborated. Categories constitute a higher-order, more abstract classification of concepts and are defined by various subordinate concepts that are attributed to the category on the basis of the coding paradigm (Strauss and Corbin 1990). For example, the concepts ‘increase in younger users’, ‘increase in heroin supplied in Shetland’, and ‘diverse users’ could all be classed under the category ‘expansion of the heroin scene’.

After all interviews have undergone the process of axial coding, theoretical coding (also called selective coding) is employed. Through applying the coding paradigm in the same style as during open and axial coding, the aim is now to create a theoretical model on the basis of the developed concepts and categories. One category is typically designated the ‘core category’, the central phenomenon around which all other categories are arranged (Strauss and Corbin 1990). The theoretical model with a core category at its centre represents an ordered, structured system in which all categories and subcategories including all their respective properties are integrated. This gradually developed, constructed, and fleshed out theory provides the theoretical foundation of the final research report.

The elaboration of concepts and categories takes place on the basis of ‘memo writing’. A ‘memo’ constitutes an often informally written note on a phenomenon, its properties, and later concepts and categories (Charmaz 2000). Strauss and Corbin define memos as ‘written records of analysis related to the formulation of theory’.

Although open, axial, and theoretical coding have been explained as chronologically building on each other, no strict obligation exists regarding the order. Analysis principally starts as soon as the data collection begins and can jump between its different stages as well as moving in recurrent circles. Since the different types of coding are based on different levels of theoretical abstraction, open coding tends to be more prevalent in earlier research phases and axial and theoretical coding at more advanced stages; all can still occur until the research report is printed.

3.4 Specification of the Research Perspective and Question

Before and when first entering the research field, the intention had been to examine the behavioural phenomenon of heroin use in its particular facets, similarities, and variations. However, with a growing number of interviews being carried out and with simultaneously continuing analysis, I found that the structures of the social world(s) (Clarke 1997, 2003; Thrasher 1927; Cressey 1932; Bohnsack 2005) – that

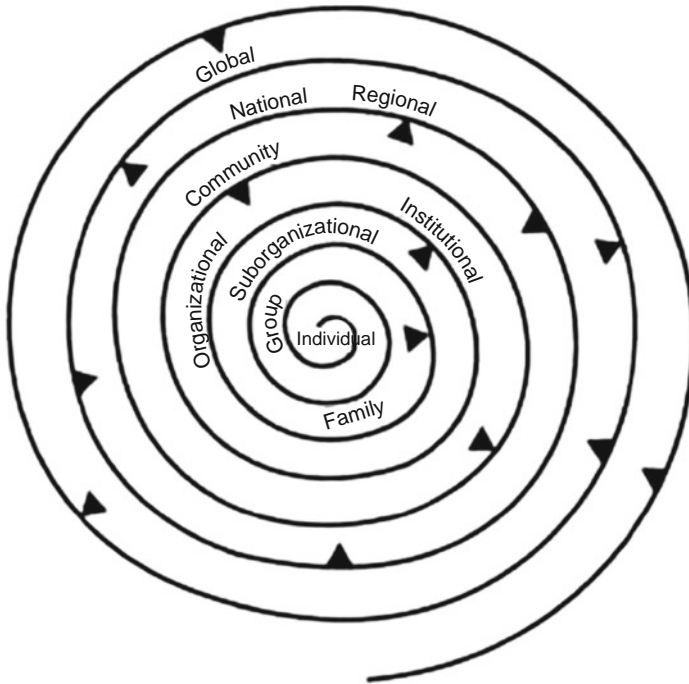
is, the Shetland heroin scene, within which heroin use is enacted – gradually became more salient as the major theme of this study. Over and over again, the concentration of interviewees was on the scene as the social environment surrounding and embedding both personal and overall heroin consumption. After elaborate memo writing, many intensive discussions with other researchers, and thorough contemplation, I decided to adjust my investigative focus. I found that the heroin scene in its characteristics, peculiarities, and historical transitions crystallised as a topic of great importance to the majority of the 24 interviewees. A considerable number of the interviewed users moved far beyond mere descriptions of the subculture as a group of people sharing the same interest. Besides concrete descriptions, interpretative-analytic accounts of a superordinate social system were frequently provided that bore resemblance to what Glaser and Strauss refer to as ‘substantive theories’.

‘Substantive theories’ constitute theoretical explanations about a specific area of inquiry – for example, patient care or professional education – and exhibit a certain degree of theoretical abstraction. ‘Formal theories’, in contrast, explicate subject matters that are conceptual in nature, such as stigma or socialisation, and are typically characterised by greater abstraction (Glaser and Strauss 1967).

The advanced level of theoretical abstraction and reflection offered by many when speaking about the scene and its features had early attracted my attention. The high level of reflection and abstraction caught my eye, especially in contrast with accounts given on personal using patterns, the theme I primarily planned to concentrate on. Here, users tended to present reports of significantly more concrete and anecdotal style. One explanation could be that reflections on a theoretical meta-level tend to be significantly more difficult when the subject matter concerns aspects of the self. This effect may be further compounded with respect to behaviours commonly regarded as socially deviant and hence unacceptable, such as the use of heroin. Interviewees’ personal theories regarding the Shetland heroin scene both convinced and intrigued me strongly, and I began to develop a profound interest in the *objective* structures of the subculture as opposed to the *subjective* patterns of use.

I saw the possibility to contribute to the existent scientific and general understanding of heroin use more widely by focussing on the social world of the scene within which heroin use takes place than by merely exploring the *behaviour* of heroin use per se. Also for this modified research intention, grounded theory would constitute the most fitting approach, since the method is particularly suitable regarding the analysis of action and interaction as well as social structures (UCSF Foundation 2009). Nonetheless, I did not fully abandon my initial research angle but rather adopted a broader perspective and altered the weighting. I undertook a shift from investigating behaviour within the context of Shetland’s location-specific circumstances to studying the micro-social structures encompassing this behaviour. Consulting Strauss’s and Corbin’s ‘conditional matrix’, the scene could be considered part of the location-specific circumstances on a micro-social level (Strauss and Corbin 1998). The conditional matrix according to Strauss and Corbin (1990) constitutes a circular spiral. The centre point comprises the individual action pertaining

to a phenomenon (according to the first edition of their book *The Basics of Qualitative Research*, 1990) or the ‘individual’ (according to the second edition of the book, 1998; see figure below). Moving towards the margins of the spiral, one passes from the level of groups and family over to community and finally the global level.



Strauss and Corbin (1998)

The aim of the conditional matrix is to always consider the immediate and wider social context within which a social phenomenon typically occurs in order to prevent tunnel vision (Strauss and Corbin 1998). Hence, heroin use can be examined on an individual, group, community, regional, etc., level. Equally, the individual (here the individual heroin user), group (the heroin scene), or community (the general Shetland community) surrounding the behaviour can present the focal point of a scientific investigation.

In spite of the scene having become my foremost research priority, I still regarded and treated accounts concerning personal experiences as invaluable in their ability to complement and exemplify the former. Therefore, both idiographic, subjective perceptions of social phenomena and individual heroin using careers received a comparatively subordinate but nonetheless significant status in conducting the interview analysis and in the textualisation of the results.

3.4.1 Revised Research Question

According to the shifted research perspective, the research question was adjusted to:

How do heroin users of different styles in Shetland perceive and represent the nature and socio-historical developments of the local heroin scene?

3.4.2 Cultural Psychology as Meta-theoretical Framework

Alongside the change in my research perspective over the course of the data collection and the accompanying first analysis, I began to question my meta-theoretical framework. With my research focus proceeding to shift from individual behaviour to social structures, my initial social-psychological orientation began to lose its relevance. Social psychology aims to identify and investigate universal behavioural patterns of humans in the social context (e.g. Fachgruppe Sozialpsychologie in der Deutschen Gesellschaft für Psychologie 2009) and thus primarily reflects and relies on the paradigm of conventional psychology.

Increasingly, cultural psychology presented itself as an appropriate and useful discipline within the scope of which the study could be integrated effectively. Rather than assuming the applicability of universal laws across cultures when aiming to explain psychological phenomena, cultural psychology proposes an inseparability of culture and mind. Therefore, psychological theories grounded in one culture are likely to be limited in applicability when applied to different cultures (Markus and Kitayama 1991). Richard Shweder, one of the leading scientific representatives within the field, defines cultural psychology as ‘the study of the way cultural traditions and social practices regulate, express, and transform the human psyche, resulting less in psychic unity for humankind than in ethnic divergences in mind, self, and emotion’ (1991, p. 72). With its relativistic view, it is often regarded as an alternative research area within the overall area of psychology (e.g. Jahoda 1992), or even a separate discipline (e.g. Shweder 1990) that considers and integrates both the situational and the historical context of a psychological phenomenon under study (Cornejo 2007). Carlos Cornejo, professor in theoretical psychology, emphasises that cultural psychology ‘can contribute to expanding the traditional ways of doing psychology when it develops more sophisticated theories of the psychological subject’ (2007, p. 244).

3.4.2.1 ‘Culture’ According to Cultural Psychology

In this framework, culture is generally understood as a genuine component of every psychologically relevant human expression (Markus and Kitayama 1991). On balance, the different streams within cultural psychology assume that culture represents a

sign, knowledge, rule, and symbol system that, as a culture-specific foundation, structures human areas of action. At the same time, culture is permanently construed and altered in and through the conduct of everyday life and practice (cf. Straub 1998).

With his theory of symbolic action and his understanding of culture as a field of action, Ernst Boesch has contributed significantly to the current conception of cultural psychology. According to his definition,

Culture consists of patterns, explicit and implicit, of and for behavior acquired and transmitted by symbols, constituting the distinctive achievement of human groups, including their embodiments in artefacts; the essential core of culture consists of traditional ideas and especially their attached values. (Ernst E. Boesch 1991, p. 29)

Under this definition, culture can be characterised both as structure and process.

3.4.2.2 Research Angles Within Cultural Psychology

Whereas the impact of culture, tradition, and social practices on the psyche constitutes one major research subject, the investigation of social structures is similarly of interest within this scientific branch. Based on Ernst Boesch's theory of symbolic action, Cornejo differentiates between two main streams: the hermeneutic-historicist and the phenomenological-existential perspective (2007). While according to Cornejo, the former embraces social or macro-social, collective processes and structures, the latter refers to individual or micro-social processes.

As explicated above, my project involves the investigation of the nature and characteristics of the Shetland heroin scene as a central focus and of individual experiences as a subordinate subject. Hence, both perspectives – which, according to Cornejo, can be understood as the two end points of one spectrum rather than two different categories – are adopted. Regarding the cut-off point between macro-social and micro-social, no universal agreement exists, and, therefore, authors differ in their respective conceptualisation. This becomes apparent, for example, when comparing Strauss's and Corbin's with Cornejo's definition of macro- and micro-social. Sometimes, authors include a third, meso-social level (de la Rúa 2007). In the present study, the level of the overall heroin subculture is referred to as *micro-social*, and local, national, and global aspects subsumed under *macro-social*. The *individual* level relates to single persons. As has already been demonstrated, grounded theory represents a methodological approach that can be employed effectively and smoothly in the overriding theoretical framework of cultural psychology. In fact, in its social process orientation, explicit methodological and epistemological suitability has been ascribed to grounded theory for cultural psychological research (Das Psychologie Lexikon 2009) that self-evidently relies primarily on qualitative methods.

3.5 Preconceptions

It has been pointed out that the researcher's preconceptions with respect to the research matter are likely to bias their interpretations: Confirmatory evidence may be accepted without reflection, and inconsistent information may not be dissected particularly critically (Gilovich 1993, p. 53). The analysis and interpretation of both qualitative and quantitative data cannot be disentangled from the specific history and socialisation of the person conducting the research, and consequently is influenced by a complex interplay of preconceptions and expectations concerning a research topic. In this context, Glaser has emphasised that an empirical investigation without any preconceptions is not feasible and would result in an excess of incoherent observations and descriptions rather than empirically grounded categories and hypotheses (Glaser 1992). On the other hand, when *forced* by preconception, data 'is constantly derailed from relevance' (Glaser 1992, 123). Therefore, in order to increase the internal validity of the results, that is, the analysed and interpreted data, the researcher needs to be as aware as possible of all personal biases that presumably impact on the different stages of the research process, including the development of the study design, the data collection, analysis and interpretation, and the final presentation in a scientific paper or book. While not *every* single subjective element influencing the study process can be specified, as many as possible should be perceived and communicated in their main aspects.

The preconceptions most relevant to the present study are traceable to a number of central determinants that differed in their influential weight according to the specific points in time of the research process:

1. The explorative investigation on heroin use in Shetland conducted by the author in 2000/2001 (Stallwitz and Shewan 2004).
2. The qualitative interview study about heroin use and the heroin scene in Shetland with local professionals for which the author conducted the data collection alongside the data collection for the present study (Stallwitz 2007).
3. The Scottish drug misuse statistics on drug and heroin use in Shetland from 2004 to 2009 (ISD 2004–2009).
4. The author's knowledge and experiences gained from working as a drugs worker and drugs worker assistant for three and a half years for Glasgow city council.
5. A wide range of diverse literature on drug and heroin use based on different theoretical approaches and assumptions.
6. Conversations with fellow drugs researchers.

As pointed out before, many other minor interwoven factors are likely to also have influenced my preconceived assumptions, research expectations, and style but cannot be specified precisely.

Regarding points (1), (2), and (3), the expectation had been that the heroin scene had further grown in size and in the extent to which it was problematic, including the rise in youth involvement, intravenous use, and infectious diseases. The changes

were assumed to be associated with certain developments within the Scottish mainstream as well as in the drug culture.

With respect to point (4), a notion of heavy, destructive, and problem-related heroin use in inner city regions of Glasgow had been developed. It was anticipated that in Shetland, the heroin using trend might show similar tendencies.

Concerning points (5) and (6), awareness had been formed of heroin using patterns potentially ranging from very infrequent smoking or snorting to frequent dangerous modes of consumption. Hence, the full width of this spectrum was expected to be evident in Shetland.

3.6 Research Procedure

3.6.1 Research Location and Design

The data collection of this study has been conducted in Lerwick, the capital of Shetland, over a 2-month period from the beginning of May until the beginning of July 2004. An emergent research design was used as the original interview schedule was adjusted over the course of the interviews, with some topics being dropped and others, which interviewees presented as important, being added or specifically emphasised.

3.6.2 Participant Criteria

As already mentioned above, I intended to interview 20 Shetland heroin users – 10 clients of Shetland Community Drugs Team and 10 ‘hidden’ users, who were not receiving any drugs treatment and included socially integrated, occasional, controlled heroin users. After I had interviewed 10 clients and non-clients, respectively, I interviewed another four clients, as I knew that they could provide information on novel aspects of the research phenomenon.

‘*Client heroin users*’ refers to people whose main drug of choice is heroin and who are receiving substitution treatment and/or counselling for their heroin consumption. Hence, they consume heroin in a style and to an extent that it interferes with parts of their lives, such as their physical, psychological, social, or economical well-being. This group of heroin users was primarily recruited at the Shetland Community Drugs Team (CDT)¹ and to a lesser extent at the Shetland Youth Information Team (SYIT), a service for young people aged 12–25. However, as

¹ Access to client users was assisted by the good co-operation of CDT staff and clients, who had already been supportive during my first study and were very interested in the implementation of a further research project into local heroin use.

heroin-using SYIT clients also tended to be clients with CDT, all interviews with members of this group were finally organised through CDT.

The term *Hidden heroin users* embraces people with a range of different using patterns who are not receiving any treatment for their drug use. The aim was to obtain the biggest possible proportion of occasional, recreational, socially integrated consumers whose heroin use was neither physically addictive nor interfered their physical, psychological, social, or economical well-being. Hidden users should have used heroin at least five times in the past 3 years and at least 10 times in their lives.² Hidden users were recruited through social networking, as further outlined below.

3.6.3 Sampling

As already mentioned, I initially started my study at CDT. The first week of my stay, I used to familiarise myself and build up rapport with clients by spending time in the open drop-in and waiting area of the agency. Here, clients came in to await their appointments or just have a coffee, a cigarette, and chat with other clients or the supervising voluntary drugs worker. By taking part in these social happenings, people could get to know me and my intentions on an informal and unforced way. All of the clients agreed willingly to be interviewed about their experiences with heroin use in Shetland, and many assisted by establishing further contacts with other users, also primarily clients. In addition, drugs and youth workers supported the recruiting process. Altogether, 14 clients were interviewed and tape-recorded. The age within this group ranged from 17 to 38.

Contacts with hidden heroin users were mainly made through ‘snowballing’ (Biernacki and Waldorf 1981), that is, extensive social networking and socialising. Social connections from the data collection phase of a previous study (cf. Stallwitz and Shewan 2004) could be utilised and new contacts established by living in Lerwick for 2 months.

Heroin users not receiving any drugs treatment were significantly more difficult to access and by and large strikingly less prepared to agree to an interview. Not only were they being asked to speak about their personal engagement in a generally highly stigmatised behaviour, but to do so while living in a small, socially close-knit, geographically isolated island community. This fact obviously intensified the fear of being detected as a heroin user and the potential consequential social costs. Most clients, in contrast, claimed not to share these concerns. They seemed to perceive the interview, conducted confidentially on CDT premises, as no more threatening than coming to the drugs project in the first place.

Hidden users generally needed a much greater degree of reassurance about security and protection before they subjectively perceived an interview as safe in terms of

² Access to hidden users was facilitated through contacts with drug-using and non-drug-using individuals made during my current and previous stay in summer 2000.

protecting their anonymity. I counteracted doubts and reservations with the aid of an information sheet containing the basic aims and purposes of my study and by explicitly addressing potential fears. To every interview candidate, I provided reassurance regarding the absolutely confidential treatment of the interview recording, which would immediately after the interview be locked in a cupboard in my private accommodation, to which only I would have access throughout the time I stayed in Shetland. After my departure, I would store the tapes securely and no one but myself would ever gain access, since transcription and analysis would solely be carried out by me. This way, I finally managed to conduct and record an interview with 10 hidden heroin users.

In contrast to the group of clients, a decisive proportion of hidden heroin users explicitly declined to participate in an interview out of fear of being publicly revealed as involved with heroin. Several hidden consumers were pointed out by third persons or became otherwise known to be using heroin. However, due to the time restriction of 2 months, sometimes personal contacts could not be sufficiently established. This applied in particular to occasional and socially well-integrated consumers, whose use was only known to a very limited group of friends and close acquaintances. On the one hand, they were very difficult to get to know. On the other hand, they were especially reluctant to agree to a recorded interview, as they presumably felt they would put too much at risk in terms of job position, relationships to family and friends, and their general social position in the island community. For people closer to the social margins, apparently less was felt to be at stake. Nonetheless, there seemed to be a large number of hidden users, of whom a decisive degree appeared to be socially well integrated with usually occasional, controlled, recreational styles of heroin use. The availability of an additional month for data collection would most likely have increased the number of occasional users within the study sample by at least two or three.

The implementation of strict theoretical sampling in the form of recording an interview, transcribing and analysing it, and deciding on this basis which person to interview next to arrive at a comprehensive understanding of the research phenomenon (cf. Strauss and Corbin 1998 or Mey and Mruck 2005) was, due to the time restriction, only partly feasible. After the completion of each interview, the main features of the conversation as well as related spontaneous, analytical, and interpretative thoughts were noted in form of memos (cf. Glaser and Strauss 1967; Strauss and Corbin 1998). Additionally, when the recruitment process allowed, memos concerned with analytic themes and general field notes were written in between interviews as often as possible. Recruitment endeavours, basically performed throughout the day and night whenever appropriate, only ended 2 h before departure from Shetland in the beginning of July. Due to the necessity to use the limited available time either for arranging an interview with a hidden user or to conduct one, the transcription could only be commenced after return to Germany.

In qualitative research, the comparatively small sample sizes should be compensated for by purposive and criteria-led sampling that aims at maximising the representativeness and thereby the validity of the data (cf. Kelle et al. 1993). Therefore, an equal gender split and broad distribution regarding ages and

socio-economic backgrounds was aimed at, as well as a wide range of heroin-using patterns. This way, the aim was to gain as deep and comprehensive an insight into the research matter as possible.

3.6.4 *Participant Characteristics*³

With eight males and six females, an equal gender distribution within the client group could be approximated, since client interviewees could be easily accessed and selected. However, due to the generally difficult access to hidden heroin users due to their pronounced secrecy and the seemingly even greater secrecy of female users, the female/male relation for this group resulted in three to seven.

3.6.4.1 **Clients**

Of the 14 client users, four matched the criteria of full ‘social integration’ with being employed or in education, living in permanent housing, and having many friends who did not use heroin. Eight were unemployed, and two alternated between employment and unemployment and were currently unemployed. Apart from three, who claimed to currently live in temporary housing, all stated permanent accommodation. Two of the clients asserted that they had stopped using for several months and weeks, respectively, but previously to have used heavily and habitually – one to have smoked and one to have injected. Of the 12 who admitted still using, one reported exclusively smoking and the remainder reported chiefly injecting heavily and habitually when having access to heroin.

3.6.4.2 **Non-clients and Occasional Users**

Of the ten participants not in treatment with CDT, six matched the criteria of full social integration just defined, two were at the margin of this group, one stated that he currently dealt and was unemployed, and one refused to provide any personal information. All but the one who did not provide any personal information claimed to live in permanent accommodation, mostly rented houses or flats.

Besides the distinction made between *clients* and *non-clients* (i.e. hidden heroin users), occasional users are treated separately. The subdivision between *non-clients* and *occasional users* is made, as the individual, social, and heroin use conditions of the latter were found to differ enormously from the other two groups, which justifies a separate group. Hence, occasionally using *non-clients* will from now on be referred to as *occasional users* and the remainder of this group simply as *non-clients*, implying

³ See Table 3.1 for further details of interviewees.

that the latter engage in varying consumption patterns, including habitual use. All *non-clients* reported to have had at least a short period of physical dependence and many to alternate between habitual, partly heavy, and less frequent or even occasional use. *Occasional users* were characterised by patterns of physically non-habitual use not interfering with any area of life.

Regarding patterns of use amongst *non-clients*, one stated to sometimes smoke regularly and sometimes occasionally, and one to have had a strong smoking habit for several years but not to have used for approximately half a year. One claimed to use regularly and intravenously and to adapt his pattern of use to fit around his job. Two stated to use regularly and habitually, taking as much as they could get as often as they could get it, of whom one claimed to be prescribed buprenorphine at the local health centre. Someone else maintained to currently get a methadone prescription from a GP outside Lerwick and not to have used for many months now. Apart from the two just mentioned, all other *non-clients* asserted not to receive any treatment for their drug use.

Of the four *occasional users*, two claimed to smoke heroin with a frequency ranging from every few years to every few weeks. Very rarely they would use a few times a week. The other two stated to not have used for 1 and 2 years, respectively. One affirmed that they would use again if offered and the other to have stopped permanently and to have no interest in using again. Two of the *occasional users* state to have used for as long as approximately 20 years or even longer and to have experienced one short period each of more frequent use with mild symptoms of physical and psychological dependence. Since the more frequent use was not characteristic of their typical using styles and of a, compared to their complete using careers, very short time, they are nonetheless allocated to the *occasional users*. Still, those brief periods are mentioned and discussed in the empirical Part II.

In the subsequent Part II, *clients* are indicated by **C**, *non-clients* by **N**, and *occasional users* by **O** (Table 3.1).

3.6.5 Research Instrument

A comprehensive, semi-structured interview schedule was designed that covered all areas relevant to the research aim (see Appendix 1). The wide array of topics embraced (1) personal details, (2) personal heroin-using history, (3) current patterns of use, (4) personal meaning of heroin/heroin use (including personal relationship to heroin use and ‘heroin high’), (5) the heroin scene in Shetland, (6) heroin use and identity, and (7) control over personal heroin use. Each topic embraced another 5–7 sub-points differentiating the overriding themes.

Interviews were conducted as openly and naturally as possible, albeit ensuring that all areas of the very comprehensive guidelines were sufficiently covered. Hence, the guidelines were employed as mnemonic device rather than a questionnaire that was strictly adhered to. As already mentioned, the interview schedule was of emergent nature insofar as it was gradually adjusted over the course of the interviews.

Table 3.1 Participant characteristics

Participant details	Age	Employment status	Accommodation	Duration of use	Current use
<i>Non-Clients</i> (Not Clients of the Shetland Community Drugs Team)					
Occasional users, only smoking, sometimes snorting	1. Oliver ^a Late 40s	Employed	Permanent	Ca. 25 years	Yes
	2. Kay ^a Early 40s	Employed	Permanent	Ca. 20 years	Not used for while
	3. Christian ^a Late 20s	In education	Permanent	Several years	Yes
	4. Isaac ^a Late 20s	In education	Permanent	Several years	Not used for while
Differing patterns of use, only smoking or snorting	5. Michael ^b Late 20s	Alternation employment & unemployed; currently unempl.	Permanent	Ca. 5 years	Yes
	6. Philip ^a Early 30s	Employed	Permanent	Several years	Not used for while
Differing patterns of use, smoking, snorting & IV	7. Angus ^a Mid-30s	Employed	Permanent	Ca. 15 years	Yes
	8. Duncan ^a Mid-30s	Unemployed	Permanent	15–20 years	Not used for while
Differing patterns of use, mainly IV	9. James ^a N.I.	N.I.	N.I.	N.I.	Yes
	10. Lilly ^a Mid-20s	Alternation employment & unemployed; currently unempl.	Permanent	Ca. 10 years	Yes
<i>Clients</i> (Clients of the Shetland Community Drugs Team)					
Regular users, only smoking	1. Joanna ^a Late 30s	In education	Permanent	Several years	Not used for while
	2. Patrick ^a Late 20s	Employed	Permanent	Several years	Yes
Regular users, mainly IV	3. Cathy ^a Early 20s	Unemployed	Permanent	Ca. 5 years	Yes
	4. Claire ^a Mid-20s	Unemployed	Temporary	More than 5 years	Yes
	5. Mona ^a Mid-20s	Unemployed	Permanent	More than 5 years	Yes
	6. Helen ^a Mid-30s	Unemployed	Permanent	Ca. 15 years	Yes
	7. Oscar ^a Early 20s	Employed	Permanent	Several years	Yes

(continued)

Table 3.1 (continued)

Participant details		Age	Employment status	Accommodation	Duration of use	Current use
8. Justin ^a	Early 20s	Unemployed	Permanent	Several years	Yes	
9. Rick ^a	Mid-30s	Alternation employment & unemployment; currently unempl.	Permanent	Ca. 10 years	Yes	
10. Gerry ^a	Mid-30s	Alternation employment & unemployment; currently unempl.	Permanent	10 to 15 years	Yes	
11. Robin ^a	Mid-30s	Unemployed	Temporary	15–20 years	Yes	
12. Hannah ^a	Early 20s	Employed	Permanent	More than 5 years	Not used for while	
13. Gordon ^a	Mid-30s	Unemployed	Permanent	15–20 years	Yes	
14. Mark ^a	Early 30s	Unemployed	Temporary	15–20 years	Yes	

N.I. No information

^aAll names have been changed

Accordingly, a number of sub-themes were dropped, while others moved from the background to the foreground and completely new ones arrived. Point (4) lost some of its initial weight and importance, whereas (5) and (6) were only later formulated as own topics when interviewees recurrently gave explicit attention to these subject matters. A copy of the complete interview guidelines as employed in the interviews is attached in Appendix 1.

3.6.6 Interview Setting

Interviews were carried out one to one in strict privacy. For clients, the setting was a room in the CDT's administrative premises, an environment familiar to most clients. One client was interviewed at the main CDT premises in one of the treatment rooms. The setting for recreational users depended on their preferences and was either the same room or their private flats.

The room in the administrative premises provided the advantage of being located about 10 min from the main CDT premises and hardly being used during the data collection period. In addition, interviews were arranged for times only when the building was completely empty. Thus, interviewees seen entering the building were less readily associated with CDT and, moreover, not seen by anyone *inside* the building.

For my own security, I carried a mobile phone and a personal alarm during all interviews, as many of my interviewees were men I either did not know at all or had only met briefly. However, not a single unpleasant situation occurred and most interview conversations were characterised by a friendly, open, and often trustful atmosphere.

3.6.7 Data Collection and Interview Conditions

Interviews were conducted according to the above sketched interview schedule and tape-recorded. Interview lengths ranged between 42 and 123 min. Prior to each interview, the participants' informed consent to record the interview was obtained. Participants were assured of confidentiality. Furthermore, they were encouraged to only answer questions they felt comfortable with and, in case of discomfort, to finish the interview at any point. Basic information about the research project and its purposes was summarised on sheets interviewees received prior to their interview.

3.6.7.1 Specificities of Conducting Research in a Small, Remote, and Isolated Island Location

Investigating a highly stigmatised behaviour in a small, close-knit, and easy to overlook community entailed a number of complications and recruitment hurdles.

As already mentioned above, hidden users in particular seem to have been wary about taking a social and legal risk when speaking to an unknown person about using heroin, and even being tape-recorded. Consequently, a considerable number of potential *non-client* interview partners declined when approached. These were mostly approached by third persons – people they and I knew, who acted as mediators.

Due to the great responsibility I had when obtaining information about people's experiences with local heroin use, I had to be very cautious to avoid the slightest risk of disseminating confidential information. Since I virtually worked in a '24 h recruitment modus', I had to be particularly careful in informal settings, such as at parties and in pubs. I almost always carried information sheets about the research project with me and, when speaking with people, tried to inconspicuously direct the conversation to what they thought and knew about heroin and its users on the islands. This way, I aimed at specifically hidden users. The more people I got to know, including heroin users, and the more I learned about heroin use and the heroin scene in Shetland, the more watchful I had to be not to reveal any sensitive information to anyone I was talking to informally. Hence, I took part in many social events in order to meet people, but avoided participating in the Shetland style of alcohol intoxication.

Besides the increased caution I always had to exercise, I had to be very careful to maintain professional distance from my interviewees not to get roped into any social entanglements. Such proved to be significantly more likely in the small Shetland community than in an anonymous big city. Since I met and spoke with many interviewees, including clients in an array of different formal, informal, and social situations, I was confronted with expectations to socialise that I probably would not have encountered in an urban environment. Therefore, I had to be particularly alert to uphold a professional distance. At this, I attempted to convey that I was an independent person from outside, whose purpose and interest was to respectfully conduct research aiming at the expansion of the existing knowledge about heroin use and users, including the decomposition of traditionally passed on prejudices.

3.6.8 Provisions for Trustworthiness

To further increase the credibility of the results, I obtained and collected data – such as relevant statistics – from different areas and newspaper publications. Moreover, frequent email and telephone consultations with both my mentor and my methodological supervisor – the former being an experienced drugs researcher and the latter a professional qualitative methodologist – served the purpose of providing objective reflections on the ongoing research process.

3.6.9 Confidentiality and Ethical Considerations

As outlined above, I am very conscious of the close-knit nature of Lerwick, where social acts have a high visibility. As heroin use is a socially unacceptable activity,

I am consciously vigilant about not exposing respondents to the risk of being identified as heroin users by any member of the community. Therefore, names, places, and other personal details are changed wherever necessary to protect the anonymity of the participants. Many interviewees, especially non-clients, only agreed to an interview after having been assured of no one but me ever gaining access to the original interview material. This responsibility I have always handled highly conscientiously. Also, I was aware of the potential of the interviews to upset respondents, as their heroin use could be tied to personal problems. This was specifically relevant with respect to clients. Through careful and sensitive questioning, I tried to decrease the risk of touching delicate topics. At the end of each interview, I always asked for respondents' feedback on their personal experience of the interview and offered them a copy of the final report.

3.7 Data Analysis

After the completion of the data collection in Shetland and return to Hamburg, the interviews were transcribed and analysed according to the coding paradigm outlined above. Transcription and analysis were conducted 'theoretically', which means that, as in theoretical sampling, after an interview was transcribed and subjected to open line by line coding, another interview was chosen that was suitable in terms of providing information on specific theoretical phenomena currently at the centre of analytic attention. When the concepts and categories pertaining to one specific phenomenon were sufficiently elaborated and theoretically saturated, another phenomenon would be focussed on and treated. Frequently, several phenomena were scrutinised simultaneously. Due to their interconnectivity, an artificial separation would have hindered the analytic process. In this context, care was taken to focus only as many phenomena at one time as could confidently be handled without confusion. All interviews were transcribed and coded in this manner. First, axial and even theoretical codings emerged relatively early in the coding process. Some were maintained until the completion of the analysis, while others were abandoned or adjusted. Every interview was fully analysed and coded twice and subsequently analysed axially and theoretically. Throughout the whole analysis process, the theoretical abstractions and interpretations derived from the codes were validated by being checked and double-checked against the original interview material.

Through a reiterative process of inductive-deductive analysis, themes and sub-themes emerged that are related to each other in a complex interplay of mutual dependence. On the basis of these gradually revealed relationships, two theoretical models of the Shetland heroin scene were developed – a structural model describing and explicating the nature of the outward appearance and internal structure of the island heroin scene (cf. Fig. 7.1, p. 195), and a process model depicting and illuminating the historical changes and changes the scene had undergone since its beginnings in the late 1970s (cf. Fig. 8.1, p. 253).

Throughout the analysis process, I attended numerous qualitative research workshops (Forschungswerkstätten) to minimise the single researcher bias. Moreover, a grounded theory colloquium was participated in for 2 years, which had a similar character to the workshops. At both the colloquium and the workshops, several people would present the current status of their qualitative research, which would then be discussed by the group, which consisted of fellow researchers. Group work included communal coding, presenting and debating preliminary theoretical models, and discussing questions about the research process or qualitative research in general. Turns were typically taken so as to give every researcher the opportunity to present their study. The person presenting their scientific project could obtain alternative perspectives on their research phenomenon and see whether their theoretical model was perceived as coherent, comprehensive, and persuasive by uninvolved onlookers. As already pointed out, the group work was complemented by frequently discussing the research process with my mentor and my methodological supervisor, as well as numerous other professional researchers and methodologists.

Following Glaser's advice, the bulk of the existing literature relevant for my research matter – apart from method related literature – was not reviewed before finishing the coding phase. Otherwise, Glaser warns, the researcher will be desensitised by concepts borrowed from the technical literature (Glaser 1992). Glaser recommends reviewing the relevant technical literature in the sorting phase, when written memos are arranged and rearranged to give shape to the emerging grounded theory. In order to avoid confounding concepts emerging from the data analysis with already existing concepts, and to preserve the 'purity' of the study results, the literature review was carried out after finishing the writing process of the empirical part. Thereupon, an extensive and thorough review of the traditional and topical scientific literature, as well as of non-scientific literature, such as newspaper articles linked to the central topics arising from the analysis, has been conducted.

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Part II
The Shetland Heroin Scene:
Location-Specific Characteristics
and Historical Evolution

Chapter 4

Introduction to Part II

When interviewed about their experiences and perceptions regarding the nature of the Shetland heroin scene, participants convey diverse perspectives. Many point out the location-specific particulars and peculiarities of the subculture, which they often contrast with what they generally understood as a ‘typical heroin scene on the urban mainland of Britain’. Besides this kind of cross-cultural comparison, interviewees provide historical points of view on the developments of the Shetland heroin scene. Interview accounts suggest five different stages the scene has passed through until the present day, which are exemplified with the intention of illustrating and defining its present character.

4.1 Participant Perspectives and Reality Understanding

The ways the Shetland heroin scene is represented in its current, past, and ‘comparative’ states also embrace and reflect the specific viewpoints of various social groups as well as individuals. Individual perspectives are largely influenced by the interviewees’ respective personal experiences, such as their level of heroin use and of active or passive involvement in the subculture. The degree of scene involvement tends to be greater amongst clients than non-clients, as the latter also embrace occasional users, who use heroin on a recreational, infrequent basis. Consequently, certain perceptions given in the interviews are broadly shared, while others are shared by small percentages of the interview sample. Those themes that either repeatedly occur in different or many interviews or seem to have a specifically expressive and significant meaning for the research question have been selected for further analysis and are presented and discussed in the subsequent report. In the following section, they are portrayed and incorporated in both their consistencies and inconsistencies to convey as comprehensive a representation of the scene as possible, without, however, claiming to be complete. Tying on the epistemological considerations regarding the social-constructivist reality conception of this study

outlined in the methodology chapter, it should be emphasised again that the interview representations constitute individually and socially constructed realities resting upon subjective perceptions, rather than absolute realities.

As elucidated in the preceding methodology chapter, the transformation of the raw interview data to its analysed, interpreted representation has been assisted by the cooperation with several research groups and the experts in the field of qualitative social research. Nonetheless, all analytic and interpretative processes ultimately reflect the subjective perspectives of the author. Empirical social science work, whether quantitative or qualitative, always carries the subjective note of the researcher/s. Therefore, the following illustration of the Shetland heroin scene and its historical progression constitutes only one possible vantage point on the research phenomenon. A certain linguistic style exemplifies the constructivist nature of the reality understanding employed in this work: Expressions such as ‘it seems’ or ‘appears’, ‘apparently’, ‘seemingly’, ‘ostensibly’, and ‘presumably’ indicate that no objective truth is attempted to be conveyed, but inferences on the basis of an analytic, interpretative selection of interview extracts from the viewpoint of the author. When at time no obvious linguistic indicator is applied, the relative reality concept nonetheless persists. In grounded theory, all information utilised in a research project is regarded as data including the original research data as well as information from technical and other literature as well as alternative sources (Strauss and Corbin 1998). Thus, this also applies to the present study and the diverse types of information sources employed.

4.2 Overview of Part II

The analysis of the rich and dense interview material permits a comprehensive and thorough in-depth insight into the general substance using culture and in particular the heroin scene on the Shetland Islands. Interviewees describe and explicate the multi-sided, versatile character and developments of the local heroin subculture in often analytically sophisticated ways.

First, a comparatively brief snapshot of the overall substance using culture in Shetland, including the general drug scene, is supplied. Thus, a context is provided in which the heroin scene is embedded. Subsequently, the descriptive features of the heroin scene with its complex, hypothetically observable, quantifiable characteristics are presented and described. Following this, the internal structure of the scene with the intricate organisation of its diverse sub-scenes, groups, and individual users is illustrated. Afterwards, the historical developments and alterations of the scene and its descriptive and internal features from the beginnings in the mid- or late 1970s until the point in time of the data collection in the spring and early summer of 2004 are depicted and explained. Five distinct historical eras are delineated, which is followed by the depiction of the heroin using trend at the time of the interviews and its possible future course. Then, the role of *community-mindedness*, which throughout the analysis has proven to be crucially involved in determining the scene’s character

at a time, in the five historical stages is examined. Part II closes with a summary of the most essential aspects presented in this division.

In order to protect interviewees' anonymity, all names have been changed. Whenever interview citations contain information that bears the potential to reveal this specific participant's or someone else's identity, this information is excluded. Besides, neither the respective participant's pseudonym nor any further information on the person in question is. In most cases this is stated explicitly.

With respect to the style of referencing, the presented interview extracts, the page, and the line number references of the original interview transcripts are provided. Unintelligible words are indicated by [xxx]. Appendix 2 provides a glossary of Shetland, Scottish, and British dialects and slang expressions participants had used during interviews.

Reference

Strauss, A., & Corbin, J. (1998). *Basics of qualitative research*. London: Sage.

Chapter 5

Shetland and Substance Use

5.1 The Alcohol Culture

As already mentioned in the introductory paragraph of Part II, amongst the spontaneous associations people might have when imagining Shetland are a ‘Viking mentality’ and a culture of pronounced alcohol consumption. Such associations conform to interviewees’ accounts of the quite central role alcohol plays in Shetland’s overall culture, especially its social life. Not to drink when coming together to celebrate, party, or socialise might even receive collective disapproval, as drinking to an extreme state of drunkenness constitutes a widely accepted, common phenomenon.¹

Apart from social and general recreational contexts, interviewees recurrently point out that alcohol consumption is also commonly used as a coping strategy in order to ‘wash down’ unpleasant and unhappy feelings or experiences. One occasional heroin user suggests a Shetland-inherent predisposition to substance abuse, manifested in the form of widespread and excessive drinking throughout the island’s entire population. He asserts that the substance-using problem of the island refers in the first place to alcohol rather than any illicit drug. However, he presumes that this inclination to extreme consumption of alcohol might shift towards heroin or any other drug. Consequently, he concludes that Shetland’s currently high levels of alcohol use and dependence may gradually transform into high levels of heroin use and dependence.

Oliver (O): [...] Jus’ too much drinkin’ goes on. People are that drunk the whole time, you don’t notice wha’ else is goin’ on underneath their noses, you know? In Lerwick or in Shetland.

¹ Shetland’s inclination to heavy social drinking has been attested to by many writers and journalists. A vivid example of the island’s readiness to drink and party ‘hard’ has been provided by a local woman when declaring, ‘Shetland is the only place where people unconscious have been carried into a pub and bought a pint’ (Stallwitz 2001, p.17).

R: How do you mean?

Oliver: Well, drink is the real problem up here. Alcohol, you know. It's not it's not heroin or any other drug, 's alcohol. An' maybe there's a, there's a natural sor' o' propensity in Shetland for drug abuse. Just for a long long time i' was alcohol, you know? For like decades an' decades. An' now maybe the same people 30 years ago, the people who are like maybe usin' a lotta heroin now or coke or whatever, 30 years ago they'd been drinkin' a lotta alcohol, you know? Jus' different generation, jus', the same, basically the same genetic ... information goin' thru' the people, jus' different drugs for different different times. I dunno. You know, what I mean? There's a huge alcohol problem in Shetland, so it's not surprisin' that there will quite soon, I think, be a huge heroin problem. [8, 36–9, 5]

Overall, interviewees articulate very similar accounts with respect to the Shetland culture of alcohol use. According to participants, excessive drinking constitutes a broadly accepted phenomenon commonly occurring both in private and public. Alcohol abstinence, in contrast, tends to be treated as almost socially deviant, especially within the general pub and party scene. The frequently excessive and extensive consumption of alcohol seems to refer to the population at large, more or less regardless of gender, age, and social background.

5.2 The Overall Drug Scene

5.2.1 *Historical Roots*

Whereas interviewed heroin users portray alcohol consumption as more or less always having constituted a part of the Shetland culture, they describe the establishment of the illegal drug culture to be rooted in the mid to late 1970s. The beginnings of the drug scene are typically represented as an accompaniment to the 'oil boom' that started with the commissioning of Sullom Voe, the biggest European oil port in the north part of the island. With an apparently massive influx of oil workers from the often urban, British mainland, the drug scene is stated to have virtually 'exploded' as, for example, outlined by the occasional user Oliver.

Oliver (O): There were a lot o' workers at Sullom Voe. 1000 s or 100 s of people came up here to work. So, the the drug scene just ... exploded, you now. At, well, well, that time '78, '79, '80, things like that. [3, 3–6]

Recreational drugs, such as cannabis, amphetamines, psychedelic drugs, and to a lesser extent cocaine and heroin, became available, however, solely to restricted and intermittent degrees and never to extents comparable to urban Britain. In particular, heroin was seemingly attributed the status of a highly exclusive good, accessible only to a very limited group of select and 'responsible users'. Interview accounts suggest this condition to basically have continued for nearly two decades [Oliver, O, 2, 40–49].

5.2.2 *Nature and Mentality*

Interviewees time and again point out that with respect to drug use, including general supply and purchase attitudes, the situation in Shetland differs significantly from urban Britain. The Shetland man **Ben (N)**, who describes phases of personal regular and partly heavy drug use, portrays Shetlanders as generally acting in a thoughtful, 'controlled' manner and in correspondence with relatively high moral standards. According to his and others' explanations, drug-related debts are commonly handled with patience, bordering on politeness, rather than violence and threats. According to **Ben**, in Shetland as opposed to urban areas, drug users are not pressurised into criminal conduct by tough-minded dealers or suppliers demanding immediate payment of drug debts. Overall, **Ben** sees Shetland as largely being spared from most forms of criminal conduct, which he explains in terms of the island-specific more communally and socially oriented mentality and the generally slower pace.

Ben (N): [...] Nobody's bad really. Nobody steals, nobody, you know? There's no violence. That's the main thing about Shetland when i' comes to the drugs, in Shetland, compared to the mainland. The BIGGEST BIGGEST difference is that there's no violence. Up here people are controlled. If you owe somebody money you owe the money. You'll ge' it once they've go' it. It's no' a case of 'I want it right now!', which forces people into crime to ge' the money. Or they're gonna ge' stabbed or shot. I mean, I've seen i', I've been on the mainland an' witnessed things, I've been in jail, I witnessed things. I mean, it's different, on an island. Speed in a way. There's no violence, that's brilliant. There's no rape, there's no murder, there's no gangs in Shetland. That's good. [11, 31–44]

Ben's statement reflects the perceptions and opinions of most participants, as communicated in their interviews [e.g. **Christian, O, 1, 10–17**; **Gerry, C, 13, 37–42**; **Mona, C, 7, 25**].

5.2.3 *Male/Female Ratio*

Interviewees report pronounced differences regarding the male/female distribution amongst drug users. Many interviewees suggest an equal trend with respect to the use of alcohol, ecstasy, and cannabis, while the use of other drugs tends to be presented as male-dominated. The occasional heroin user **Christian** suggests that both speed and heroin are used by significantly more men than women [16, 27–31]. Still, the Shetland woman **Claire (C)**, points out that 'there *are* women that deal speed and that' [6, 9–10]. Time and again, participants emphasise that they can guess, exclusively on the basis of the drug users they socialise with or know of, which is likely to result in biases. Since more men were interviewed than women, the general assumption that there are a greater number of male drug users might be intensified by the male over-representation within the interview sample. Hence, no substantiated,

clear conclusions are possible. Nonetheless, the sum of the relevant interview accounts suggests an overall greater proportion of men actively involved in the trade and purchase of illegal drugs. With respect to drug *consumption* though, gender shares might be similar concerning party drugs, whereas a greater proportion of men use heroin specifically and other Class A drugs excluding ecstasy. The term ‘party drugs’, as used by participants, typically includes MDMA (ecstasy), MDA and amphetamines (speed), and sometimes cannabis.

5.2.4 Availability and Spread of Drugs Inside and Outside Lerwick

On the whole, participants agree that recreational drugs such as cannabis, amphetamines, and ecstasy can frequently be obtained in Shetland without much effort. Nonetheless, interviewees also state phases of droughts when certain drugs, predominantly cannabis, cocaine, and heroin, are temporarily unavailable on Shetland’s drug market. According to interviewees’ accounts, the centre of the drug market is based in the capital Lerwick. In the countryside and remote areas, drugs are generally affirmed to be considerably harder to obtain.

In the context of accessing illicit drugs, a certain privilege hierarchy has been described: People belonging to the *in-group*,² primarily dealers and their immediate social circle, can even during periods of general scarcity still have access to particular drugs. To a certain degree, such privileged people appear to be relatively unaffected by the recurrent droughts and the then extremely restricted availability. One long-term user, from the urban mainland, explains that in the village in northern Shetland they lived in a few years ago, cannabis was easily purchasable, amphetamines – on

² According to McCallion in the Blackwell Encyclopaedia of Sociology ‘an in-group is a social unit an individual belongs to, interacts with, and shares a sense of “we-ness” with (2007). An out-group, on the other hand, is a social unit or group of people that an individual neither belongs to nor identifies with. The construction and maintenance of boundaries (physical or symbolic) are the primary ways by which groups establish what it means to be “in” and, by contrast, what it means to be “out”. The basis of in-group identity is socially constructed through symbolic markers (boundaries) such as narratives, creeds, rituals, and social practices. Such boundaries can be seen along a continuum of permeability (open) and impermeability (closed), which influences group member entrance and exit processes. In-group identity, in other words, is always an ongoing achievement in which group boundaries are collectively generated, affirmed, maintained, and employed to mark differences between insiders and outsiders (Hadden and Lester 1978). In his classic study of folkways, William Graham Sumner (1906) articulates the enduring notions of in-groups and out-groups and the dialectical relation between them. Sumner stresses the negative reciprocity between in-groups and out-groups, especially in the context of conflict over scarce resources. In an environment of scarcity, Sumner argues, individuals need to band together to compete with other groups’, a situation given with regard to the availability of heroin in Shetland.

the other hand – were accessible only to the preferred, privileged people, and heroin could virtually not be bought locally [N, 13, 4–14]. The Shetlander **Angus (N)**, who reports many years of experience with polydrug use in Shetland, as well as various British cities, emphasises the fundamental inferiority in drug availability and variety on the island compared to urban Britain. Consequently, Shetland drug users often do not have the same options to combine drugs or to take drug cocktails. Therefore, specifically hazardous patterns of mixed drug use might be less prominent in Shetland than in city and town areas with little restrictions on drug availability [Angus, N, 1, 47–2, 13]. Nonetheless, cocktails, such as heroin/cocaine mixtures, *are* stated to be consumed in Shetland. The Shetlander **James**, for example, affirms that intravenous heroin/cocaine cocktails represent his favourite style of drug use [James, N, 1, 20–21].

Despite the regularly occurring droughts of various illicit substances, **Angus** presents the weekends typically as times of drug abundance in Lerwick’s pubs and party scene, during which he is frequently offered MDMA tablets for free.

Angus: [...] I’ll come an’ i’ll go, ken – that’s wha’ happens in Shetland. It’s always been like that, no matter whether it’s hash or, it’s always been basically the same sor’ o’ thing. There are probably more drugs now as there’s ever been. I would say. For the size o’ the place there’s quite a lo’ o’ drugs tha’ goes on like.

R: What about the other drugs? Like

Angus: Yah, it’s, yah, I mean, yah, I mean, if I go out the weekends everyone is out o’ their face on ecstasy like. Ken? Ah, there’s plenty o’ every, there’s plenty, there’s plenty o’ drugs. There seems to be a constant supply wi’ ecstasy an’ things like that. There’s always a constant supply o’ speed an’ that. I mean, tha’ never ever seems to run out.

R: Like in the pubs?

Angus: Yeah. Well, yah. Certainly the weekends anyway. There’s always like ecstasy. I mean, if I go out I usually ge’ given ecstasy, ken? I never usually have to buy i’. There’s always plenty o’ ecstasy on the go. It seems tha’ it’s always been like tha’ for a long time. It’s very rare tha’ you go out an’ there’s not much ecstasy on the go. There always seem to be plenty of tha’. Plenty o’ speed, plenty o’ hash. [13, 18–42]

The Shetland woman **Mona (N)** also asserts that on weekends ‘party drugs’, such as ecstasy, cannabis, and speed, which she refers to as ‘Shetland drugs’, are offered by numerous different suppliers in several Lerwick pubs [2, 4–5].

5.2.4.1 Availability and Use of Specific Drugs

Cannabis

According to several interviewed users, after alcohol, cannabis constitutes the most widely and extensively consumed illicit substance in Shetland. Still, its availability is reported to be regularly interrupted. Moreover, the variety of cannabis types available on the drug market seems to be limited predominantly to the common resin, with grass, especially skunk (particularly strong grass) and less usual kinds of resin, such as ‘Green Lebanese’, ‘Black Afghan’, or ‘Red Moroccan’ rarely or never being on offer [Ben, N, 3, 29–37].

Crack/Cocaine

All participants who speak about crack in Shetland agree that the drug has hitherto never generally been on offer and with great probability never will be [e.g. **Gordon, 13, 14–24**]. According to different accounts, the relatively small number of people who have tried crack have either personally organised the stimulant from Aberdeen, prepared it themselves, or benefited from the privilege of being socially close to a dealer and being provided with ‘non-commercial’ crack on one or several occasions. Apparently, the quality of the available cocaine is too poor and the majority of users lack sufficient professional knowledge to prepare potent crack [**Rick, C, 3, 35–4, 35; Patrick, C, 5, 22–25; Oscar, C, 5, 36–38**]. Furthermore, it has been suggested that drug suppliers avoid introducing crack to Shetland on a commercial basis, since the drug and its extreme, stimulating but short-lasting, and often psychologically and physically destructive effects, would disturb the island’s slow pace and communal, social infrastructure. Such a disturbance might lead to an increase in drug-related crime that neither the community nor the police would accept nor would a dealer want to assume any responsibility in this context [**Robin, C, 4, 11–5, 7; Gordon, 13, 14–24**]. Several interviewees emphasise that no explicit demand for crack hitherto exists on the island, but if there was a sufficiently pronounced demand, a market might well develop [**Rick, 3, 35 - 4, 35; Ben, 15, 19–25; Oliver, O, 4, 34–44**].

Cocaine, in contrast to crack, seems to enjoy a relative popularity especially in certain circles; hence, considerable amounts of cocaine are available intermittently [**Rick, C, 3, 48–49; 1, Gerry, C, 50–2, 1**]. As hinted at above, consumers predominantly include people in higher positions, though typical partygoers and others also consume. Corresponding to the Shetland man **Angus (N)**, people consuming cocaine commonly build exclusive cliques and avoid contact with heroin users whom they tend to look down on [**2, 7–13**]. With respect to the availability of cocaine in Shetland, its recurrent scarcity has already been pointed out.

Benzodiazepines

With less frequency than the previously presented substances, interviewees speak about ‘benzos’, in other words benzodiazepines, sold and purchased on the black market. With their sedating effect, benzodiazepines are not used at party events in the way that stimulants, such as crack, ecstasy, and amphetamines, are. The long-term user **Gerry (C)**, who first encountered benzos in urban contexts more than a decade before the interview, explains that when heroin became widely available in Shetland around 2000, benzodiazepines also began to appear on the black market. According to his account, this drug has mainly been used by heroin users as an enhancer of the opiate effects or by partygoers to ‘come down’ from ecstasy and speed after a party occasion. He also states that the drug has become rather rare and difficult to obtain in Shetland, which he believes has driven its price up. He argues that since benzos are generally associated with heroin use and its stigmatised social

status, few dealers are willing to engage in the supply of the branded substance [10, 22–11, 27]. Near the turn of the millennium, a small number of people might have been involved in dealing tranquilisers, which after a period of activity seems to have ended. Consequently, the drug has become difficult to obtain. The occasional user **Christian (O)**, on the other hand, believes that the black market for prescription drugs, such as benzodiazepines and methadone, still exists [1, 36–40]. These contrasting views could be synthesised in **Patrick**'s assertion, which states that prescription drugs are generally becoming more and more difficult to purchase on the black market, since demand has increased considerably [4, 51–5, 4].

5.2.4.2 Acceptability of Drugs and Drug Use

In correspondence with the statements of many interviewees, party drugs are consumed, often excessively and extensively, by a great number of Shetlanders from a wide range of socio-economic backgrounds. One user in his early 30s believes that nearly everybody in his age group consumes recreational drugs, whereas compared to the vast number of party drug users, only a small proportion of the Shetland population uses heroin [Ben, N, 5, 49–6, 9]. This phenomenon might partly be explicable in terms of the widespread acceptance of party drugs throughout large parts of the island community, whereas heroin is still commonly regarded as unacceptable, bad, or even evil [e.g. **Christian, O, 22, 23; Hannah, C, 19, 17–20**].

Christian (O): [...], whereas in Shetland most people would accept the fact that young people would take Es the weekend an' things like that. [23, 1–3]

Party drugs seem to enjoy a relatively accepted status amongst a large share of the younger and middle-aged Lerwick generations. However, the public knowledge of personal heroin use has repeatedly been portrayed as a serious threat to employed users' jobs, which causes most heroin-using employees to handle their use with extreme caution and secrecy. In contrast, relatively open or even communal party drug use on a work night out does, according to some participants, not seem to be exceptional [e.g. **Angus, 17, 8–13**]. Heroin use and especially *intravenous* heroin use has been emphasised to be frowned upon, not only with reference to the general public but also the average party drug user. The contemptuous attitude of stimulant consumers towards 'skag' users and especially injectors has been associated with the clearly perceptible divide between the party drugs and the heroin scene [Rick, (C), 4, 26–35; Gordon, C, 6, 45–46]. With regard to places and areas outside Lerwick, users report the use of drugs in general and heroin in particular to be significantly more stigmatised, which again is intensified in the older generations.

The widespread acceptability of party drugs throughout considerable parts of the Shetland population appears to be reflected in their easy accessibility. In contrast to cannabis, heroin, and cocaine, which appear to be particularly affected by the regular phases of unavailability, ecstasy and amphetamines are reported to be often freely and widely available, with a considerably increased supply from Fridays to

Sundays [Angus, N, 18, 48–50; Ben, N, 5, 49 - 6, 6]. This rise might be explicable in view of the fact that many Shetlanders concentrate their party drug use on the weekends. The availability of cocaine has even been suggested to be exclusively limited to weekends, when most users, including employees in higher positions [Rick, C, 4, 2–5], tend to engage in the use of the comparatively expensive stimulant [Angus, 14, 4–24].

5.2.5 *Quality and Prices*

Due to its island location, the possibilities to purchase drugs are clearly restricted in Shetland and the majority of users depend on the local drug market and its suppliers. Since alternative drug markets are at least 12 ferry hours from Lerwick and can thus not readily be accessed from the island, Shetland dealers, who appear to be predominantly located and active in Lerwick, enjoy a relative drugs trade monopoly. Participants explain that dealers take advantage of Shetland's geographical isolation and frequently adulterate drugs they intend to sell with cheaper cutting agents in order to increase profits. Additionally, illicit drugs tend to be sold at significantly higher prices, thus further boosting the financial gains [e.g. Helen, 1, 18–23]. These conditions apply above all to substances of usually restricted availability and exclusive consumer groups, such as heroin and cocaine, which tend to be almost twice as expensive as on the urban mainland [Robin, C, 4, 4; Oliver, O, 8, 52–9, 2; Isaac, O, 14, 33–40]. The prices of cannabis products are generally affirmed to be somewhat more costly than in British cities. As a result of the widespread demand for cannabis and its in recent times extremely limited accessibility, the prices for this drug are affirmed to have increased significantly [Christian, O, 5, 28–31; James, N, 1, 45]. The same is said to be true with respect to benzodiazepines [Gerry, C, 11, 23–26].

5.2.6 *Excessiveness*

At the beginning of this section, the occasional heroin user **Oliver** is quoted in the context of pronounced and excessive alcohol use. In Shetland, excessiveness does not seem to be restricted to the consumption of alcohol but has been described to come into play with respect to *any* substance. The prevalence of the extreme and extensive use of ecstasy, amphetamines, and cannabis for about a decade has frequently been reported by many interviewed users. With respect to heroin, by contrast, this style of use has apparently only recently been adopted. The interview accounts provided in the context of excessive substance use tend to be of a particularly original, expressive, and vivid nature. Therefore, a greater number of citations than usually given will be presented in the following.

The client **Rick**, who has used heroin as well as a wide variety of other drugs for more than a decade, gives a vibrant account of excessive substance use tendencies in Shetland, which in his opinion are rooted in the patterns of extreme alcohol use that have been common on the island for a long time.

Rick (C): [...] Nothin' like this surprises me up here anymaer like.

R: What d'you mean?

Rick: Oh, it's just, ken, this island's capable o' anythin' [laughs a bit], just about. An' every excessive peak is [xxx] It's just, it's a mad place.

R: How you mean?

Rick: Just just the excesses in Shetlanders: An' Shetlanders don't simply know what moderation is. An' a Shetlander needs to look it up in the dictionary an' go to bloody night classes an' learn wha' all i' means. [laughs]

R: Would you say that that applies to the way people use heroin up here as well?

Rick: Well, I think the way people use all drugs up here is directly reflected tae the way alcohol's been used, ken? For centuries or wha'ever how lang, ken? Be a lang time. An' because, ken, relatives, ken, are havin', people are havin' relatives tha' are excessive in this an' tha' an', ken, yeah, people do tend to take things to a peak. An' then they crash or wha'ver. [...] [2, 22–42]

At a later stage in the interview, **Rick** affirms the long-standing existence of a sizeable speed scene that probably dates back to the origins of the Shetland drug scene around the time of the commissioning of the oil terminal Sullom Voe and the associated influx of workers. He speaks about a large number of Shetlanders who tend to use amphetamines in order to be able to party longer, stay up later, and drink greater amounts of alcohol. He also argues that older people use speed to counterbalance the age-related reduction of their drinking and partying stamina.

Rick: [...] And also it's used because people are gettin' older an' they're gettin' maer unfit an' they cannae drink as they used to when they were 21 or wha'ever. So they snort a gram a' speed durin' the night's drinkin' an' spend twice as much bloody money because you can drink 12 pints once you're on speed. An' then sober up completely an' drink another 12 pints, ken, which you'd never done without the speed. Bu' for some reason people for a long time, just want to stay up, ken, wantae party longer at the weekend an' stay up. Mostly i' is pretty recreational. [...] [4, 13–22]

Underlining this account with a personal example, **Angus** explains that he 'just went *mad* for every drug' he has hitherto tried, and regards himself as having been a 'major speed freak' for numerous years, but once he took heroin, he preferred it to all other drugs and has stayed with it since [4, 10–15].

Below, the young Shetland woman **Cathy (C)** expresses her astonishment regarding the fact that in the most extreme times she and her drug-using clique went through, no one of the group died of an overdose. To exemplify the style of use common in this excessive period, she describes how she once injected 14 ecstasy tablets in one session.

Cathy (C): The most I injected is 14 Es. It was crazy times.

R: How do you mean? In which way?

Cathy: Just crazy the amounts o' drugs we were takin'! I can't believe we never died.

R: Like?

Cathy: Well, injectin' 14 Es.

R: In one night?

Cathy: No. In one *hi*'.

R: In one hit??! [...] And how did you feel after these 14 Es?

Cathy: Alright. Woken up a bit. [2, 14–31]

The general Shetland tendency to go to extremes with respect to substance use is confirmed principally by the whole interview sample. The use of alcohol seems to have been embedded in this tradition of excess for a long time, while expansion to recreational and party drugs is reported to have taken place about a decade ago. The inclusion of heroin in the common style of excessive drug consumption appears to have occurred only relatively recently.

5.2.7 Intravenous Use

According to many interviewed users, injecting as a route of administration has until recently played a minor role for the majority of Shetland drug users. This appears to have changed a few years ago, again – similar to the increase in illegal benzodiazepine supply and use – round about the turn of the millennium. The Shetlander **Philip (N)** describes a close connection between the general rise in the use of illegal drugs including ecstasy, speed, heroin, and cocaine that he has observed over the past years and the increase in injecting. He expresses apprehension regarding these problematic changes obviously fuelled by people 'looking for a faster hit' [14, 11–24]. Some participants even go as far as to assume that most drug users inject nowadays [e.g. **Oliver, O, 13, 44–46; Robin, C, 11, 49–50**].

The occurrence of intravenous benzodiazepine use mainly in association with intravenous heroin use has also been reported several times [e.g. **Gerry, 10, 22–25**]. However, this basis does not lend itself to substantiated conclusions regarding the proportion of injecting compared to oral consumption. The client and long-term user **Helen (C)** speaks about the enormous number of people nowadays injecting all sorts of drugs including speed, cocaine, ecstasy, psychoactive pills, such as benzodiazepines, and heroin. She presents the intravenous use of ecstasy as a common phenomenon in Shetland. She explains the underlying motivation in terms of the relatively poor quality of available drugs. Furthermore, she mentions the Shetland-specific tendency to try and experience every state of intoxication as immediately and intensely as possible [3, 8–28]. **Gerry (C)**, also a long-standing, predominantly intravenous heroin user, gives a very similar account of intravenous drug use in Shetland, whereby he expresses concern with respect to the health dangers of injecting ecstasy. In addition to **Helen**, he suggests the significantly increased number of injecting drug users to be associated with a vastly increased number of heroin users in recent years.

Gerry (C): [...] The amount o' people now [who use heroin], as I said, has probably led to the amount o' people tha' are injectin' speed an' cocaine an' ecstasy, things like tha'. Has probably shot up over the past few years.

R: Yeah, injecting ecstasy – that's quite bizarre. That's quite a, quite an unusual thing, but I heard that a couple of times now.

Gerry: Yeeaah, no, I wouldn't fancy it myself. Certain pills, yeah, tha' I think are injectable. But I wouldn't inject anythin' other than kinna opiate pills. Bu', yeah, I know quite a lo' o' people, who, that's how they take their ecstasy now – inject it. Ken, that's probably a lo' to do with the quant-, quality an' stuff – even compared to five years ago it's crap! [7, 7–21]

The conclusion from the interview analysis has been exemplified by the just quoted citations of the male and the female participants with long-standing experience of heroin and drug use in Shetland: Injecting drug use appears to have undergone a considerable increase on the island in recent years. It has been guessed that the number of people with the experience of injecting recreational drugs and/or heroin and cocaine amounts to several hundred [**Hannah, C, 9, 32–46 and 9, 51–10, 3**]. The reasons are likely to be related to an interplay of mutually dependent aspects. Amongst other things, these include the often low potency of most drugs that seems to have decreased particularly over the past years. Another factor might be an overall increase in the acceptability of injecting as a route of administration amongst certain groups of drug users. Moreover, **Helen's** description of a widespread desire for an intense, powerful state of intoxication might indicate the Shetland-specific tendency to use psychoactive substances in order to experience extreme sensations.

5.2.8 *Problematic Use*

In relation to problematic drug use on the island, most interviewees give weight primarily to the socio-economic situation in Shetland. Time and again, it is emphasised that the uniqueness of the drug scene in Shetland comprises the missing components of crime, deprivation, and overall socio-economic marginalisation that the interviewed users generally associate with urban drug and in particular heroin scenes. In the following, *the typical urban heroin scene* will recurrently be cited as a frame of reference used by interviewees for the characterisation of the island scene. Commonly, interviewees regard Shetland, with its wealth, relatively high living standards, and generally low crime rates, as a contrasting example to inner-city drug scenes [e.g. **Christian, (O), 1, 8–16**]. Still, the existence of problematic, that is, physically and/or psychologically dependent or destructive drug use is repeatedly referred to by different interviewees and has already been touched on several times in the context of excessive and intravenous substance use. Along these lines, the long-term drug and heroin user and injector **Rick (C)** gives the example of 'serious speed users', referring to 'people, who use it every day to go to work' and 'can't go to work unless they've had their speed'. According to his estimate, the number of people using speed problematically and constantly ranges between 20 and 30 [4, 22–23]. The topic of worrying drug use will be illuminated again more thoroughly later on from a heroin-use-related perspective.

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Chapter 6

The Features and Descriptive Characteristics of the Heroin Scene in Shetland

6.1 Introduction

In the preceding section, the overall character and features of the general drug subculture in Shetland as portrayed by participants have been presented and discussed. Primarily, this chapter serves the function of providing a rough framework for the following chapter. This will supply a comprehensive and thorough synthesis of interviewees' representations on the specificities of the Shetland heroin scene's features.

6.2 Noticeability of Heroin Use in Shetland

As a central reason why the notion of heroin use and a heroin scene in Shetland does not tend to occur to foreigners and Shetlanders not involved in drug use, interviewees present the fact that to a great extent heroin use and its associated consequences are not obviously visible or noticeable. In contrast to the British urban mainland, only a few individuals could be linked with heavy heroin use due to their poor physical appearance and their actions. These include, for example, excessive thinness, paleness, drug purchasing and supplying activities, acquisitive crime, and begging. Moreover, urban heroin users are often connected with evident poverty, homelessness, and overall social deprivation. Such aspects are pointed out by the majority of participants as being typical for scenes of heavy, habitual heroin users. However, for the most part they do not apply to the Shetland situation, as explained by, for example, the occasional user below. The circumstances and coherences of these aspects receive further attention at a later stage.

Oliver (O): [...] Also, it's maybe less, ah, noticeable, because, it's a slightly more affluent society in Shetland, you know? There's more money around. So there's not so much obvious

drug related crime. You know, people goin', you know I mean, muggin' people an' stuff. Get money for smack [heroin] an' all. I suppose it happens sometimes. It's not like i' is in, you know, Glasgow or some place or wherever, Dublin. Yeah. [5, 21–28]

The same interviewee adds to his previous explanations that the heroin subculture in Shetland is of a less open and more hidden character than those on the British mainland tend to be [Oliver, 8, 29–30].

Still, some participants state that within certain social circles, heroin might appear in specific 'semi-public settings' such as parties [e.g. Joanna, C, 14, 31].

One occasional user also states that at parties of certain groups, he has been offered heroin. Still, due to its pharmacologically sedating effect he views heroin as being unsuitable for a celebration setting. With respect to the general social life of the pub culture, he maintains that 'certain dodgy' pubs are regularly frequented by people he associates with heroin use. The supply of the drug, however, he regards as unlikely to take place on such a public basis [Christian, 19, 1–12].

On balance, interviewees' accounts suggest that the Shetland heroin scene is only conspicuous under specific circumstances, such as at particular parties. The absence of an open scene and groups of physically affected people, as well as the lack of obvious drug-related crime, would seem to point away from the existence of a heroin subculture to someone uninvolved.

6.3 Size of the Scene

Apart from the lack of obvious, visible indicators of heroin use in Shetland, a number of interviewees mention the small size of the scene, which also accounts for its concealed nature. Not only compared to urban heroin scenes but also to the general drug scene, some users state the Shetland heroin subculture to merely consist of a small minority of users.

Ben (N): [...] Bu', um, the difference as well on the mainland is, from the island, especially Shetland anyway, there's a huge huge amount o' people in Shetland tha' take cannabis or speed. Everybody's got their vice, everybody you tell me tha' I know just to be the WHOLE population o' my age group no doubt, um, that that're involved in dope, speed. There's a very small minority o' people actually in Shetland that do have anythin' to do with heroin, you know? [5–6, 49–51, 1–6]

The modest size of the heroin scene, the long-term user **Angus (N)** traces back to the small size of the Shetland community itself. Furthermore, he portrays the Shetland heroin users as always having consisted of a 'small, tight group' of friends within the wider social setting of the Shetland community, which is characterised by everybody knowing each other [14, 9–32]. On the other hand, about half the interviewed users state that relative to Shetland's population the number of heroin users is considerable, as is further outlined below.

6.3.1 *Number of Users*

Even though **Angus** referred to the Shetland heroin users as a ‘a little sor’ o’ group o’ friends’ many citations give rise to the assumption that the scene at large embraces at the very least approximately 100 users [**Ben (N) 14, 17; Lilly (N), 17, 26–32; Cathy (C), 3, 6–10**].

One female non-client draws attention to the fact that many heroin users ‘keep themselves to themselves behind closed doors’ [**Lilly, 17, 28–29**]. This makes it particularly difficult to guess the overall number of users.

Another woman, this time a client, considers the number of ‘hidden users’, meaning those who do not attend the local drugs project, to be anywhere up to 100 [**Cathy (C), 3, 6–10**]. These would add up to the 100 odd opiate-using clients registered with the CDT in the year 2004–2005.¹ Regarding the obviously considerable number of Shetlanders hiding their heroin use, there is unanimity amongst many users [**e.g. Mark, C, 6, 22–24**].

One client breaks ranks by going as far as to estimate that alone between 400 and 500 people in Shetland use heroin habitually, not including those using recreationally on an occasional basis.

Mark (C): [...] I reckon 500 people are hooked on heroin.

R: 500?

Mark: Yeah.

R: How do you come to this number?

Mark: Maybe it’s lower bu’ I reckon aboo’ 4–500 people are hooked on heroin. [**5, 47–50 and 6, 1–6**]

On the whole, the guessed figures seem to suggest that the number of people who use heroin in Shetland amounts to at least 100. Yet, a guess in this context is likely to be subjective in so far as it is based on who someone knows or knows of. The more involved someone is in the heroin scene, the more users they will probably know. This ‘level of scene involvement’ will be further illuminated at a later stage when the analysis of the data moves further into the internal structure and organisation of the subculture.

6.4 Location and Expansion of the Heroin Scene

On the whole, interviews suggest that the Shetland heroin scene and specifically its market are predominantly located in Lerwick. Most trade seems to take place in the island’s biggest town, where apparently the majority of users live [**e.g. Claire,**

¹ Drug and alcohol corporate action plan 2005/2006, S.4.

C, 2, 42–3, 2; Oliver, O, 2, 40–42]. Nonetheless, a significant number of heroin consumers, including three of the interviewed users, are stated to live in smaller towns, such as Brae, Mossbank, Sandwick, and Scalloway, and the smaller inhabited islands, such as Burra [island on the East coast of Shetland not far from Lerwick], the countryside, and even very remote areas [**Mona, C, 7, 49–50; Rick, C, 13, 22–29; Cathy, C, 8, 45–51**]. However, several of the participants living in Lerwick confirm a relative ignorance regarding the extent of heroin use taking place beyond the town. In the following, a young Shetlander describes his personal user group, whose members all live and use in a small place in the north of Shetland.

R: But you would say that it's all over Shetland like groups of people using?

I (C): Oh yeah, everywhere. Likes of up north, likes of Brae [small town in north of Shetland] an' Mossbank [small town in north of Shetland]. You're guaranteed there'd be a good few people up there tha' do the same as we do. [...] [**6, 39–47**]

Living in the countryside himself, he seems to be more aware of heroin-use-related activity occurring outwith Lerwick. He explains that 'you're either from Lerwick or you're not from Lerwick' [**6, 25**]. The degree to which 'toonies' and 'sheep', as the Lerwick man **Rick (C)** jokingly refers to people from Lerwick and the countryside, mix is seemingly restricted [**Rick, C, 13, 23–24**]. Consequently, town and country users, respectively, may only have a fragmentary knowledge of the heroin scene's size and nature in either location.

Some users, who are originally from the mainland, outline their personal experience of having lived in small places outside Lerwick when first moving to Shetland. According to their accounts, being an outsider and living in the countryside complicates access to illicit drugs enormously [e.g. **Robin, C, 3, 34–36**]. When living at a distance from the main heroin market, one might have to be well connected socially to gain access to less common drugs, such as heroin. The sale of heroin in remoter districts seems to be significantly rarer, of smaller scale, and more exclusive than in the town region of Lerwick.

6.5 Age Range

Which users or user groups interviewees know also appears to be decisive when they speak about the age range within the heroin scene. Citations in this context suggest that generally users tend to primarily associate with other users of roughly their own age group, who they therefore have more knowledge about. Many participants agree on heroin having originally been used by primarily older users and on the average age of heroin users to still be decisively higher than the average age of party drug users. **Lilly (N)**, **Angus (N)**, and **Justin (C)** all assume the age limit of young users usually not falling below 20 [**16, 5–8; 1, 50; 2, 14–15**]; however, they have varying estimations regarding the range.

Contrasting the heroin subculture in Shetland with urban scenes, **Angus** points out in the citation below the users' overall older age and the 'cliquey' character of

the island scene. He appraises the age range to be between 20 and 40 and exemplifies this trend by reflecting on his own comparatively ‘high’ age when beginning to use heroin.

Angus (N): Bu’ I suppose tha’s the same South in a way. Bu’ there’s a very kinda cliquey, the heroin scene up here. An’ more older people as well.

R: Yeah. What, what age? What kinda age range?

Angus: Well, I’d say abou’, from probably abou’ 20 to 40 type thing. I know more, more older people, I know. I don’ know very many young people who touch i’ at all. It’s all more people my own age an’ tha’

R: What age are you?

Angus: I’m [late 30s] in [month of birth]. An’ I’ve been, I mean, I I was quite, I was quite old before, I mean, I was into my 20s before I started even dabblin’ with heroin like. I mean, I’ve had it a couple o’, I’ve taken drugs from, from the age o’ [mid teenage years] – like glue sniffin’, acid an’ speed an’ stuff like tha’. [1, 44–2, 10]

By *cliquey*, participants seem to refer to a way of social exclusiveness of certain groups. This attribute is employed by a number of interviewees when characterising the heroin subculture and will receive specific attention in later parts of Part II.

Amongst other participants, **Angus’** statement regarding the higher age of heroin users is supported by **Justin**, a young client in his early 20s, who states that all the other users he knows are older than him. Nonetheless, against this he has heard of young school kids injecting heroin [2, 10–29].

Besides **Justin**, other interviewees have also suggested a recent fall in the initiation age of heroin users [2, 16–17]. The average age of heroin users in Shetland might have decreased over time and now be approaching the mean age of party drug users. **Rick (C)** assumes the age to range from as low as 16 to as high as 60. He explains the broad age range in terms of boredom, as Shetland does not offer a great variety of leisure activities [9, 36–46]. Hints at the recent decrease in the initiation age of heroin users will be further illuminated later on.

6.6 Male/Female Ratio

When speaking about the relation of females and males using and dealing heroin, most interviewed users believe that there is a decisively greater proportion of male users. This, again, is based on who they know and know of and, regarding the clients, who to their knowledge attends the drugs project.

One occasional male user presents his perception regarding the gender ratio amongst the users of the drugs most commonly used in Shetland [**Christian, 16, 21–28**]. On the whole, he sees the drug scene in general as being ‘male dominated’ however, he believes that cannabis and ecstasy are used by an equal share of female and male users. Amphetamines and heroin, on the other hand are, according to his opinion, used by significantly more men than women. With respect to the latter, he states that about 90% are male. The same number has also been given by a female client [**Claire, 9, 42–46**], while one male non-client estimates between 80% and

85% of heroin users to be male [**Ben, 14, 123–24**]. The occasionally using Shetlander **Oliver** again suggests an only slightly higher male proportion of up to 60% in recent years [**21, 32–34**], whereas several participants are even firmly convinced of an equal male/female ratio [**Lilly, 15, 18; Philip, 22, 14–28; Oscar, C, 6, 26–27**]. The Shetland man **Philip (N)** emphatically states that ‘there’s a lot of women using, too’ [**22, 18**]. Along similar lines, the client **Claire** declares that the male/female relation is difficult to calculate precisely. On the one hand, far more people use heroin than attend the drugs project, since a lot of people ‘won’t go near the place, just for the stigma’ and, on the other hand, a lot of female users never really had heroin *habits* (physical dependence) [**3, 44–47**], therefore they will not appear in the drugs project statistics. In the following citation, **Hannah (C)** explains that women are often motivated to begin using heroin because their male partners are using. Similar to **Claire** above, she too states that decisively less women tend to engage in or move on to heavy heroin use patterns, such as frequent, habitual, and intravenous use, than men. They rather smoke heroin as a sort of hangover cure after a party weekend with alcohol and ecstasy than in an addictive, maybe even daily, way. Including herself, she only knows a handful of women with *serious* heroin addictions, who have used sizeable amounts of heroin.

Hannah (C): Women, I wouldn’ say there is as many female users as there is male – definitely not. I think the proportion of women usin’ is a lo’ less to men. Uumm, an’ I think females, a lo’ o’ females start usin’ through their partner usin’. Uumm, wi’ most o’ them I don’ think the problem gets too, too bad. Uumm, some o’ them might even jus’ use at a weekend, after a night out drinkin’ an’ takin’ Es. Bu’ maybe end up usin’ it like the early hours of Sunday mornin’ to come down from takin’ Es an’ things like tha’. Uummm, I don’ really know an awful lo’ o’ females that use really heavily or have serious heroin addictions. I mean, probably I know a handful of people. A handful of females that do or have, um, had heroin problems an’ have had serious like, used a lot or injected, but not very many. An’ I think, most females that I know that have used, only, have only smoked, smoked heroin.

R: Would you say that you were rather an exception?

Hannah: I would say I am, yeah. Along with a handful of other people I would say. An exception in the amounts that I used. [**11, 19–38**]

As mentioned above, some users are strongly convinced that there *are* indeed as many female as male heroin users. Women, however, may keep their use significantly more secretive than their male counterparts [e.g. **Philip, 22, 14–28; Oscar, C, 6, 26–27**]. With respect to dealing, **Claire (C)** declares that hitherto women have been involved in dealing to a very restricted degree. She knows one woman who supplies small amounts of the heroin someone else brings to the island. Another few might have bought and taken up some heroin from the mainland of Britain and sold small quantities over short periods of time. Whereas, according to **Claire**, women *are* involved in the trading of speed, the supply of heroin has hitherto predominantly been organised and carried out by men [**4, 2–5**].

Concluding from interviewees’ accounts, the active players in the Shetland heroin scene with respect to dealing and using seem to predominantly be men. Women are repeatedly described as often being motivated to use heroin by their previously using partners rather than consuming on their own initiative. Furthermore, they are

also perceived as tending to use less heavily, addictively, and riskily. Corresponding to the predications of several participants, decisively fewer women are involved in heroin use than men, which would also be reflected in the much higher proportion of male compared to female clients. The smaller proportion of female clients could indeed be traced back to an overall smaller proportion of female users or, as pointed out before, to patterns of heroin use amongst women generally tending to be less alarming than amongst men and thus giving less reason for treatment. In addition, female heroin users might be deterred from seeking treatment to a greater degree than male users, as the general public might perceive heroin use as being even less socially acceptable for women. Thus, amongst women the proportion of hidden heroin users might exceed the proportion amongst men. Consequently, the number of female heroin users cannot be inferred with certainty. However, participants generally state that women seem to be less actively and deeply involved in specifically the trade side of the subculture.

6.7 Nature and Extent of Heroin-Use-Associated Problems

When contrasted with urban heroin scenes, interviewed users typically portray the Shetland situation as trouble-free, sheltered, and socially privileged. To give just a few examples, Shetland heroin users are supposed to be ‘living in a bubble’ and ‘wouldn’t last for 20 min in some schemes on the mainland’ [Robin, C, 8, 37–39]. When asked about whether heroin use in Shetland constituted a problem, many participants gave answers similar to **Philip (N)**, who assesses the situation not as ‘a *big* problem, but certainly a *problem*’ [13, 37–40]. According to his narration, **Philip** had phases in his life of being heavily involved in both using and dealing heroin and thus lays claim to having a comprehensive overview about the extent and nature of the subculture. In comparison to the Shetland heroin scene, **Mark**, originating from the urban mainland, explains that ‘it’s more epidemic down the road’ [Mark, 5, 17].

Most participants maintain that heroin use in Shetland is far less ‘problematic’. The characteristic *problematic* is associated with, for example, acquisitive crime, violence, prostitution, severe addiction with physical and psychological morbidity, social marginalisation, such as homelessness and unemployment, and blood-borne infectious diseases.

In the following, interviewees’ descriptions and explanations regarding problems associated with the Shetland heroin subculture are depicted and debated.

6.7.1 *Financing Use and Habit: Work Instead of Crime?*

In the context of the Shetland heroin scene’s restricted noticeability described at the beginning of the section, the high levels of employment generally in Shetland and

even amongst a significant number of heavy, regular heroin users have already been mentioned. Time and again, participants identify these as causally related to the overall advantageous conditions within and around the scene. Participants are not solely speaking of people using recreationally on an occasional basis, but also of those with a ‘heroin habit’, a physical dependence. In an urban setting, many participants would regard the latter as significantly prone to criminal conduct or begging in order to finance their drug and especially heroin use, as explained by the long-term user **Robin**, cited below. He himself originates from a city on the mainland and has been involved in circles of heavy heroin users both in Shetland and on the urban mainland.

Robin (C): They’re livin’ in a bubble up here. The Shetlanders don’ really know, I don’t think, they really know how lucky they are to have the way a’ life tha’ they’ve go’. They have a drug problem, I know tha’, I’ve been in the circle wi’ the drug problem, bu’ the crime isnae up here, you know? People usually work up here to pay for their drug problem. You know? Whereas on the mainland people steal to feed their habi’ whereas up here people work. [7, 32–37]

Another client, who like **Robin** has also socialised with heavily using, criminally active city heroin scenes for many years and with groups of dependent Shetlanders, concurs. He declares that there *is* crime in Shetland – for example, break-ins and shoplifting – but decisively less than on the urban mainland, as most people consuming heroin in Shetland are full-time employed and can thereby ‘keep their habits going’ [**Mark, C, 1, 43–2, 7**]. Corresponding with this line of argumentation, the Shetland man **Angus (N)** also argues that the relatively prosperous socio-economic situation in Shetland, reflected in its generally low unemployment rates, allows many users to earn the amount of money sufficient to cover their substance use expenditures [**11, 50–51, 12, 1–8**].

Estimates on the proportion of working heroin users range from 50% [**Lilly, N, 16, 10–14**] to ‘most users’ [**Ben, N, 11, 46–12, 3; Angus, N, 11, 32–35; Robin, C, 7, 32–8, 4**]. Due to the much higher unemployment rates in metropolitan Britain, urban users are repeatedly depicted as not being as privileged as having the option to resort to this opportunity. With Shetland’s low levels of poverty, virtually no homelessness, and an extensive support system, there is not the same desperation for heroin users to steal and to beg as there is down south [**Claire, C, 4, 32–40**].

With its wealth and the lack of an underlying crime factors in the heroin scene, the occasional user **Christian** argues that Shetland is *unique* compared to the urban mainland, where he believes most street crimes to be drug related. Although the general public in Shetland tends to regard heroin use in itself as something bad, unacceptable, and despicable, most people do not perceive it as constituting a real social problem. According to one occasional user, this is because ‘these people just do it in their own houses and just lie around gouching for days on end but don’t seem to go and commit crime’ [**Christian, 1, 21–23**].

In the following, a personal example is provided of a young Shetland man, who used dependently for several years and exclusively paid for his heroin consumption from his full-time job. Besides himself, **Oscar** too speaks about his user group, which had consumed heroin together for nearly 2 years. All of the six men, aged

between their mid-20s and mid-40s, always financed their heroin use from their wages, while some used intravenously and some smoked. Arguing along the same lines as **Christian** before, he does not view their behaviour as a *social* problem, since he and his pals neither cause harm to other people nor society. His dependent lifestyle of having to ensure his daily ration, to avoid withdrawals, he regards, however, as a *personal* problem.

R: And, um did you have problems financing it?

Oscar, (C): Not really, because I've always worked. I mean, the group o' people tha' I know, we all work. I dinnae see i' it, i' is a problem, ken? It's no' good for you, but, like my group of friends it's, it's only for us, it's not for anybody else. We don' push i' onto anybody, we don't try an' get people into i'. It's jus' for us, it's no' for anybody else. I dinnae see any problem with that but ... but still it's no' good. You cannae go on. It comes to a point where it's just, you just have tae stop, you know? [2, 39–49]

Although relatively rare, some incidents of acquisitive crime do seem to occur. The townsman **Robin** continues his account from above by speaking about such rare instances of crime that are committed only by a very restricted number of users. Such an exceptional example appears to be one Shetland interviewee in his mid-30s, who states that in order to finance his heroin use, he usually tops up his benefits by a bit of shoplifting [C, 13, 39–44]. **Robin** explains that in addition to the general Shetland wealth, people are also discouraged from criminal conduct due to the close-knit social structure of the island. The lack of anonymity and consequent risk of being found out deter many potential criminals. If people do steal, they tend to do so from the large, impersonal chains Safeway and Co-op.

R: How come?

Robin: Aaah, it just, there are shops up here tha' pay quite a lo' o' money at the end o' the week, you know? So therefore they can afford to buy enough heroin, so's they can work, you know, all week. Whereas on the mainland it's, it's, it's no', it's no' really possible to dae. Plus the fact, ah, wi' the shops bein' owned by the Shetland people themselves, you kow, shopliftin' isnae really an option here for them, you know? 'Cos if you would steal fae a shop an' sell i', an' try an' sell i' roond the pubs, you would probably be sellin' i' to somebody tha' knows the person tha' owns the actual shop tha' you stole i' ou' of. There has been one or two people tha' have done a little bi' o' shopliftin' up here, tha' I know of. Bu' it's been ou' o' Safeway's an' the Co-op. They won' take ou' o' the small shops. [...] [7, 32–8, 4]

Apart from the preventive effect of the comparatively high employment rates, Shetland users are also not provided with the same opportunities to steal for their drug use as in an anonymous city. As pointed out by **Mark (C)**, due to the social and geographic setting, that is, the small population as well as geographic size of the island, you can't just get away with robbery in Shetland [1, 43]. As a concrete example, one interviewee explains that on the urban mainland they would do *anything* illegal to gain money for heroin, which in Shetland, in contrast, they would avoid due to the high risk of immediately getting caught [6, 8–15].

The lack of anonymity resulting from these conditions has been ascribed to everyone knowing each other and each others' business, which again goes hand in hand with a pronounced presence of what could be termed 'social control'.

Therefore, criminal behaviour cannot be performed without a strongly increased risk of being found out and suffering the ensuing legal and social sanctions. Consequently, the explanations for the small extent of acquisitive crime are likely to be found in a combination of Shetland's geographical, social, and economic specificities. On the one hand, Shetland's comparatively prosperous socio-economic status, including high employment rates, reduces the levels of 'desperation' for drug money amongst the dependent or heavier heroin users. On the other hand, most of them seem to be deterred by the threatening social cost of ostracism or even exclusion. As a result, the majority of heavy users seem to disregard robbing and stealing as a lucrative or even viable option to pay one's drug use expenses [Gerry, C, 14, 18–21].

6.7.2 *Benefits*

Of the 24 participants comprising the sample, 10 stated to be in employment or education at the time of the interviews, a further 4 to be alternating between employment and unemployment and to be currently unemployed, the remaining 9 to be unemployed and receiving social benefits, and 1 man refused to provide any personal details about himself (see Table 3.1). For the nine or ten users living on social benefits, the money disposable on drugs is obviously limited to a relatively small amount. Without further income sources, people have to adjust the extent of their heroin consumption to their restricted budgets. This situation is exemplified by the unemployed Shetlander **Gordon (C)**. According to his statement below, his first priority is the provision of electricity and sufficient nutrition; drugs he purchases with the remaining money.

Gordon (C): [...] Bu' nowadays I just budget i' for what I want. I always get me electric an' a wee bit a' food in first and then from what's left over I spend on either drugs or gamblin' or wha'ever. [13, 41–43]

Exactly the same situation seems to apply to **Rick (C)**, who also adjusts the degree of his heroin use to his benefit budget, after food and electricity provision [12, 27–32].

As a result of the Shetland-specific socio-cultural conditions, a considerable proportion of unemployed heroin users appear to come to terms with the financially limited possibilities of their living conditions. Others, including several of the interviewed users, are described to supplement their unemployment money through dealing, as outlined in the following paragraph.

6.7.3 *Dealing as a Means of Financing*

As the only viable opportunity in Shetland to finance one's heroin use illegally, participants named 'dealing'. The long-using client **Mark** contrasts the ease of gaining

enough money (through criminal activity) to support his heroin habit while living in a British city with his situation in Shetland. Here, he has neither a regular income from a job nor the possibility of criminal activity. In his opinion, maintaining a drug habit in Shetland is only possible either on the basis of employment or drug dealing.

Mark (C): [...] The world's different from doon the road! In many ways, man. Food, clothes, basic things is dearer up here – for one. Just to live is maer expensive. Never mind getting' a drug habit. If you're getting' a drug habit up here, if you're no' workin', man, pphh! It's sshhi'! You know, it's no like tha' doon the road. Doon the road, I mean, I wake up in the mornin', [...] go ou' for shopliftin', make myself 100 quid in half or an hour, back haem an' go' a scored bag in my hand, you know? Up here, man, you cannae dae this kinna thing. You know, it's it's hard. If you've no' go', if you've no' go' money comin' in every week, right, like, ah, a wage, it's SHIT to keep a drug habit. Unless you're daein' drugs, sellin' drugs then, yeah. Bu' it's so shit up here. [4–5, 51–13]

Other interviewees agree with **Mark's** view that Shetland users tend to either work or deal when using drugs – especially heroin – habitually. Some participants go as far as to claim that only dealers are able to maintain real heroin habits, while **James (N)**, who himself uses rather heavily, states that dealing basically constitutes the only criminal activity, as conducting robberies and assaults in Shetland 'is nae very bright' [8, 46–48] due to the island's small size.

Hence, Shetland heroin users seem to adapt their ways of gaining the necessary funds for their drugs to the local circumstances by primarily focussing on earnings through employment, social benefits, and dealing drugs. 'Helping out each other' also seems to play a significant role in this context as will be elucidated later on.

6.7.4 'Skag Slags'

Besides acquisitive crime, interviewees typically name prostitution as another common means of financing use when speaking about urban scenes of heavy heroin users. Apart from the long-term user **Claire (C)**, who has experienced phases of severe intravenous heroin use on the urban mainland but also in Shetland, only **Gordon (C)** speaks about prostitution in a literal sense taking place on the island. He describes a few women, who used to prostitute themselves to finance alcohol habits but stopped once they had begun to use heroin intravenously, as they were ashamed of the injection marks [11, 46–51, 12, 7]. **Claire** describes one woman who used to sexually serve men on fishing boats, though she is unsure whether the woman's motivation was drug related or not. Additionally, she knows of two or three women who are deridingly referred to as 'skag slags', which means that they 'trade' in sex with dealers in return for heroin. Even though she states that a hidden form of prostitution to a very restricted degree does occur in Shetland, she also emphasises that it is in no way comparable to urban, anonymous prostitution, where women stand at street corners. Standing at street corners, obviously, does not constitute a form of behaviour that would be compatible with Shetland's social structure, she explains.

Claire (C): [...] There's a few girls tha' have worked, tha' I know tha' have.

R: Is that only on the mainland or up here as well?

Claire: Yeah, there's a couple of girls up here, tha' used tae. There is this girl called Mary. [...] Not so much as a, I mean, prostitution as standing on street corners, but ... making arrangements for certain men, you know? Uum ... she used to go on boats years ago, she used to go round the fishing boats an' that. But nothin', I mean, you wouldn't get people standin' at street corners, that's all I know anyway, I can't think of anyone else.

R: Was that then drug, drug, ah, related prostitution or nothing to do with drugs?

Claire: Oh, here, yeah, tha' would be drug related, yeah. Before I don't know, about the boat thing. But then they could have just been promiscuous, as you say. This girl I know, yeah, she, tha' was drug related. I mean, that's the usual, that's the usual kind of, what's used to be termed as 'skag slag', you know, people tha' sleep with ... drug dealers. Yeah, that's goin' on up here, but only limited to maybe two or three females, I would think. I mean, it's mainly men up here, there's no' many women with ... heroin habits as such. [3, 16–41]

Claire takes into account that the number of 'skag slags' would grow, if more women had heroin *habits*, as she believes that the physically dependent users are mainly male. Although no other interviewee literally used the phrase 'skag slag', others also mention this phenomenon. One female client, whose identity will for privacy reasons not be outlined any further, herself states having had several phases in her life, when she was intimately involved with heroin dealers in Shetland, so that her daily drug supply would be provided for [e.g. 5, 11–18]. Another female client, whose character will for the same reason also remain fully concealed, describes how she worked as a prostitute when being heavily involved in a heroin scene in a big, anonymous city on the mainland of Britain. However, she has never thought of taking up this business in Shetland.

On the basis of the just given account, the actual extent of people exchanging sex with dealers for free or easier access to drugs cannot be accurately estimated, neither can the prevalence of 'prostitution' – selling sex for money. On balance, prostitution amongst drug users seems to be a rather rare occurrence in Shetland, especially if the person is an intravenous drug user. For one, the small size of the island does not appear to provide the anonymity necessary for a socially stigmatised phenomenon such as prostitution: Intravenous drug users would face the risk of being identified with *two* forms of socially unacceptable behaviour.

6.7.5 *Community-Mindedness: Protection Against Crime?*

In the preceding parts of the section, when analysing the reasons interviewees report for Shetland's low rates of crime in general and drug crime in particular, the deterrent effect of the island's close-knit social network and consequent social control have been identified. However, rather than merely associating the island's social proximity with increased levels of social control, participants also describe another substantial side to this location-specific particularity. According to various users, the geographical isolation, together with the small size of the island and its population, encourages communal, social sentiments amongst heroin users. These are

manifested in the form of a strong inclination to help each other out when money or heroin are scarce. The communal spirit, embracing both social control and social 'care', can be captured by the term 'community-mindedness'.² A further facet of this spirit has already been alluded to in the section on the users' age range. There, the long-term user **Angus (N)** speaks about the heroin subculture's network as being 'cliquey' [**Angus, N, 1, 44**]. This attribute appears repeatedly in a number of interviews – either referring to the social character of the heroin scene, certain parts of it, or of Shetland in general. The client **Gerry** argues that in Shetland people do not have to *beg* for money: they can get money from a friend. This is 'cos somebody always knows somebody' as a consequence of the close-knit cliquey social network of users [**6, 13–14**]. Against this background of everybody in Shetland knowing everybody, **Angus** emphasises the anxious endeavour of employed heroin users to keep their use secret in order to protect their jobs [**N, 12, 8–10**]. The potential impact of the social stigma attached to heroin is generally presented as being particularly strong and far-reaching in the small, socially narrow community. The lack of anonymity allows social sanctions to impinge on an individual's life far more severely than it could in a comparatively anonymous urban setting. Sanctions mentioned range from social downgrading to exclusion.

The principles of the community-minded attitude amongst heroin users are illustrated by **Mona (C)** in the following citation. She argues that people, including heroin users, caring for and helping each other are primarily responsible for the low levels of crime in Shetland.

Mona (C): The price tha' i' costs, it's really expensive, so the circles tha' you are in, because i' is Shetland a lo' o' people bounce off each other an' if you go' a bit then you might be offerin' i' to your friends or somebody who's a close friend or they might give you a bit an' you end up bouncin' off each other an' kinna all helpin' each other ou', to a certain degree. An' I think, that's why there's probably no' so much crime up here. People know tha' you cannae ge' away wi' house breakin' an' all tha' up here, so there's no point in doin' i' unless you wanna go tae jail. [**7, 12–21**]

Rather than stealing and robbing, people 'bounce off each other' (take turns in helping each other out) or otherwise buy 'on tick' (on credit). Another female client explains that due to the lack of criminal opportunities, many heroin users build up debts when they are unable to pay for their drug consumption. In this way, she personally became fairly deeply indebted to a dealer [**Claire, 4, 8–17**].

In the following, **Robin (C)**, who comes from a British city, explains how he gradually learned to adapt his previous city behaviour to the situation in Shetland. In urban heroin scenes, he would readily have engaged in criminal and violent behaviour, which are neither necessary nor appreciated within the Shetland heroin subculture. He explains that on the one hand, drugs trade related interaction between Shetlanders typically does not involve the assistance of weapons. On the other hand, considering the respectful and supportive treatment he has hitherto

² The term 'community-mindedness' is originally derived from the notion of Shetland dealers acting in a 'community-minded' manner, as had been stated and outlined by a Shetland police officer in a previous study on heroin use on the Shetland Islands (Stallwitz 2007, pp. 263–264).

encountered on the island, he seems to regard criminal and violent behaviour as inappropriate. He also affirms that in an urban, anonymous setting, he would not have had a problem to break into big, impersonal factories. In Shetland, however, where everyone knows each other, he would have difficulty in harming people familiar to him.

R: And would you say that there are certain things you would have done on the mainland you wouldn't do up here?

Robin (C): Oh definitely! Definitely.

R: Like what?

Robin: Aaah, breakin' intae places, like shops, you know? Like on the mainland it's multinational companies, in Shetland it's like family businesses, you know? Sooo, that's just as bad as breakin' into their house. You know? 'Cos, 'cos they're no multinationals, so therefore you're hurtin' the people personally. Bu' on the mainland I, second nature was, a lo' o' the way I kept my drug habi' was to break intae factories. Tha' was the reason why I was out ootta [British city]. [...] I knew how to ge' intae so many safes, [...] So, I mean, like shop-lifitin', tha's somethin' I wouldnae do in Shetland either. Bu' on the mainland, aye, definitely, no' a problem, tha' an'

R: What else? Are there other things?

Robin: Aah, I wouldnae, I wouldnae bring drugs onto this island.

R: Why not?

Robin: Aaah, this island's been good to me, ah, on the mainland, aah... I'd done a lo' o' bad things when I was young. I was a very angry boy an' I used carry weapons 24/7. Aah, I'd been shot, I'd been slashed, I'd been battered with baseball bats aaand I have done the same thing to other people. Bu' when I came up here for the first five weeks I still had the mainland mentality, you know? An' I still carried everywhere I went a double edged dagger, was always my preferred tool. [...] 'Cos it's no' like on the mainland up here. My heid's no' in hinges. I don't need eyes in the back o' my heid. You know? Like pubs on the mainland, if I'm sittin' in a pub on the mainland I'm sittin' wi' my back part against the wall an' I'm sittin' where I can see who's comin' in the door. You know, it's, whereas up here I can sit on a stool wi' my back to the door, you know? I'm no' waitin' on somebody to come in an' runnin' a sho' through me or a bullet through the back o' my heid. [...] [6, 1-7, 3]

Community-mindedness and its contrasting social consequences for users, its influence on their behaviour, and the shaping of the heroin scene's social structures will be illuminated from different perspectives and receive more thorough analytical attention when looking at the subculture's internal make-up in the subsequent section of the report.

6.7.6 Summary and Conclusions Concerning Drug-Related Crime in Shetland

On the whole, and especially when contrasted with urban conditions, the interviewed heroin users agree that the extent of heroin use associated crime and violence, such as robberies, assaults, or territorial fights, in Shetland is comparatively small. According to interviewees' explanations the reasons are varied. High employment rates and relative wealth amongst many heavy or habituated users have been cited

to account for considerably less ‘desperation’ to engage in illegal conduct than participants argue was the case in urban Britain. Another substantial aspect repeatedly mentioned is the island’s close-knit social network. On the one hand, heroin users – like Shetlanders in general – help each other out when drugs or money are scarce. On the other hand, heroin use constitutes a behaviour that is generally socially stigmatised particularly in such a small isolated place. The pronounced presence of social control in a small community and the consequent fear of social ostracism and exclusion appear to deter most users from resorting to crime as a financial means to pay for their drug use. Similar circumstances, including the lack of ‘anonymous street corners’, seem to apply to prostitution, which might exist in a certain undercover form and to a very limited degree. According to several interviews, dealing is the only criminal action associated with illicit drug use – apart from using drugs – that Shetland drug users seem to engage in. As has already been concluded, to a certain extent Shetland heroin users seem to adapt their drug use related behaviour to the local particularities.

6.7.7 Extent of Addictive and Heavy Use

When speaking about the extent of the social and individual costs connected with using and supplying heroin in Shetland, users frequently outline their perceptions of heroin addiction levels on the island. Comparing the Shetland heroin scene to that of an average urban scene, many users estimate addiction rates within the former to be decisively lower than within the latter. One reason might be that in relation to urban scenes, Shetlanders ‘do it more for fun’ [James, N, 2, 41] rather than as a way of coping with, for example, deprived living conditions. **Oliver** states that even though there are many people in Shetland, who, like him, use heroin on an occasional, recreational basis, this group has come to be outnumbered by ‘junkies’. He assumes that he himself would now be surprised at the actual number of physically addicted users ‘really fucked-up on it’ [O, 8, 12–17]. However, against this another occasional user, **Christian**, suggests that

[...] there’s not really anybody that I know that’s like actually full-scale addicted to heroin. Because you can’t get it regularly enough. So they’ve got to go cold turkey, ken, whether they want to or not. [4, 19–23]

Thus, he argues that severe physical addiction to heroin is not really possible on the island as the drug is not readily available enough for someone to get in such a condition. It might well be that the content of the two citations is not mutually exclusive, that is, severe physical addiction is indeed not possible as one has to withdraw regularly when no heroin is available, while there can still be a considerable number of ‘junkies’. At a later stage of the interview, **Oliver** refers to ‘junkies’ as people whose lives completely revolve around heroin, or obtaining prescriptions for heroin substitutes, such as methadone or dihydrocodeine, year after year. He states to know of a lot of people like this of whom a good proportion are already

middle-aged, that is, in their 30s and 40s [12–13, 42–5]. The following citation gives an estimation of the number of users who are likely to use heroin in such a way that they develop a physical state of dependence, when heroin is available.

Ben (N): Bu', um, yeah, there'll be abou' 30/40 tha' can get themselves habited. When i' when when i' happens. [N, 14, 32–34]

While the three cited users **Christian**, **Oliver**, and **Ben** speak about the restricted availability seeming to have a controlling effect on the level of physical addiction people generally develop in Shetland, the client **Claire** also points to financial limitations preventing most users getting roped into serious states of addiction.

Claire (C): I mean, it's CONTROLLED up here in a sense, I think, financial limitations. An' people simply can't, I mean, you find the people who really really have habits are the people, are the people who are dealin' with drugs.

R: And they're the only ones who have habits?

Claire: Obviously the people who work. But even them they're limited by the availability. [4, 44]

Her argument links in with one of the central conclusions of the preceding subsection: In Shetland, heavy heroin users do not have the same possibilities as in an anonymous urban area to obtain financial means for drugs via criminal conduct. While urban users who develop a physical dependence have the potential to work themselves into a spiral of using increasing amounts of heroin and getting ever more deeply involved in criminal activities, this option remains closed to Shetlanders, which might be one reason for levels of addiction being comparatively lower. **Claire** argues that the only people who are really able to develop a physical habit are the dealers, as they are, so-to-speak, at the source. Employed users have a financial advantage over those who are unemployed. However, they are still restricted by the limited availability of heroin. Her arguments exemplify and summarise quite well the line of argumentation several other participants also take when explaining why addiction levels are lower in Shetland than in urban Britain. **Claire** uses the attribute *controlled* with respect to the Shetland heroin scene and yet she points out that this control comes out of *necessity* rather than free will [7, 28]. Thus, it might be inferred that if the community-minded spirit with especially the strong social control would not exist, the variances in acquisitive crime and addictive heroin use between Shetland and the urban mainland might not exist or at least not be as pronounced.

6.7.8 High-Risk Behaviour and Blood-Borne Viruses

While the participants' accounts convey a comparatively benign impression of the individual and social costs of the heroin scene in Shetland, their views on the blood-borne viral infection hepatitis C are more disturbing. In this respect, those participants who report having an insight to and knowledge about the extent of blood-borne diseases amongst injecting drug users on the island, all express their

concern. For example **Robin**, who comes from the mainland and is cited below, estimates the number of hepatitis C infected intravenous drug users in Shetland to be frighteningly high. His personal involvement in urban heroin scenes in different cities over a number of years, together with very similar statements by other interviewees, diminishes the probability of extreme exaggeration. He explains the Shetland-specific circumstances of a small population with an intensified stigma attached to socially deviant behaviour and phenomena, such as intravenous drugs use and associated blood-borne infections. Out of fear of being ostracised by other users, **Robin** argues that many injectors will conceal their infectious status in communal injecting situations and rather take the risk of possibly infecting others. This might happen by, for example, sharing water or a filter for a syringe they had previously injected themselves with. The interviewee also points to a widespread ignorance and unawareness amongst many island injectors regarding the risks of infection. Consequently, they are unaware of their own infectious status.

Robin (C): I mean, the amount o' people on this island wi' hep C is unbelievable!

R: Is it?

Robin: Oh! I' REALLY is!! An' the amount o' people tha's probably walkin' abou' wi' tha' an' don' know. Because [...] the amount o' people tha' came up an' says 'Oh, Robin, I've go' i' bu' I don' tell anybody.' Tha' was quite shockin' actually the amount o' people tha' told me tha' had it an' yet they wouldnae tell other people on the island.

R: Because they've, um, all been sharing?

Robin: Ay-ay. Because they've feared [...] tha' they would be singled ou', you know? Soo they chose to no' to. [...] If you're in somebody's hoose an' you're gonna use, [...] you infect somebody jus' because you don' want them to know [...]. I had a boy who just started injectin' in the last five months in somebody's hoose an' I was talkin' to him an' he was tellin' me abou' how he collects everybody's filters on the island. An' I was like 'Have you never heard of hepatitis C?!' An' he's like 'What's that?' So when I explained to him wha' hepatitis C was his face went white an' he just collapsed intae a chair. An' he told me a number o' things an' some o' the people he used wi' an' he asked 'What percentage, you reckon, tha' I was havin' hepatis C?' An' I was 'Och, 90/95% chance you've ge' hepatitis. Because of some of the people tha' you have wi' an' shared the wa'er an' the spoons an' the filters.' [11–12, 41–49]

To underline his argument, **Robin** gives the example of a young user, who, due to a shortage of money or access to heroin, used to collect other people's filters, unaware of the high risk of catching a viral infection. This lack of awareness has also been reported by a young female client, who sees high-risk practices, such as obtaining a heroin injection out of used filters, rooted in a combination of different aspects. First, she names habit-related desperation as a reason for taking part in a shared injection that might be the only way someone can access heroin at certain times and will therefore accept an offer of this kind [**Hannah**, 7, 46–8, 3]. Similar to **Robin**, she also points to a high level of unawareness amongst users exemplified by the fact that decisively more users are unknowingly hepatitis C positive than have been tested. Moreover, she argues that as a result of Shetland's general wealth, many users look physically well and healthy, which may obscure their infectious status. Besides, she argues that people generally rely on the shared knowledge of only a small number of users being hepatitis C positive. However, only these few people have actually under-

gone medical tests and the actual infection rate is likely to be significantly higher. This unawareness she views as particularly alarming against the background of increasing levels of injecting drug use [9, 5–21]. Another female client, whose identity will not be revealed any further to protect her anonymity, tells how she caught hepatitis C. She expresses her surprise about having caught the disease in spite of always having injected first when sharing a syringe with her user group, of whom everyone but her had been infected. She states to be somewhat at a loss with how she could have gotten infected and concludes that the reason was probably contaminated water, spoons, or filters, which also seem to have been shared in her group.

6.7.8.1 Conclusions on High-Risk Behaviour and Blood-Borne Infections

While no one reports the occurrence of HIV or other blood-borne infections amongst intravenous drug users in Shetland, several interviewees speak about their concerns with respect to the apparently high proportions of injecting drug users infected with hepatitis C. Interviewees' concern refers to both the extent of the spread and users' often very risky practices, which could enable the spread of the virus. Participants describe the sharing of injecting paraphernalia, such as syringes, needles, water, filters, and spoons or the reusing of filters in order to obtain a free heroin injection out of the potentially contaminated waste product. With regard to the latter, the restricted availability of and accessibility to heroin in Shetland might aggravate the situation. The ignorance and unawareness with respect to sharing injection equipment with hepatitis C positive users constitutes one major risk of disease spreading. Furthermore, injectors, who are either ignorant as to their own infectious status, or might conceal a positive status in order to avoid social sanctions such as ostracism, have been reported to be a further high-risk factor. Consequently, the hepatitis C infection rates in Shetland are worryingly high due to a combination of widespread unawareness, ignorance, and fear of social sanctions amongst drug injectors.

6.7.9 Emergencies and Fatal Overdoses

Interviewees' accounts regarding emergencies and overdoses in the context of heroin use will now be presented and discussed, keeping in mind the high-risk practices of intravenous users. All interviewed users agree on there not having been a drug death that could be traced back to an overdose exclusively from heroin. One man in his late 20s, who died some years ago of a lethal mixture of methadone and alcohol, is repeatedly referred to [e.g. **Hannah, 2, 40–43; Christian, 3, 23–25**]. Several participants mention other people who have died from using both alcohol and sedating drugs at the same time in the recent past [e.g. **Rick, 3, 1–6; Oliver, 7, 35–39; Hannah, 2, 43–45; Gordon, 13, 1–2**]. The occasional user **Oliver** presents

an analytical perspective of the Shetland-specific social associations of a heroin emergency that takes place within a group of users. His account appears to encapsulate the crucial aspects of this phenomenon that have emerged from the interviews. He states to know several people and to have heard of a further few who have experienced serious drug overdoses but who have survived. He believes that only a small number of people in situations of drug, and especially heroin overdoses, were actually hospitalised, but the majority were rather revived by friends they had been using with. In the anonymity of the urban mainland in contrast, he sees living or dying after a life-threatening drug overdose to depend to a comparatively greater degree on coincidences or luck, respectively. However, in Shetland users will not only revive their mates out of charity but also to reduce the risk of being identified as heroin or intravenous drug users, if an overdose were to become public [7–8, 25–29]. **Oliver** points out that

[...] when people are dying in your house from heroin kinna thing, you'll be marked for life then, up here. [8, 30–32]

According to his argumentation, this fear of being 'marked for life' might lead fellow users to behave in ways that potentially increase the risk of death of someone experiencing an overdose. Later on in the interview, he gives the example of a person he knows of who overdosed and was pulled on to the street by his mates. These afterwards called the ambulance and claimed not to know this person or any of the contexts in order to protect their own safety and avoid police attention. He states to only know one person more closely, who has had a non-fatal heroin overdose when drunk and at the same time using heroin, as he mainly associates with other recreational users, who normally use in controlled, modest ways.

R: Have you got any, have you had any other experiences of em- emergency situations?

Oliver (O): Aah, no' really, I've I've heard of a few. Ah, somebody ODeed jus' bein' dragged into the street and then people, ah, phonin' the ambulance an' jus' knowin' nothin' about it and don't kno' him, you kno'. Somebody ODein' an' He lived. Tha' tha' was really because, ah, they didn't want like tha' far this to kno' this been goin' on in this house, you kno'. Not *this* house, I mean *that* house, you kno'? Ah, but, yeah, 'cos ... most o' the people I kno' jus' use a little sor' o', aah, I mean, I don't have friends ODein' all over the place or anythin', you kno'. None o' my friends has ODeed I don't think, apart fae that guy who was drunk.

R: Yeah, yeah. Yeah. And then people rather, em, not phone the ambulance because their name's gonna be in the paper?

Oliver: Yeah, tha's right. Or, obviously wi' som'in' like tha' the police will get involved, you kno', an' the police will be comin' along askin' awkward questions or maybe even turnin' the place over or som'in', you kno'. I suppose. [21, 22–48]

Besides community-mindedness and associated charitable motivations, the fear of social or legal sanctions apparently causes users to intensify watching out for each other. However, it could also promote a fatal outcome if in a social setting a drug user is experiencing an emergency and fellow users do not dare to call an ambulance out of fear of being identified as engaging in socially unaccepted behaviour. As has already been pointed out, the extent of heroin overdoses is also controlled by the restricted availability and predominantly low quality of the Shetland heroin.

6.7.10 *Summary and Conclusions Concerning Heroin-Use-Associated Problems*

At first glance, participants' accounts appear to imply that the level of problems associated with the heroin scene and generally heroin use in Shetland are low and give little cause for concern, especially when compared to heroin scenes and heroin use in an urban context. The majority of users have been reported to work rather than engage in criminal activity in order to finance their heroin use. As only illegal involvement taking place amongst heroin users to a considerable extent, interviewees mention dealing heroin and other drugs. Also, drug-related prostitution seems to play an extremely minor role in Shetland. Shetland's broad wealth and high employment rates together with the increased social costs of deviant or illegal behaviour have been named to account for rates of general and drug crime to be relatively low. A number of participants have also assessed the levels of heavy, addictive heroin use to be fairly low as a result of the limited supply. A greater proportion of addictive use is argued to be found amongst heroin users who also deal the drug. They have been portrayed as the users with the greatest possibility to cultivate a physical habit. With respect to the high level of hepatitis C infections, many interviewees agree that the situation in Shetland is quite concerning: The ignorance of many users regarding the risks of infection, their own infectious status, and the disinclination to reveal their positive status out of fear of social ostracism by other users or even the general public have led to high infection rates. Therefore, and also because of the tightly restricted availability and accessibility of heroin in Shetland, they might share injecting equipment with others, without or despite knowing they are infectious. The fear of social or legal sanctions has also been illustrated to play a significant role with regard to drug and in particular heroin-use-related emergency situations, such as overdoses. Many Shetland users might refrain from calling an ambulance, if an emergency were to occur in a group situation, out of fear of being identified as being involved with this stigmatised and illegal drug. Hence, the specificity of the small, close-knit community seems in most instances to primarily prevent severe socially and individually aversive tendencies from forming in the heroin scene. Still, as has just been outlined, in some respects the opposite can also be the case and risk probabilities might even be heightened. Furthermore, many participants allude to an array of rather drastic changes that the heroin scene within and around Shetland has undergone in the past years. The shape of these changes will be presented and analysed thoroughly in the following two chapters about the internal structure and the historic developments of the subculture.

6.8 Availability, Quality, and Price of the Shetland Heroin

Implied in the past three subsections dealing with levels of addictive use, high-risk behaviour, blood-borne viruses, and overdoses, the far-reaching and deep impact of the limited availability of heroin in Shetland on the nature of the heroin subculture,

as well as users' behaviour, has been alluded to. This impact will now be illuminated and examined carefully.

6.8.1 *Intermittent Supply*

The majority of interviewees speak about the restricted availability of heroin in Shetland as a significant location-specific aspect differentiating the island scene fundamentally from scenes on the urban mainland of Britain. Whereas on the mainland one can obtain not only heroin but also a wide variety of drugs '24/7' [Mark, C, 2, 20–21], in Shetland different types of drugs seem to be regularly 'out of stock'. Therefore, the majority of heroin users have to come to terms with heroin not always being readily available or accessible. The majority of interviewed users describe the intermittent heroin supply as being characterised by phases of 'steady flow' alternating with complete droughts, because – in contrast to the mainland – there are only a few different people selling restricted amounts of the drug. Another experienced user with a similar background as **Mark** cited above claims that in urban Britain all one needs to do if they want to buy heroin is to stand at a phone box and wait for a few minutes until someone arrives who will sell them the drug. In Shetland, by contrast, such obvious heroin trade and supply have been argued to be discouraged by the lack of anonymity and the strong presence of social control, both contributing to the regulation of heroin-using patterns. In addition, the geographically isolated location is repeatedly named as a major reason for only limited amounts of heroin reaching the island. The occasional user **Christian** explains the physical difficulties for dealers and users in importing and accessing heroin. The isolated location is repeatedly illustrated as making the island unattractive for many potential dealers as the efforts involved, for example, having to travel up and needing to circumvent police surveillance and control on entering Shetland, are perceived as outweighing the financial benefits to be gained. Consequently, according to **Christian**, serious drug dealers are overall deterred from Shetland.

Christian (O): Aah, the the thing in Shetland is how difficult i' is tae get stuff [heroin] intae Shetland, which is [...] like a physical barrier, ken, in the way of of people bein' able to ge' access to it. It's, which is a good thing. An' as well, it's all the people tha' I see here may have concerted efforts to get here, ken? Obviously bother comin' up, ken? So it kinna keeps the, the riff-raff, ken, kinna keeps, ah, keeps like big bad drug dealers an' stuff out. [...] [14, 11–20]

At another point in his interview, **Christian** maintains that one would need to move to the mainland of Britain to become a 'proper addict'. In this context, he describes two friends of his, who are 'trying to be addicted to smack' and put up with living through the physical and emotional stress of withdrawals over and over again rather than deciding to give up using up to the extent of physical addiction [9, 6–21]. The restricted availability of heroin in Shetland resulting from a combination of factors has repeatedly been referred to as an external, physical *control* counteracting levels of heavy and addictive consumption. However, the long-term

user **Philip (N)** points out that this form of external control constitutes the only reason why people's patterns of heroin use do not escalate. As soon as these circumstances would cease to apply, many users would use as much as they could possibly 'get their hands on' [20, 21–23].

6.8.2 *Availability Versus Accessibility*

A number of participants express a clear distinction between heroin *availability* and heroin *accessibility*. The recreational user **Oliver** speaks about periods when the opiate is 'apparently unavailable to everybody' [7, 38–43]. This implies that the bulk of Shetland users who depend on dealers are unable to obtain the drug, while some are privileged enough to still have access to the desired and scarce good. Those privileged ones have been explained to predominantly be dealers or otherwise people who have close connections to dealers. For the 'ordinary' user, heroin has been described as sometimes being easy and sometimes being difficult to obtain [Patrick, 2, 14–18]. Estimates regarding the length of periods when no heroin is generally available range between 1–2 weeks and 4 months. One client even claims to have access to heroin on about 200 out of 365 days of the year [Mona, 3, 20–24]. These divergences are most likely related to interviewees' own connections to dealers and their respective degree of active scene involvement.

Heroin has been illustrated to be particularly difficult to access in most areas outside Lerwick, where the scene's main base seems to be located and where interviewees in general state to purchase the drug. One client describes having been heavily engaged in intravenous heroin use on the urban mainland and upon moving to a small town in Shetland staying clean of heroin for a few years. However, the client resumed using heroin regularly and habitually after moving to Lerwick and beginning to socialise with other local users. Another client tells that the opiate was unavailable in a different small Shetland town where they lived and that one needed to pay a fortune for a taxi into Lerwick when wanting to buy heroin outside the times the buses operated between the town and the capital (i.e. after late afternoon).

6.8.3 *External Control Through Intermittent Supply*

Further to the consequences outlined above, the client **Joanna** states having noticed that other heavy users she meets at the drugs project presently look healthier and happier than at other times, which she ascribes to the current heroin drought [20, 29–32]. As previously mentioned, the irregular availability of the opiate has been argued to 'not be steady enough to have proper addicts' or people who are 'full-scale addicted' to heroin [Christian, 2, 37–38; 4, 14–15]. Along these lines, several interviewees, who had experience with habitual heroin consumption on the urban mainland of Britain, explain that they can control their levels of use significantly

better in Shetland than in a city, simply because the drug is not as readily available. **Claire**, for example, argues that every time she has lived on the mainland, she has ended up developing a heroin habit and in order to control her use, she lives in Shetland even though she would prefer to live ‘down south’ [7, 7–10].

Many interviewees welcome the controlling effects of the supply restrictions. However, some of the heavier users complain about the withdrawal troubles they experience as a result of the constant to and fro between being on and off heroin. ‘It’s just a whole different world altogether chasing a drug habit’ in Shetland compared to urban Britain, where heroin is usually available round the clock every day. Otherwise, one would be informed if heroin were to run out early enough to make certain arrangements for the imminent drought rather than facing it unprepared [Mark, C, 2, 22–25]. The client **Lilly** observes that when heroin gets scarce or runs out, users, who typically spend their time secluded in their own or their mates’ homes, ‘come out of the woodwork’ in order to organise ways to cope with their involuntary withdrawal situation. **Lilly** maintains that if heroin is available on the island, one can walk through town and not bump into any ‘smackhead’ and if no heroin is on the Shetland market one can see users every two steps. Consequently, she sets up the equation that ‘the more people you [someone involved in the heroin scene, who thus knows other users] see, the less smack there is’ [12, 1–15].

6.8.4 *Coping Strategies to Compensate Restricted Availability*

An array of coping strategies to manage the unpredictable heroin market has been described by interviewees.

Interviewees repeatedly describe how habituated or heavy, in particular intravenous, users seem to use speed as a substitute when no heroin is available.

Hannah (C): Umm, I mean, from wha’ I can tell now, a lo’ o’ the heroin addicts or ex-heroin addicts at the moment, from what I can tell, are injectin’ speed. [9, 34–36]

The interviewee refers to users, who involuntarily withdraw from heroin in phases when the opiate is not available or accessible, as ‘ex-addicts at the moment’. The expression alludes to the substantial impact of external circumstances determining to a decisive degree if certain people are ‘addicts’ or ‘ex-addicts’ rather than them actively deciding for or against their patterns of drug use. This citation fits in with **Philip’s (N)** above statement that if people could, they would use as much heroin as they ‘could get their hands on’. Habituated users have been portrayed to ‘go on speed binges for weeks on end simply because no heroin is available’ [Ben, N, 18, 34–36]. The difference in psychoactive effects between the sedating opiate heroin and the stimulating amphetamine speed makes this behaviour appear bizarre to several participants, such as the long-term user and client **Rick**. He underlines his lack of understanding of how anybody could go from the ‘anti-anxious drug’ heroin to amphetamine, ‘the most irritant, wander-maniac drug there is’ [14–15, 51–6]. **Joanna (C)**, previously a heavy intravenous heroin user, also expresses her

incomprehension with respect to the practice of replacing a sedative with a stimulant, and reports that it was explained that speed relieves the severity of withdrawal symptoms [30, 33–39].

The trend to substitute one drug for another, in phases when the desired drug is temporarily inaccessible, appears to be a commonly employed strategy to balance the intermittent availability of illegal substances. Several interviewees state that they and others they know started using heroin in times when cannabis was unavailable [e.g. **Justin, C, 1, 14–22; Christian, O, 5, 34–38**].

The occasional user **Christian (O)** suggests that a great part of the reason for the, in his eyes, ‘weird’ phenomenon of people normally injecting heroin resorting to intravenous speed is that they are more addicted to the ritual of intravenous administration than the actual substance [2–3, 46–51].

According to many participants, replacing intravenous heroin with intravenous speed use constitutes a coping strategy adopted by a great number of heavy users to manage phases of heroin droughts. In addition, other forms of (self-) medication or substitution also appear to play a decisive role, such as obtaining prescription drugs, such as the opiate dihydrocodeine or tranquilising benzodiazepines, legally or on the black market [e.g. **Ben, 15, 27–34**]. Several participants also emphasise the significant influx the drugs project experiences when no heroin is available, as many habituated users seek methadone prescriptions in order to avoid undergoing ‘cold turkey’, that is, withdrawal without medical counteraction or alleviation. **Patrick (C)**, for instance, is representative of this trend, buying prescription drugs on the black market as well as seeking methadone prescriptions at the drugs project in times of heroin scarcity [4, 39–51]. The occasional user **Christian** points out that substitute prescribing doctors should be aware of ‘what the scene is about’, that so to speak ‘people are on and off every fortnight’ and merely use methadone to bridge the periods of dearth until heroin becomes available again, instead of genuinely wanting to give up their opiate use [4, 10–29]. Hence, he argues that a methadone prescription in this context is only used as a crutch rather than a treatment making it, in his opinion, a waste of resources.

6.8.5 *Quality and Price*

Apart from the restricted availability, the quality and price of the Shetland heroin are said to have a substantial impact on the structure of the subculture, as well as shaping patterns of use. While all interviewees agree that the price is excruciatingly high, the quality, by contrast, is typically described as regularly being very low. Users who have had experience of using heroin intensively in an urban context particularly express the massive difference in quality between the overall standard of Shetland and mainland urban heroin. **Robin (C)**, who over many years has used heroin intravenously in different British cities asserts

[...] And the quali’y up here is pathetic! An’ I mean really *pathetic*. I couldnae use another word for it, it really is pathetic! [4, 10–11]

Mark, with a similar using background to **Robin**, complains that when he once took a using break of several months and decided to use for the first time again, he bought a ½ g to share with a friend. Since his tolerance was low at that point he expected to be ‘comatose’ with the injection of a ¼ of a g. However, he claims that the drug was diluted to such an extent that he could not feel any effect at all.

[...] Phh, i’ didnae affect me in any way whatsoever. Did *no*’ affect me. To this day I’m still waitin’ on it, that’s how shi’ i’ was. [3, 31–33]

Most users are deterred from importing heroin from the mainland, since the effort of travelling up and down by boat and the risk of being detected when returning with the drug are often perceived as outweighing the gain. Consequently, the small number of people who are prepared to accept the risk involved in dealing heroin in a small market such as Shetland enjoy a monopoly. The Shetland heroin market has been described as being an *absolute seller’s market* where very low quality heroin can be sold at a very high price [Duncan, C, 1, 28–29]. The price interviewees report having to pay for a gram of heroin amounts to 100 GBP, whereas one could get the same amount in London or Edinburgh for 50 or 60 GBP [e.g. Oliver, O, 9, 5–12]. Even though the quality is described as being frequently low, and the price on the general market as always high, users have been said to be so *desperate* as to accept the adverse circumstances and still buy the drug [Oliver, O, 17, 15–21; Mona, C, 2, 18–30]. The attribute *desperate* might primarily refer to dependent users, who feel a strong urge for the drug. In the following citation, **Rick (C)** expresses his terror about users who are still prepared to buy heroin even if it is so strongly and badly diluted that it will not dissolve properly anymore. Rather than not using, certain users would nevertheless inject it into their veins. He argues that some users take such risks, as due to the remote location of Shetland, no better heroin may be available.

Rick (C): [...] most o’ the stuff that’s gonna end up here in the hands that it’s fallin’ into, it’s really really terrible terrible gear an’ it’s gettin’ cut by people who don’t know what they’re doin’. You cannae, you know, you cannae ignore the fact that we’re livin’ in this really geographically far-off island, um, an’ people are gonna, um, ken, the stuff people are cookin’ up an’ takin’ i’ intae the barrel an’ it’s like corrodin’ into chrystals an’ stuff inside an’ people were puttin’ i’ back in an’ re-cookin’ it back up wi’ maer citric – fuckin’ madness!! Ken? People are like lookin’ at the shit in barrels an’ they’re still puttin’ into themselves. One guy go’ septicaemia through a lo’ o’ injection [...]. [7, 19–28]

On the other hand, **Robin (C)**, previously heavily involved in urban heroin scenes in different British cities, stresses that one does *not* see the same desperation in the Shetland heroin users’ eyes, which he traces back to, for one, heroin on the island being less strong than in urban areas, and furthermore, the opiate only being available on an intermittent basis, which gives users a regular ‘break from it’ [9, 26–38]. Additionally, several interviewees state that they, as well as a considerable number of others, are not willing to pay a disproportionately high price for the drug at times when the quality is particularly low, as they then perceive the costs to outweigh the benefits. Alternatively, as has already been indicated in the context of heroin accessibility, some people appear to be able to obtain the drug before it gets cut, that is, diluted with cheap substances in order to increase the profit margin. However, in

order to 'get it before they dance all over it', as expressed by the yearlong user **Helen (C)** [2, 21–26], one needs to enjoy the privilege of belonging to a dealer's immediate social circle, such as close friends or partners. Moreover, **Helen** points out that the quality of the Shetland heroin has not always been of such low quality, but rather was of 'dynamite' potency in former times, an assertion supported by others. **Rick (C)**, for example, avers that the quality has become subject to the significantly increased demand for the opiate, which Shetland dealers have only recently come upon and thus started taking advantage of the potential profits of trading heroin commercially. Still, in 2001, he reports, there was a heroin purity of nearly 50%, which he remembers from the reported arrest of a person dealing heroin [7, 19–21]. Several participants mention the decreased quality of the opiate, as the Shetland heroin market does not provide a variety of dealers who supply the island at any given time [e.g. **Oliver, O**, 17, 15–21]. **Rick** argues that when less people used heroin, and those who did so used it in a more cautious fashion, the purity of the drug was considerably higher [7, 37–41].

While the mainlanders in particular complain about the generally weak potency and high price of the street heroin, several interviewees welcome the regulating aspects, such as the reduced probability of overdoses, of severe physical addiction, and a greater ability for the individual user to keep patterns of heroin use under control. As one long-term user pointed out: Usually 'you'd have to take about five or so grams to overdose and then you'd be lucky, if you'd overdosed' [**Gordon**, 12, 43–48]. The occasional user **Oliver** suggests that the high financial costs of the Shetland heroin might 'sort of keep the lid on' the potential of heroin-use-associated problems to escalate [9, 10–12]. Apart from this control mechanism, some users also point to the dangers involved in the ever-changing potency. It has been argued that users generally act on the assumption of low-potency heroin. However, on some occasions the potency is unexpectedly higher than usual, which bears the risk of unwanted overdoses and emergencies. The changing quality can complicate users' estimations of how much heroin they can use without risking an overdose. However, not every user will behave as cautiously as, for example, **Oliver**, who states that he usually tries a small amount and awaits the initial effect before he uses more [25, 47–51]. Earlier in his interview, he also explains that if the quality was 'reasonable', he would use a bit more, maybe 2 or 3 days in a row. Moreover, his respective mood, together with the drug's high expense and its quality, regulated the extent of his overall occasional and controlled heroin intake [14, 34–48]. Also, with regard to the typically low quality of the Shetland heroin, several interviewees suggest an increased tendency to inject. The client **Helen** argues that one needs to inject to feel the heroin at all and therefore refuses to smoke [2, 49–51]. This line of thought has also been put forward by other heavier users. Otherwise, interviewees explain that once they developed a habit, the drug became too expensive for them to smoke; accordingly they started injecting to save money [e.g. **Aaron, C**, 3, 23–29].

The quality of the most recently available heroin has repeatedly been described as comparatively good, for the first time in many months [e.g. **Angus, N**, 10, 20–26].

6.8.6 *Summary and Conclusions Concerning Availability, Quality, and Price*

The vast majority of interviewed users report the restricted availability and accessibility, as well as the frequently low quality and the high price of the Shetland heroin, as substantially shaping and characterising the Shetland heroin scene. While several of the heavier users complain about these conditions, many interviewees assess them as a welcome external control that regulates the extent and gravity of heroin use and related problems. Interviewees argue that apart from the dealers and possibly their immediate social circle, hardly any Shetland heroin user has access to sufficient quantities of heroin to develop and maintain a physical habit. Heroin appears to be available on the Shetland drug market with intervals of a few days to a few months. Dependent users need to arrange ways to physically and psychologically cope with the regularly recurring heroin droughts. Reported coping strategies include replacing heroin with speed. Intravenous heroin use often seems to be substituted with intravenous speed use. Explanations suggested for the surprising replacement of the sedating opiate with the stimulating amphetamine include: relieving withdrawal symptoms, the Shetland-specific tendency to substitute one substance with another at times of unavailability and dependency on the injecting ritual that is partly viewed as greater than the actual *drug* addiction. Furthermore, participants report observing a significantly increased inflow of methadone-seeking clients to the drugs project at times of heroin scarcity.

A similar mixture of views is also expressed with respect to the predominantly low quality of Shetland heroin. Interviewees explain that the opiate is typically diluted with cutting agents, often to a high degree in order to increase the profitability of the drug sale. Even though the psychoactive potency is considerably weakened, many users still buy the cut drug as the few people supplying heroin in Shetland enjoy a monopoly: Users either have to buy their own drugs on the mainland or otherwise accept the conditions in Shetland. According to participants' accounts, many seem to have come to terms with the Shetland situation of 'a seller's market'. The occasional high purity of Shetland heroin is mentioned as being a complicating factor regarding appropriate dosage. Thus, the risk of accidentally overdosing is increased, since many users expect the heroin to be rather weak and might, in cases of unexpected higher quality, use more than their bodies are able to metabolise. In addition, it has been suggested that the rate of people *injecting* heroin is increased by the frequently poor quality that some people compensate by administering the drug intravenously.

Overall, interviewees' accounts seem to suggest that the Shetland-specific conditions contribute to the control and regulation of the heroin scene to a great extent. Still, these circumstances also appear to create certain risks and dangers. However, on balance the increased risks appear to be perceived as carrying less weight than the regulating, protecting consequences.

6.9 Patterns of Heroin Use

6.9.1 *Common Routes of Administration: From Smoking to Injecting?*

Principally, all participants who speak about routes of administering heroin correspondingly describe a major increase in injecting within the past few years. The general increase in intravenous drug use has already been mentioned. According to the analysis of the interviews, most people tended to ingest the opiate by smoking and to a lesser degree snorting until approximately the turn of the millennium. However, since then the proportion of heroin injectors compared to smokers or snorters, various users present as having steadily grown [e.g. **Joanna**, 18, 47–54]. Interviewees assert that nowadays the majority of heroin users inject. One participant guesses the proportion to have risen up to as high as 80% [**Robin**, C, 11, 47]. However, the overall proportion tends to be difficult to estimate since participants' perspectives always depend on their respective user contacts, experiences, and knowledge. Still, a shift from a dominance of smoking to now injecting has been reported by virtually every interviewed user who speaks about the topic. Dealers have recurrently been portrayed as being especially prone to injecting. Many regularly and less regularly consuming interviewees express their surprise about *who* and *how many* people they know, or have heard of, who have at some point revealed themselves to be using heroin intravenously. This situation is described by the occasional user **Oliver** in the following citation.

[...] I don' kno' how many people do it, bu' I think there's quite a lot. I I think, jus' havin' conversations wi' people, you kno'. And ... surprisingly discoverin' that people you've never dreamt before would be jaggin' up, are actually doin' it. [13, 50–14, 4]

According to a number of interviewed users, the shift towards injecting mainly refers to the use of heroin but also includes other drugs. Speed also seems to be injected by many [e.g. **Joanna**, 18, 47–55]. **Hannah** (C), previously heavily involved in intravenous heroin use and the heroin scene, estimates that hundreds of people now inject both heroin and other drugs, particularly amphetamines. She articulates her concern with respect to the problem of 'needle addiction' that she observes to be spreading rapidly amongst Shetland's drug users [9, 29–38].

Mark (C), similar to other users who have arrived from urban Britain, declares that virtually every heroin user he knew in the city injected the drug. He argues that in the course of the economic recession, and the increase of addictive heroin use, many users who previously smoked turned to injecting in order to save money [5, 21–31]. The descriptions of the overall shift from smoking to injecting in Shetland by **Mark** and other interviewees agree with their accounts of the changes they witnessed in British cities. Hence, it may be that with respect to routes of

administration, the drug use trend³ in Shetland has begun to adjust to the urban British trend.

6.9.2 *Polydrug Use*

Interviewees convey the impression that on the whole Shetlanders often consume more than a single type of drug, including alcohol, on one occasion. The regular user **James (N)**, for example, states that intravenously consumed heroin/cocaine cocktails represent his favourite drug combination.

Shetland drug users have additionally been illustrated to substitute their usual drug of choice with other substances according to the respective availability on the Shetland drug market. Along these lines, **Claire (C)** points to the regularly interrupted accessibility of most illegal drugs in Shetland. Therefore, she points out that many drug users consume heroin on 1 day, Valium the next, and speed the day after, in spite of the drugs' differing psychoactive effects [4, 40–48].

The occasional user **Isaac** emphasises that most people in his group of predominantly recreational users would typically not solely use heroin at one time but also other drugs, such as cannabis [8, 25–36]. With respect to alcohol and heroin, most users appear to keep the two substances distinctly apart due to the intensified danger of a respiratory arrest when mixing the mutually enhancing effects of the two sedatives. Still, **Gordon (C)** points out that some people are nonetheless willing to take this risk [13, 4–9].

The Shetland man **Angus (N)** suggests that due to the restricted availability of all illicit substances in Shetland, the same extreme extents of mixed drug use are not possible on the island as on the mainland [1, 47–2, 13]. Nonetheless, many users like to mix drugs, like **James** cited above [N, 1, 20–21].

6.9.3 *Excessiveness*

Interviewees generally describe how heroin used to be excluded from the widespread and common patterns of excessive substance use applying to alcohol and recreational drugs, such as cannabis, ecstasy, and amphetamines. However, participants recurrently declare this to have changed over the past 3–4 years. They describe the heroin scene as previously having been of a small and extremely controlled, underground nature with excessive or extreme use not being tolerated. Hence, its

³ Trend is defined as 'the temporarily measurable course of a development in a specific, quantitatively in- or decreasing and/or qualitative direction. From an economic or social science perspective, trends are changes in the value system and behavioural structure of society. In market research, trend refers to the changes and developments of consumer behaviour. [...]' (SDI Research 2009).

occurrence – especially in public – appears to have constituted a rather rare exception. Several interviewees explain that with the relatively recent expansion of heroin use and the increased number of diverse users, extreme forms of heroin use have become more frequent, though still tending to take place in secrecy and not publicly visible. A number of interviewed users express their surprise at the fact that no explicitly heroin-related death has yet happened [e.g. **Rick, C, 2, 22–3, 15; Christian, O, 3, 26–27**]. As has already been pointed out, the intensity and extent of heroin use always depends on the availability of the opiate on the Shetland drug market [**Angus, N, 17, 50–18, 11**].

6.9.4 Christmas Binges

Some users speak about an annual phase of generally increased, more extreme and risky alcohol and drug use around Christmas and New Year, lasting for about 2 months from December to January.⁴ The long-term using Shetlander **Angus (N)** maintains that over the past few Christmases, heroin had been included in this binge phase due to the opiate being available in greater quantities than before [**17, 11–15**]. He himself states to have had ‘a bit of a binge time at Christmas time’ and ‘ended up getting quite a bit of a habit’, which he counteracted by attending a 5-week substitution program at the drugs project [**4, 45–51**].

From the analysis of the interviews, one might infer the yearly recurrence of a phase of intensified substance use round about Christmas time – possibly in former times merely alcohol related, later expanding to include recreational drugs, and relatively recently also heroin. Whether the extent would allow for speaking about a general ‘Christmas heroin binge’ and how many and which groups of users participate cannot be concluded from this information. Still, the suggestion of a Christmas heroin binge alone indicates a significantly increased prevalence of heroin use on the island.

6.10 The Shetland Heroin Scene Compared to Heroin Scenes on the Urban Mainland

Whereas numerous Shetland-specific aspects or aspects that distinguish the island heroin scene from scenes on the urban mainland have thus far been illuminated, participants also describe fundamental similarities. The regularly and partly heavily using Shetlander **James (N)** stresses on the one hand the distinctions, such as that

⁴ A local drugs worker states that ‘it’s common for Shetlanders including drug users to go on a major binge from end of November until end of January. They’re mixing large quantities of drugs, don’t sleep, are less careful with IV use and are often on the verge of drug induced psychosis due to large quantities of coke, excessive partying and worrying about the police’ (Stallwitz 2007, p. 13).

he perceives Shetlanders to use more out of fun than despair, that is, to deal with socio-economic or emotional hardships. Counteracting despair he regards as a more common motivation in city areas. He generally views the island's heroin scene to be less shaped by problems, such as blood-borne diseases and socio-economic deprivation, than scenes in urban Britain. Still, with regard to the overall characteristics, he sees the Shetland subculture as being similar to other, including urban, subcultures [2, 28–48]. Other participants, including **Duncan** and **Angus**, both long-term users with years of heroin use in the scope of urban Scottish drug scenes, outline the resemblances in developments they have observed with respect to the Shetland heroin subculture and subcultures in Scottish cities. **Angus** explains that the Shetland subculture had first existed in the form of a small, clearly arranged underground group of selected users that at one point 'exploded' to a growing commercial scene.

R: Can you describe how it has changed in the last few years?

Angus: Well, it's just more an' more people tha' have go' into it. I, I see it very very similar to when I lived in Aberdeen, when I first started to ge' into heroin in Aberdeen. I mean, i' was like quite a small group to begin with an' it just grew an' grew. It was just like an explosion, you know, ken. I' was just everyone started to ge' into it an' the crack came on the go as well. Bu' crack has never really taken off in Shetland – yet. [11, 35–44]

Angus and other participants, especially those with longstanding experience of heroin use both in Shetland and in urban Britain, argue that the development of the heroin use trend in Shetland is taking a very similar direction to that in urban Scotland, with a delay of 10 or 15 years. While heroin scenes in urban Scotland 'exploded' in the late 1980s, that is, expanded and took a *commercialised* course, a similar tendency has been reported to be observable on the Shetland Islands since the turn of the millennium. This similarity could indicate that the Scottish heroin use trend might now manifest itself in Shetland, though with a certain delay. This idea will be scrutinised thoroughly at later stages of this book.

6.11 Summary of the Recent Transitions

This chapter concentrated on analysing and giving an outline of the main features and characteristics of the Shetland heroin scene as presented by the interviewed users. Participant accounts hint, time and again, at an array of substantial changes and transformations the island heroin subculture has undergone in recent years. Overall, participants seem to agree that 2000–2001 marked a *turning point*. Some users refer to this turning point as an 'explosion' concerning the size and extent of the Shetland heroin scene. This 'explosion', as described by interviewees, involved a significant increase in users from a wide range of socio-economic backgrounds, including fishermen and oil workers as well as people with responsible posts at banks or the islands' council. Together with an increased number and variety of people using heroin, many interviewed users also state having noticed a considerable increase in injecting of illicit drugs in general and of heroin in particular. Along with significantly grown heroin consumption, participants state a rise in levels of

addictive and extreme heroin-using patterns and of blood-borne viruses. On balance, participants' accounts suggest a relative adjustment of the Shetland heroin scene to scenes typical on the urban mainland of Britain. On this basis, it could be concluded that the subculture is adopting characteristics of *commercialisation* and *urbanisation*, embedded, however, in the specific socio-economic and geographic conditions of the specific Shetland setting. The manifestation, nature, and effects of the transitional processes will receive thorough analytical attention in the following Chaps. 7 and specifically 8.

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Chapter 7

The Internal Structure of the Heroin Scene in Shetland

7.1 Introduction

The previous chapter presented, analysed and interpreted interviewees' accounts in the context of the features, shape and nature of the Shetland heroin scene. On the basis of these accounts, the aim was to construct a picture of the subculture's characteristics and manifestation from as *objective* and *realistic* a point of view as possible. If, for the purpose of illustration, the Shetland heroin subculture were pictured as a large, rambling house, the perspective conveyed in the previous chapter would correspond to the meticulous and all-comprehending observations of an imaginary, uninvolved, neutral viewer, who holds the supernatural ability to see and be aware of each and every differentiated detail of the *outside* of the building simultaneously. These observations represent the scene's form and nature in all its descriptive, *potentially* visible, and countable features. While the preceding chapter aimed to portray the outside of the house, the following section will focus on the images that present themselves to this observer when entering the building and exploring and scrutinising its many levels, rooms and every existing spot and corner of the *inside*. In addition to numerous rooms, the observer will encounter the abundance of their respective facilities, furniture and equipment. However, this symbol will not be perfected or taken on any further, as its intention is merely to exemplify the theoretical and epistemological foundation of the reconstructed interviews. Furthermore, it needs to be emphasised again that the presented viewpoints in this book neither claim to be complete nor to present 'absolute truth'. They constitute a synthesis of interviewees' shared and partly individual realities and in their selection and presentation form a reconstruction of a reality as perceived and developed by the author on the basis of a most thorough and comprehensive analysis of each interview. Despite the level of depth, breadth and complexity, the reality conveyed by the author ultimately embodies a subjective perspective.

In the following, the internal structure and make-up of the Shetland heroin subculture as illustrated by interviewees will be presented. The section will begin by introducing and describing different types and groups of local heroin users and their respective positions and levels of involvement in the overall subcultural network. Subsequently, specific consumption and supply behaviours, including related communal and individual behavioural norms, rules and rituals, will lead on to complex concepts, such as the predominant mainstream *mentality* of the scene both as specific to Shetland and compared to the ‘typical’ urban heroin scene. An array of location-specific aspects apparently associated with the scene’s internal structure and its manifestations will be introduced. This provides an explanatory framework according to which the culture’s particularities can be interpreted. The attempt will be undertaken to provide as comprehensive an image of the subculture’s internal network as possible. Still, this image will certainly not be complete or reflect an absolute reality but represents an analytic extract of all interview citations selected as relevant by the author. While on some facets, detailed and differentiated information by several interviewees is available, the accounts of other aspects are vaguer and can therefore only be represented in a comparatively superficial and general style.

7.2 A Subculture of Diverse User Types and Groups

Before being in the position to comprehend the internal network and workings of the Shetland heroin subculture, one needs to obtain a notion of the players, who are to differing degrees actively or passively involved. Interviewees apply a wide range of categorisations in order to define the respective nature of the different types of users and user groups, which are presented in the following. These include dimensions such as hidden versus obvious heroin use and socio-economic integration versus marginalisation. Moreover, participants give details about heavy, employed, unemployed, and extreme consumers from Shetland and the British mainland, as well as about recreational, occasional, country and female users and user units (groups of varying sizes). After the introduction of each specific user group, interviewees belonging to this subdivision are described and directly or indirectly quoted. This way the diverse fragments that the overall heroin scene in Shetland comprises are exemplified concretely.

7.2.1 *Integrated Versus Marginalised Users and User Groups*

Kay, having used occasionally for almost two decades mainly in Shetland, stresses that local heroin consumers come from all kinds of socio-economic backgrounds. Already, previously, it has been stated that heroin use in Shetland is not restricted to socially marginalised, unemployed or eccentric individuals and groups but also includes educated people in well-respected jobs. However, **Kay** argues that

Shetlanders prefer to associate heroin use with social outsiders rather than accepting that someone not categorically different from themselves would engage in such stigmatised, criminal, foreign, and therefore unsettling behaviour. As a consequence, she argues that the image of a heroin user held by large parts of the general public would correspond to the stereotype of an outcast or even criminal.

[...] it [heroin use] crosses the whooole, the whole spectrum of society. Bu' I think people would rather see this stereotypical user. I think, um, an' I think this is true for here - people don't want to identify their own type of people as bein' heroin users. From my experience there's all sorts of people. Sometimes very clever, smart people are takin' heroin, too. It's not just stupid people. [2, 39–51]

The view of heroin users originating from both socio-economically integrated as well as marginalised positions is not limited to **Kay** but shared by a substantial number of interviewed users, who exemplify this statement by their personal accounts [e.g. **Rick, C, 9, 36–10, 22**]. The differentiation between socio-economically *integrated* and socio-economically *marginalised* heroin users or heroin user groups found in the scientific literature typically involves the presence or absence of the following three features: Employment or further education, permanent housing and contacts to non-drug users (cf. Sect. 2.2 of Part I). On the basis of the presence or absence of these three characteristics, interviewees' levels of social integration are also identified in this study. With respect to socio-economic backgrounds and individual traits, 11 interviewees represent what could be described as average, socially integrated Shetlanders, who study at college or university on the mainland or work in a regular job, live in their own or rented accommodation, and entertain social relationships and friendships also with non-heroin users. Patterns of heroin consumption range from occasional to habitual use and four are clients at the Shetland drugs project. Specifically these comprise: **Oliver (O)**, **Christian (O)**, **Kay (O)**, **Joanna (C)**, **Angus (N)**, **Ben, (N)**, **Leonard, (N)**, **Patrick (C)**, **Justin (C)**, **Oscar (C)** and **Hannah (C)** (also see Table 3.1). The remaining 13, some temporarily, others long-term unemployed, vary regarding their levels of social integration and their physical and psychological condition. Some report physical as well as mental fitness, some report suffering from psychological symptoms, such as emotional stress, some from Hepatitis C or other physical diseases or ailments. While approximately four clients and one non-client live in temporary accommodation, which in Shetland means comparatively comfortable, well-equipped apartments for one or more persons, the remainder, about 20 interviewees, report living in their privately rented houses and flats. Clients generally exhibit a high level of social integration, especially compared to 'typical' urban heroin using clients.

7.2.2 *Hidden Versus Obvious Users*

According to participant accounts, the heroin users on the island commonly undertake substantial efforts to conceal their engagement in their socially disapproved of heroin-related activities. Hence, to estimate the actual number of users seems virtually

impossible. Even people, who use themselves, assert that they would be surprised at *who* and *how many* actually use the opiate [e.g. **Christian, O, 15, 16–22**]. Still, several of the interviewed users point out that secrecy endeavours towards heroin applies to most but not *every* person using heroin in Shetland. As has already been mentioned in the context of the Shetland heroin scene's visibility, there appears to be a number of individuals who are identifiable heroin users or 'junkies' according to their outward appearance and 'junkie style' of behaviour. Nonetheless, as pointed out by, for example, the occasional user **Christian**, heroin use and related behaviour predominantly take place 'behind closed doors' and only a few known individuals consume heroin in a noticeable, destructive way [15, 23–24].

A considerable number of the interviewed clients, and one of the regularly using non-clients, exemplify **Christian's** argument by maintaining that virtually the whole of Shetland knows about their heroin use. As a consequence, a few state that they do not worry about anyone noticing their use or whether the author would treat their interview confidentially or not as the public would be informed anyway.

On some occasions, clients explain that their involvement with heroin had become communal knowledge. For some, the reason was having been caught with heroin by the police and consequently been reported in the Shetland Times, the local weekly newspaper. Others state that they could have been observed entering or leaving the Shetland drugs project or otherwise that word of mouth could have spread the information. Analysing these accounts, one notices that of all the participants, predominantly clients state to have been publicly revealed as heroin users. Various reasons have been offered by interviewees to explain this imbalance. People, who had already held a socio-economically marginalised position within the Shetland or Lerwick community, might be less deterred from seeking help from the drugs project than others, who might fear putting their job or social network at risk. Therefore, they might avoid drugs treatment, which they would have sought if not for the fear of social sanctions. Those, whose opiate use had already been revealed publicly in some way, appear to be considerably less anxious with respect to being seen entering or leaving the drugs project building.

A few participants assert that because the whole island is informed about their heroin use, the chances of finding employment are very limited. One long-term user in his mid-30s maintains that he has tried many times to get a job but always failed as a consequence of his reputation [I, C, 14, 1–20]. Another interviewee shows a certain feeling of indifference when affirming that people regard them as a heroin addict anyway, and therefore they no longer worry about the disgrace associated with heroin.

I (C): [...] Well, the stigma attached to it [heroin] doesn't really bother me now, because most people look at me as, they know tha' I'm kinna, go' a heroin addiction, got a heroin problem. [17, 16–19]

The categorisation into *hidden* or *obvious* users or user groups touches on aspects of Shetland's social structure and associated behaviour rather than on downright individual or group characteristics. A phenomenon that has already repeatedly surfaced implicitly or explicitly also appears again in this context in a central

position: the stigmatisation of socially deviant, communally unacceptable behaviour such as heroin use and supply. The more a person fears to lose as a consequence of others (e.g. the police, the general public, employers, family, friends or the partner) finding out about their involvement with heroin as a user, supplier or dealer, the more secretively they tend to handle this subject. This secrecy seems to play a fundamental and very dominant role with regard to the organisation and structuring of the Shetland heroin subculture.

7.2.3 *Heavy Users*

One might automatically associate habitual and/or heavy heroin use, predominantly or even exclusively, with the above-described *socially marginalised users*. However, from interviewees' accounts, an estimation of whether this group of users even constitutes the majority of Shetland heroin users does not seem to be justified. The spectrum of different participant perceptions regarding the distribution of heavy, habitual, and recreational and occasional users within the totality of all heroin consumers has already been presented in the context of heroin use-related problems at the end of the preceding chapter. At this point, the intention is to introduce the general group of heavy users, their individual subgroups and some of their respective characteristics. The most obvious distinction between groups appears to be *employed* and *unemployed*.

7.2.3.1 **Heavy Employed Users: Living on the Edge**

Corresponding to many participants, the proportion of regular and intense heroin consumers in Shetland is considerable. On balance, this group appears to live a life largely integrated in the Shetland community, with permanent accommodation, their own flats, stable social relationships (including people not using heroin), and tend by and large to comply with their respective work requirements. The long-term user **Gerry (C)** explains that in his opinion employment status does not play a decisive role in whether people in Shetland start using heroin. Nevertheless, he argues, work exerts a structuring, stabilising function with regard to the progression of someone's addictive use. **Gerry** emphasises that when comparing employed and unemployed regular users, the development of a seriously problematic, dependent pattern of both heroin use and lifestyle is significantly intensified in the latter group. In this context, he describes the dynamics resulting from the interplay of unemployment related lack of daily structure and boredom, the addictive properties of heroin and a way of life centred on acquiring the financial means sufficient to fund one's heroin habit. As a contrast, he illustrates the cycle of habitually using employees who are able to integrate their heroin use in their working day. They might use, for example, the lunch break to purchase and consume a sufficient amount of heroin to maintain their working fitness and then use again after they have finished work.

R: Were that rather people being employed or unemployed or

Gerry (C): I ‘ink both. I think both. I ‘ink it didnae really ma’er whether people were employed or no’. I ‘ink the ones tha’ were, the ones tha’ were employed were managin’ to kinna maintain their habit an’ continue to work. Maybe they were, they’d maybe come an’ score at lunch time, just a little that’ll manage to keep them goin’ till tea time an’ finish work an’ then they’ll have a kinna decent bi’ for the night kinna thing. An’ then tha’ll keep them goin’ right through until the next diner time an’ then they go an’ get, start all over again. An’ then the people who weren’t workin’ were the people tha’ were, I ‘ink, I ‘ink, probably out of the two groups it’s the unemployed people tha’ became a lo’ more problematic. Just the problem, I ‘ink a lo’ o’ tha’ is to do with just boredom as well as, not just the drug an’ the habit itself bu’ it’s nothin’ better to do. Go an’ ge’ a bag an’ if you don’t have money you find a way to get money to ge’ a bag. [13, 18–35]

Corresponding to this model, a number of interviewed users give examples of the way they are or were previously organising and exerting the interplay of working and using heroin on an addictive basis. Amongst these are **Joanna (C)**, **Angus (N)**, **Lilly (N)**, **Patrick (C)**, **Justin (C)**, **Oscar (C)**, and **Hannah (C)** who give details of managing both their jobs – ranging from technical and mechanical to office positions of differing grades – and their opiate use.

In the citation below, **Joanna (C)** emphasises the severity of her heroin dependence. Without regular high doses of intravenous heroin, she affirms that she would not have been able to get up in the mornings to go to work and master her work day.

Joanna (C): [...] I needed a hit to get me out o’ the bed an’ get meself to work an’ then I was fine. An’ as long as I had another aen soon again, then tha’ would get me through the day, an’ I would have more at nigh’. [6, 38–41]

Even though all of the seven employed, strongly dependent users stated to have been able and willing to maintain this routine for a while, the majority of the group affirm that after several months to years, respectively, they grew increasingly exhausted by the efforts and strains they had to undertake to uphold their ‘double-life’. Hence, when they felt that the overall costs of this way of life were outweighing the benefits, they decided to change and consequently sought assistance and treatment from the drugs project. Treatment forms in the first place involved methadone, subutex, or dihydrocodeine substitution programs combined with counselling. **Patrick (C)**, for example, whose job requires hours of long and hard physical work, asserts that after several years of working and using a daily minimum of 50 GBP of heroin ‘to feel normal’, he did not want to continue this ‘terrible’ lifestyle anymore [3, 10–15]. **Angus (N)**, on the contrary, describes how he manages to regularly inject considerable amounts of heroin outside his working hours and to still fulfil his work demands without great levels of stress. He explains how he carefully controls the amounts and frequency of his use in order to avoid a physical habit, which he believes would interfere with the work commitment he expects of himself [15, 28–46].

Various interviewees mention a subgroup within the population of heavy using employed Shetlanders consisting of young men in their mid- to late 20s, who engage in a particularly extreme lifestyle, which has been referred to as ‘living life on the edge’

elsewhere¹ [cf. Rick, C, 10, 5–14]. According to interview accounts, a decisive number of these men are employed in extreme and risky work positions such as in deep-sea fishery or on oil-platforms and engage in a similarly extreme and risky fashion of drug use. Often their work patterns involve 10 or 14 successive days of difficult, demanding and often dangerous work that are followed by an equally long stretch of free time. In between working phases, these young men regularly spend much of their large earnings on vast amounts of different drugs – often including heroin – that are consumed excessively and preferably intravenously.

Rick, a Shetlander in his mid-30s, expresses his astonishment concerning this group of extreme users, whose lives seem to centre on little else but hard work and hard heroin use. He observes that these people often live with partners who are either unaware or do not want to be aware of their boyfriends' substance use.

Rick (C): [...] An' there is people, I find another strange thing, I ken a lo' o' guys tha' are younger than me, maybe 25, 28 year old, tha' dunnae go tae work unless they've go' gear that day, or at least a tooter to smoke in the mornin' fae the night before or things like tha'. Ken, they're at it A-L-L the time. They're earnin' 3,400 pound a week an' livin' wi' girlfriends tha' either totally dunnae know anythin' about it or chose to ignore i'. An' just pretend tha' they're on the methadone an' all their wages, ken, they spend all their wages on heroin, if it's around, an' these guys work hard an' all their money goes on smack.

R: What age are they?

Rick: Between 25 and 30 would be the age group. A lo' o' guys tha' are workin' all the time an' always worked an', but, ken, they just seem to be hell-bent an' non-stop they're lookin' for skag all the time. [9, 36–22]

Living life on the edge appears to bear the potential of experiencing extremely intense emotional states. The desire for extreme experiences Shetlanders tend to often associate with the 'Viking' mentality still manifest in many of the male islanders.

With respect to predominant routes of administering drugs and foremost heroin within the group of hard working and using Shetlanders, interview statements suggest a relatively wide occurrence of injecting. Nonetheless, a proportion of uncertain size is also described as either exclusively or additionally smoking and/or snorting. Regarding the examples given by the employed and heavy users amongst the interviewees, about half of them testify to smoking or, to a lesser degree, snorting, whereas the other half reports injecting as the only or main way to consume the drug. As has been mentioned, many interviewees' statements indicate that intravenous heroin use has risen decisively in recent years, a development that would also have affected this population.

By analysing interviewees' statements and explanations, the impression emerges that employment carries the potential to protect against excessively problematic drug use and socio-economic marginalisation by providing a regular income and a structured daily rhythm. Additionally, being embedded in a social circle also consisting of people not using heroin seems to support social stability by enforcing the degree of social integration and identification with parts of the community not

¹Cf. Stallwitz (2007, p. 261).

defined by heroin consumption. On balance, it could be concluded that a stable integration in Shetland's society can function as a safeguard against social slipping. Still, 'living on the edge' implies that slips can easily occur. However, knowledge of this risk may actually increase the perceived buzz involved in this lifestyle. This crowd seem to live a demanding and strenuous life that needs very careful and attentive balancing. With the occurrence of unplanned, unforeseeable events, the fragile equilibrium can quickly be endangered.

Example of a Heavy Employed User

In order to provide a more concrete notion of an example of an employed heavy user, a brief sketch of **Oscar (C)** will be presented in this section. The young client in his early 20s outlines his using history and motivation. He reports having begun to consume heroin on an occasional, casual basis encouraged by, on the one hand, his peers and on the other hand, the desire for an enjoyable feeling. However, after his last relationship broke up, his using motivation, severity and frequency have changed considerably. Not only did he start to consume with the intention to suppress bad feelings rather than primarily for relaxation and pleasure as before, but he also began a daily use of finally between 0.3 and 0.6 g a day [7, 34–8, 3].

He reports having smoked about the first half of his circa 20 months of regular use. According to his account, the only reason he changed his route of administration to intravenous use was because his daily doses became too large to still be covered by his share of the drug within his user group. As a result, he decided to inject in order to reduce the amount of heroin required to prevent feeling withdrawals [3, 2–3, 40].

While he states never having experienced serious difficulties regarding the funding of both his general life and his use, he still stresses how much he dislikes and views as problematic the physical and psychological habit that developed out of this daily routine. Consequently, he feels restricted in his personal freedom by *needing* a certain amount of heroin to feel 'normal'. Hence, he maintains that he did not use out of fun but rather necessity, which eventually caused him to decide to give up using completely with the assistance of a methadone program. Apart from disliking the feeling of dependence, he adds that the extreme risk of getting caught when bringing up the heroin from the mainland was a further reason in rejecting the costs of daily heroin use [5, 1–30]. (In the following section, he explains how someone of his user group usually travels to the mainland by boat to purchase and bring back a certain amount of heroin that is then equally divided amongst all group members.)

With regard to his general substance use, **Oscar** states that he also uses cannabis – as many other interviewees – and has tried crack a few times [5, 31–32].

Example of a Heavy Employed User's Personal User Group

In addition to the portrayal of **Oscar** as an individual user, his accounts with respect to his personal user circle will be presented here as an example of an apparently common social setting amongst working regular users in Shetland. The young man

tells that the group he has used heroin with on a regular basis for at least a year and a half consists of six men, aged between their early 20s and mid-40s. The circle had already existed as a group of friends for a relatively long time before the first person started to use heroin and the rest gradually followed ‘snowball-like’ [1, 42–2, 12].

With regard to the circle’s heroin supply, **Oscar** states that one of the more courageous members, sometimes himself, would usually travel to the Scottish mainland and purchase between half an ounce (14 g) and an ounce (28 g) to be shared equally [1, 27–40]. Using restricted daily amounts of the, as a rule, good quality heroin would by and large last the group for about 3 weeks. Typically, everyone would contribute 100 GBP, which would, on average, result in circa 2 g per person. **Oscar** states that the limitation to this amount was usually connected to what he and his friends were able to obtain and could afford. A further constraint, according to which patterns and extent of use were arranged, was maintaining the ability to carry out work requirements. Generally, the group would get together when someone had organised the heroin, which would then be apportioned and the friends would ‘have an initial session together’ before going their own way – work and use. When stocks come to an end, the friends would assemble again to work out a way to obtain the next ration [3, 49–4, 8].

Apart from two people, the user circle would, according to **Oscar**, exclusively smoke. The two, including himself, who prefer injecting as a route of administration, would not explicitly be sanctioned but were still made aware of their behaviour being undesirable [2, 39–3, 1].

The interviewee explains that due to everyone earning money through employed work, no one has hitherto encountered serious difficulties financing their use. Consequently, he does not regard their use as a social problem that harms society or anyone else [5, 1–30].

Concerning mentality and atmosphere, the young interviewee perceives his user group as being ‘just like a big family’ supporting each other when in need. He explains that some of these friends receive prescriptions of methadone and other drugs, which can be shared if someone suffers from withdrawal symptoms.

[...] But then we all, like the five of us, we all, there’s like certain ones tha’ are on scripts an’ tha’ an’ everybody would help each other out an’ that, you know, ken, wi’ different things, stop them from feelin’ bad an’ stuff, ken. It’s jus’ like a big family. Ken? Like the 6,7 of us we’re all help each other oo’, ken? It’s jus’ like a family. An’ that’s jus’ the way it stays, nobody else gets to come in an’ that’s i’. [7, 34–39]

A caring attitude of this kind has already been mentioned in the preceding chapter when introducing the concept of community-mindedness in the more general context of local conditions and levels of heroin-related problems. **Oscar** pronounces that with regard to its members, his family-like user group intends to persist in its original form without being open to anyone new. This kind of exclusiveness has also already been referred to above in connection with community-mindedness and might even constitute an aspect of it. The social structure of Shetland, with all its different groupings including the island heroin scene and its various sections, subsections, and groups, has repeatedly been characterised as *cliquey*. The term as used in this book involves features such as exclusiveness of the in-group (referring to members of a certain reference group) towards the out-group (concerning anyone not belonging to that group).

7.2.3.2 Full-Time Users

Various participants also give accounts of regularly and heavily using people, who are predominantly unemployed and whose lives primarily revolve around heroin purchase, use and partly supply. The occasional user and Shetlander, **Oliver** asserts to know and have met numerous people, who are fully committed to heroin use and either not able or not willing to take a genuine interest in caring for anything but their drug use. He perceives persons in this state as 'self-obsessed, selfish and cynical'. Hence, he keeps a conscious distance as a form of 'self-preservation' in order to protect himself from becoming more involved with the heroin scene than he feels safe in terms of controlling his personal use.

Oliver (O): [...] Oh ya ya, okay. Because, ah, I dunno... People who are *really* into heroin, they don't seem to have *anythin'* else in their heads or on their mind at all. It's just drugs drugs drugs. And, ah, they don't seem to have time or the interest or, I dunno, to look after themselves or their house or It's really the sor' o' people, some are nice of course... Aah, sor' o' people that you really, or personally speakin', I wouldn't be doin' too much, I wouldn't have too much to do wi' them, if I didn't want to buy some'in' from them, you know? And maybe, I don't know, it's a snobby thing. I don't mean to sound like a snob. It's no snobby thing. It's jus' a sor' o', almost a, a self-respect or a self-preservation thing, you know? Aaaah,... I wouldn't want to end up like any o' them, that's for sure.

R: What are they like?

Oliver:... Jus', I dunno. Seem to sor' o'... become very, ah, self-obsessed and selfish an', ah, cynical as well. An' ev- everythin' revolves, the whole life revolves around the gear [heroin], you know, the drug an' I'm sure, there must be more to life than that. [9, 22–44]

Oliver continues his account of 'full-time users' at a later stage of the interview by asserting that a relatively large number of people have been obsessed with heroin for a long time. Meanwhile, many of them are in their 30s and 40s [12, 36–44]. While in the subsection above it was alleged that employment may protect against social marginalisation, one could also argue the opposite: Those heroin consumers are perhaps more likely to become *full-time heroin users*, who have already lived at society's margins before their lives started to become influenced by opiate use. Several interviewees have also pointed out that the proportion of female heroin users with rather 'serious' heroin habits, who are deeply involved in the heroin sub-culture, has noticeably increased in recent years. In the past, participant descriptions convey the impression that heavily involved and intensively using people tended to primarily be men. Many interviewees suggest this having begun to change.

In addition to outsider observations of people heavily engaged with heroin, a few *full-time users* themselves provide insider perspectives. **Gordon (C)**, for example, a long-term injector deeply involved in the Shetland heroin scene for more than a decade, categorises himself as a 'junkie' [9, 2–14]. He characterises himself as someone who has always been addicted to something, including for many years heroin, which in his opinion labels him a 'junkie'. A further example is delivered by **Rick (C)**, who equally identifies with the designation junkie [4, 38]. Both men affirm their dedicated and driven engagement not only in the use, but also the supply of heroin on the island [Gordon, 2, 31–40; Rick, 10, 31–35]. Other interviewees, who are and have been heavily and habitually using for long spans of their lives express similar standpoints.

In his above citation, **Oliver** mentions that the only reason he has contact to heavily using and involved people is to buy heroin from them. ‘These people’, or some of them, seem to be responsible for the supply of heroin to other users and thus to play comparatively active roles in the general network of the heroin scene. It appears plausible that many heavily using people will be profoundly concerned with the overall subculture and that this engagement will be significantly greater and deeper than of less frequent and intense users. One explanation could be that their chief concern is to obtain enough heroin for their personal use. In a geographically isolated location such as Shetland the probability of regular access to heroin might be decisively increased when taking up some sort of active part in the supply network. Furthermore, someone unemployed, who uses frequently and intensively, might also take the opportunity of dealing as a means to finance their consumption, which at a general rate of 100 GBP/g is unlikely to be covered by unemployment or incapacity benefits. It has already been pointed out by several participants that it is primarily dealers and their immediate social circle, who have sufficient access to heroin to develop serious habits.

The Shetland man **Christian (O)** asserts that circa 20 ‘hardcore’ users ‘prop the whole thing [the heroin scene] up’ and without them, who ‘are generating the need, there would be no economic point in taking smack up to Shetland’ [9, 32–38].

Regarding the way people in this group of users consume the drug, the majority of interviewees assert that injecting constitutes the preferred and predominantly applied method. Participants point out that on the one hand the effect is intensified, which likely appeals to someone physically dependent on the opiate. On the other hand, injecting might constitute a behavioural norm amongst many circles of heavy, habitual users.

7.2.3.3 Users from the Severe End

A number of participants mention people, who have experience with intensive injecting, sometimes for a long time. Their style of use seems to represent the extreme end of the spectrum of different patterns of heroin use occurring in Shetland. The long-term and herself at times heavily using client **Hannah** gives a detailed description of her observations in this context. From her own experience, she knows that a vein can only be utilised for frequent injection for a certain limited span of time before it stops being usable. Then a new vein needs to be found. Whereas she asserts to never have progressed to injecting into healthwise really risky parts of her body, she knows a considerable number of people (about 10), who have at some point started to apply the needle to their necks and groins. Three of them she declares to have personally watched consuming this way. Injecting into such veins bears substantial risks of serious infections and other dangers of fatality. Again, according to her statements, people exhibiting such extreme behaviours tend to primarily be dealers and their friends and acquaintances. The age of these extreme users she knows ranges between somewhere in the 20s and at least mid-30s. She assumes that the usual arm veins of the older ones have been destroyed by the length of time they

have been injected into and those of the younger ones will be before long, considering the large amounts injected into them.

Hannah: Uumm, yeah, yeah, I'd say mainly, mainly dealers, people who are close or, yeah, mainly that sor' o' idea. Uumm, bu' I've certainly seen people, um, and people who're maybe jus' dealin' small amounts bu' I know, I've seen one, two, three, I've seen three people injectin' in their neck. Um, an' I know probably about five or seven other people who inject in their neck and their groin. Uumm, some o' that people are older people who have, maybe don't use an awful lo' but they have no option now because they've abused so much over the years. Some o' the people I'm talkin' about are more like 34, 35. And two others of the people I'm talkin' about are in their 20s and they've just used so much in such a quick time that they've destroyed all their veins and had no option but to go into their necks. I mean most o' them get other people to inject into their necks because it's such a, I mean, it's a really dangerous thing an' it's jus' injectin' right next to your brain. [11, 42–12, 20]

Hannah is not the only person to report extreme injection behaviour, such as inserting the needle into the groin. Quite the reverse, others report similar occurrences. One occasional user, for example, who had a phase of more regular use and intensified contact to heavy users, asserts not only knowing of people injecting into their groin but also to have personally witnessed intravenous use in the neck as well as between the toes in a communal using setting [10, 36–38]. Injecting into such life-endangering or painful sites in a social setting appears to indicate the existence of very hefty using patterns and severe levels of addiction, combined with certain standards possibly 'normalising' actions of this kind, which under different circumstances would probably be unacceptable. At a later stage, the conditions allowing this type of extreme behaviour will be further scrutinised.

Appraisals concerning the extent of such extremes are not homogenous. **Hannah** cites knowing about ten people, though how many more users act in this way remains unclear. Some interviewees perceive the degree of such tendencies as decisive and threatening and others, such as the occasional user **Christian**, asserts a restriction to 'a bunch of fucking fuck-ups', who had always been seriously addicted to some substance, if not to heroin, then to alcohol, ecstasy or speed [18, 26–41]. Hence, he does not regard destructive heroin consumption as a phenomenon genuinely threatening Shetland's society [19, 8–13]. Still, to limit extreme heroin use merely to people at the margins of society appears very unrealistic. One employed and, according to the before-named criteria, socially integrated woman from a widely respected family, for example, also reports severe using patterns. Her statements do not refer to highly risky injection sites, but to the severe amounts of up to 4 g of heroin a day she maintains to have injected for considerable lengths of time. In order to protect her anonymity, no further details will be revealed. Below she sketches the tremendous extent of his severely dependent heroin consumption some time prior to the interview.

I (C): [...] I don't think, there's many people in Shetland that's probably had, uuummm, a, an addiction that's been as bad as three to four+ grams a day. I mean I've seen meself injectin' up to probably *nearly* a gram in one, one hit. An' that *jus'* bein' enough to make me body function, not gettin' like a gouch on i', jus' beein' enough, *jus'* bein' enough to make me body function, that was it. [5, 29–35]

As the woman points out in her interview, with the extreme levels of intravenous heroin use she used to engage in, she most likely constitutes an exception, as only a few people are able to access such vast amounts of heroin in Shetland.

7.2.4 *Soothmoothers*

Corresponding with several interviewees' accounts, a stereotype exists in Shetland that commonly holds incomers from other parts of Britain responsible for social evils and unwanted phenomena, including the consumption of illegal drugs, especially heroin. They are derogatively referred to as '*Soothmoothers*'² by the Shetland community in general, including heroin users.

According to the analysis of the conducted interviews, the belief is widespread among the general public not involved in illicit drug use that *Soothmoothers* have introduced drug, and specifically heroin use to the island community and represent the bulk of people using illegal drugs in Shetland. Also within the heroin-using population, the view seems to be defended that problematic tendencies within the heroin subculture are typically introduced by *Soothmoothers*. In this context, the incidents of intravenous heroin use, delinquency and in particular drug-related delinquency, violence as well as hepatitis C infections are frequently reported to be connected with incomers from urban Britain.

Claire (C), who comes from Shetland and states having much experience of heroin use both in Shetland and on the urban mainland, affirms that people, who have had heroin problems for a long time, tend to be people who have moved up to Shetland from the British mainland [2, 4–7]. While to a certain degree the reservations held against especially urban immigrants transmit the idea of stereotypical prejudices, the belief that incoming heroin users have exerted a fundamental influence on the local heroin subculture seems to have some basis in fact. Hence, the nature and effects of such influences will receive more thorough analysis in the subsequent chapter when presenting a historical perspective of the Shetland heroin scene's development since its beginnings in the 1970s.

Six of the interviewed users confirm having moved to Shetland in order to regain control over their excessively dependent and detrimental heroin use or to escape from life-threatening gang conflicts and/or legal charges pending. These interviewees embrace **Gerry (C)**, **Robin (C)**, **Mark (C)**, **Gordon (C)**, **Lilly (C)** and **Duncan (C)**.

² In his book '*A Place in the Sun. Shetland and Oil*', about the impact the implementation of the major oil terminal Sullom Voe in the mid- to late 1970s had on the island's culture, the Shetland writer Jonathan Wills depicts what he calls a 'cultural panic'. He describes a commonly assumed threat to the local way of life and speech, the 'ethnic treasury', going out from the large numbers of strangers coming to the island as oil workers since the starting up of Sullom Voe. Since these people have entered the island via its south mouth, they are called 'soothmoothers' (1991, p. 33). The impression is conveyed that the anxiety for the ethnic treasury has been transferred from the overall Shetland culture to the specific subculture of the island heroin scene.

Further details about this group and their relevance for the Shetland heroin scene will be provided in later sections of this book.

7.2.5 *Occasional or Recreational Users*

While the actively involved, organising, fundamental players of the Shetland heroin scene seem to be people who are frequently and heavily using and/or dealing, many participants assert also knowing of a decisive number of recreational, occasional consumers [Christian, 9, 32–38]. This user group is typically depicted as consisting of people who would neither identify themselves as explicit heroin users, let alone *junkies*, nor would other participants categorise them as such if coincidentally referring to them in an interview. Amongst the interviewed users, four could be designated as *occasional users* [Christian, Kay, Oliver, Isaac]. This designation, as generated on the basis of participants' accounts, implies principally moderate, non-addictive using patterns across time, an overall high level of social integration and, as already pointed out, an identity largely independent of heroin use. All interviewed occasional users state either being employed or in academic education, moreover, to possess a circle of friends mainly encompassing non-heroin users and a typical using frequency ranging, inter- and intra-personally, from every few weeks over every few months to a few times a year or as rarely as every few years.

7.2.5.1 *Examples of Occasional Users and Their User Circles*

In order to relay a more precise notion of the interviewed users, who have been classified as *occasional users*, brief summaries of the four interviewees' basic features will be given in the following. While two men are aged around 30, the age of the remaining woman and man is in the early 40s and late 40s, respectively.

One of the two younger men, **Isaac**, describes having used heroin for 3 or 4 exclusively when someone from a certain group of friends offered it to him. This could be from – on rare occasions – two or three times a week to every few months. He states having only ever having smoked or snorted and never injected within a specific circle of friends. The frequency of his use he describes as erratic and consciously limited, so as not to develop a physical habit. He has never taken the initiative to 'go out of his way to look for it [heroin]', but rather seized the opportunity to take part in a ritual organised by someone else [2, 2–3]. The appeal for him, aside from the group ritual, comes from the 'relaxed, nice sensation' he experiences [3, 39–42]. Throughout the interview, he recurrently and emphatically stresses the importance of his using style always staying in the scope of *social* and *responsible*. The former he defines as sharing a communal experience rather than consuming on one's own, while with the latter he refers to a style of use that neither puts himself nor others physically, socially or psychologically at risk. With respect to his personal use, he explicitly includes the avoidance of developing a tolerance to the drug

as well as physical and psychological habituation. He wants to prevent his opiate consumption interfering with any part of his life and, moreover, aims to maintain the ability to consume out of enjoyment rather than dependency. However, since his lifestyle changed, the opportunities to use at some point ceased to exist – his last heroin use already dates back 20 months.

Specifics regarding personal using patterns, routes of administration, history, motivation and setting given by the other young man, **Christian**, resemble those of **Isaac**. Similarly, he has never gone looking for heroin and has exclusively used it when it is offered to him [23, 36–40]. As another striking resemblance, both interviewees see themselves not as heroin users but rather ‘dope smokers’, with **Isaac** asserting, besides heroin, to have significantly reduced his overall substance use, including cannabis. As **Isaac Christian** puts a strong emphasis on maintaining a *responsible* style of use that does not interfere with any part of his life [24, 33], little deviations seem to apply with respect to the setting of use. **Isaac** speaks about a group of friends congregating at a dealer’s house and using together, whereas **Christian** affirms that the approximately 15 times he has used heroin over a period of around 4 years, he solely did it with another couple of very close, trusted, long-standing and older friends. He stresses needing and wanting ‘really trustable, comfortable surroundings’, in which he and his friends can carry out this form of *social experiment* [19, 39–43].

The two older users, **Oliver** and **Kay**, also provide accounts similar to each other, however, in several respects different from those of **Isaac** and **Christian**. Above all, they are in their late/early 40s and their using histories are significantly longer.

Kay declares having first tried heroin in Shetland in her very young adult life with older friends. Over the ensuing 20 years, she used between not at all and a few times a year. She explains that her social use was constantly embedded in a highly ritualised and secretive celebration within the scope of a consistent, exclusive group of select, partly academic people, of whom she was the youngest. Typical occasions of use were birthdays, Christmas or midsummer, when the heroin would sometimes be parcelled up in gift wrapping paper. She refers to this ritual as ‘Santa Claus project’ and ‘Christmas magic for adults’, which indicates the significance and local value the drug and its communally celebrated use had for the group [6, 34–35]. According to her statements, her consumption had been restricted exclusively to the just outlined social situations, until a few years prior to the interview she changed her user circle. Her previous consumption seemed primarily to have been motivated by the desire to participate in a *social project* together with people she greatly respected and partly even admired. However, due to an array of burdening and traumatising life experiences, her using motivation changed and she started to consume on her own, more frequently, and with the intention of suppressing negative feelings instead of taking part in a social happening. For the purpose of regular access to heroin, she became involved with a completely different crowd of people, whose using patterns seemed to have been determined primarily by habit rather than ideation. After a few years of using in this way – still exclusively smoking – and certain aversive key experiences with people from the habitually using group, **Kay** decided to give up heroin completely and consequently states not to have used for roughly 2 years.

Comparing **Oliver**'s account of his use, user group, and setting to **Kay**'s, an array of similarities attract attention. While he was significantly older than **Kay** when first trying heroin, the length of his use (more than 20 years), routes of administration (snorting and smoking), the frequency (ranging between every few months and every few years) and the extremely ritualistic setting of an exclusive group of select friends all chime with **Kay**'s descriptions. Corresponding to **Kay**'s *Santa Claus project* or *Christmas magic for adults*, **Oliver** also creates an ideational dimension of his heroin use by referring to it as an 'ontological experiment' [2, 17–18]. Further specifying the aspects of the drug he perceives as appealing, he explains that heroin use constitutes the 'ultimate outsider', 'subversive activity', which he likes in a similar way to confrontational literature, art and music. Hence, in his eyes, the opiate represents a 'personality drug', being the 'ultimate confrontational drug' [2, 29–40]. With respect to the course of use, certain aspects of the using style and the method of purchase, the two participants seemingly diverge from each other to some degree. Even though **Oliver** uses every few months, he affirms to sometimes use more frequently, such as every few weeks or – on relatively rare occasions – for a few successive nights. He also partly buys the drug himself, which **Kay** had deliberately avoided, apart from the last years before she stopped, when she had used more frequently. Similar to **Kay**, **Oliver** also went through a phase of personal problems around 4 years before the interview, which had caused the frequency of his use to temporarily become higher than during the former circa 20 years. However, while **Kay** decided to stop her use completely, he gives details of how he took a using break until his emotional life had regained its prior stability and afterwards resumed the same patterns of occasional, casual heroin use that he had maintained over two decades.

7.2.5.2 Control Rules and Mechanisms of Occasional Users

Most occasional users appear to apply certain rules and mechanisms to regulate the frequency and extent of their heroin intake. Amongst the personal examples provided by **Isaac**, **Christian**, **Kay** and **Oliver** are, 'not to go out of one's way to look for heroin but to restrict one's use to the occasions when it is offered', 'not to use frequently enough to develop a physical habituation, that is, not more than 2 or 3 days/nights in a row', 'to use in a social rather than in a solitary setting', 'to use responsibly and with respect towards the drug', 'to use with the intention of obtaining relaxation and enjoyment rather than to alleviate negative feelings', 'not to inject' and 'to keep a distance from the scene of heavy, habitual users and dealers.

7.2.5.3 Conclusions About Occasional Users

Briefly summarised case presentations of the four interviewed *occasional heroin users* have just been provided in order to exemplify the similarities and differences

within this very diverse population. Although many further types of users and variations in using style not presented in this study are likely to exist in Shetland, through the analysis of these four, as well as of the other 20 interviews, it becomes evident that certain features are more likely to occur in this heterogeneous group than amongst heavy, habitual users. Such features include high levels of socio-economic integration according to the definition given above. While this does not automatically imply the reverse, heavy, habitual users nonetheless exhibit a higher probability of being marginalised. Furthermore, this group is depicted as being surrounded by a social circle that, to a considerable degree, is not involved in heroin use and shows a propensity not to identify or define themselves as *heroin users* or even *junkies*, but dope smokers, boozers or simply people who on certain occasions use different psychoactive substances. The impression conveyed is that this user group identifies with mainstream culture or with reference groups accepted by mainstream culture rather than with the heroin using subculture.

7.2.6 *Female Users*

As mentioned above, interviewees take different views regarding the proportion of male and female heroin users in Shetland. While most assume the Shetland heroin scene to be characterised by an overbalance of men, a considerable number of participants hold different views. The young, employed Shetlander **Oscar (C)**, for example, perceives the overall scene to be more heavily populated by men than by women. However, **Oscar** explains that heroin users in Shetland generally ‘keep their use very quiet’ and that women tend to be particularly secretive and careful about engaging in this highly stigmatised and criminalised behaviour [6, 23–26]. Thus, the manifest male domination may to a certain extent be an artefact.

Besides, many participants perceive the female presence in the heroin subculture to have increased noticeably in recent years, alongside a general increase in use and users. It appears plausible that both the prominence and proportion of women using heroin have risen with the general growth and spread of the scene. Hence, they may have somewhat reduced their extreme level of secrecy while simultaneously increasing their overall numbers. Patterns of use might also have undergone changes, as some interviewees report more women with serious habits than beforehand. **Oliver (O)** suggests that due to 90% or even 99% of all heroin dealers being male, far more men used to consume heroin. He assumes that the dealers initially ‘kept the heroin to themselves’ and only recently started to supply to people originally at the margins of the scene, such as women and younger people [21, 23–28].

The long-term using client **Gerry**, who claims to have been intensively involved in the Shetland heroin scene for more than a decade, explains that many female heroin users have ‘at one time been a partner of a male user’ [15, 27–28]. Through their partners, they originally accessed the drug and this way started to participate in the subculture.

7.2.6.1 Personal Examples of Interviewed Female Users

Of the eight women interviewed, the majority declare to buy their own heroin. One female interviewee appears to deal heroin to some degree while another claims to rely primarily on her boyfriend to provide her with her daily dose. The proportion of women arranging their personal supply independently of men might be overrepresented in the interview group, as all but two are clients of the drugs project, which implies a greater degree of scene involvement than one would find in the total population of female heroin users. The social settings of heroin use described by the interviewed women include groups of other women, one or two close friends, primarily with men, and with whoever happens to be around on a using occasion, often a dealer's house. The majority of female participants confirm **Gerry's** assertion that most female users have at one point been a partner of a male user and started using through him [**Mona, C, 2, 8–10; Claire, C, 1, 40–42; Hannah, 4, 13–19; Lilly, N, 1, 7–23; Joanna, 18, 18–19**].

7.2.6.2 Conclusions About Female Users

Based on the variety of interview statements – both by men about female users and by female users themselves – one can assume that on the whole, women play a more passive role than men in the heroin subculture, as the vast majority of dealers are male. Female heroin users are often portrayed as having followed their male partners into use, and to depend on boyfriends or male friends for access to the drug. Their patterns of use are recurrently depicted as less severe in frequency of use, rate of injection and in level of physical dependence than amongst men. However, with the general spread of heroin use in the relatively recent past, a shift towards a more active involvement in the scene may be on its way.

7.2.7 *Users in the Countryside*

The interview statements about heroin users and user groups in the countryside and places outside Lerwick somewhat resemble those concerning female users. Virtually all participants describe the centre of the Shetland heroin scene to be located in the capital Lerwick. Nonetheless, most participants state that since the beginnings of the island heroin scene between the mid- and late-1970s, there have been people living in rural and even very remote parts of Shetland who consumed heroin [**e.g. Duncan, 1, 13–14**]. However, due to the greater prevalence of the opiate's stigma in small country communities, behaviours related to the use of heroin are described by various interviewees as being accompanied by greater concealment and secrecy [**e.g. Mona, C, 7, 49–50**]. It appears that heroin supply and distribution was for a long time virtually restricted to Lerwick, but that, meanwhile, the general expansion and growth of the heroin scene over recent years has reached rural areas

[Rick, C, 13, 21–28; Oliver, O, 5, 10–18; Oscar, C, 6, 30–37]. Although heroin use might have increased considerably in remote, rural areas, the supply still seems to have its centre in the capital. Nevertheless, the analysis of the interviews suggests that smaller ‘sub-markets’ have developed, where specific people supply their immediate social circle and possibly certain others as well. These developments have already been alluded to in the previous chapter when outlining the location and spread of the island heroin scene.

The majority of the interviewed users state to live in Lerwick and four in different rural locations. While some of the ‘toonies’ [Rick, C, 13, 25] purport always to have lived in the capital, others claim to have lived in remote places at some point in their lives. The four ‘country users’ maintain that they buy heroin predominantly in Lerwick and take it to their respective towns or villages. Alternatively, they purchase and use in Lerwick with other local users or travel to mainland Scotland to obtain the drug, which they then bring back to Shetland in order to share with their respective user groups. To a limited extent, heroin users seem to be able to access the drug in their respective residential areas [Oscar, C, 6, 35–37; Cathy, 2, 37–40].

7.2.8 Influential User Groups

The diversity of sub-scenes, user groups and types – including aspects such as particular characteristics, the respective roles within the overall subculture and consumption patterns – has just been demonstrated. Depending on the details provided by interviewees, some personal user groups and their respective features, such as age range, gender distribution, social backgrounds and patterns of use, could be presented with greater and some with lesser clarity. Additionally, specific examples of interviewees belonging to the introduced divisions or groups of the heroin scene have been introduced in order to substantiate the preceding descriptions. This section will now identify and portray two specific user groups. These two groups are referred to often and as specifically influential and are here denoted as the *original crew* and the *old school users*. To the latter, some participants personally belong to, whereas the former is represented from an observer’s angle only.

7.2.8.1 The Original Crew

At the beginning of Part II, it was indicated that according to participant descriptions the beginnings of the Shetland heroin scene are located between the mid- and the late-1970s and associated with the implementation of Sullom Voe, which became the biggest and most significant oil terminal in Europe. Primarily, older users, who have been involved in the island heroin subculture for a long time, outline their knowledge of the original Shetland heroin users. According to the given descriptions, three types of British – especially urban – incomers arrived in Shetland: hippie dropouts, people

with heroin habits, who intended to avoid urban drug scenes with their own supply, and a great influx of qualified skilled workers, who became oil workers at the terminal.

Duncan (C), himself an urban incomer in his mid-30s and involved in the local heroin scene for a long time, refers to these original users as hippies and oil workers who are considerably older than himself and used to and still live the free spirit of the 1960s and 1970s. Those employed at Sullom Voe earned around 10 times more than they had before in their home cities. Temporarily resident in a place with very restricted possibilities to spend money and leisure time, **Duncan** explains that these people consequently invested much of their inflated incomes on drug use. He characterises these users as mature people who used and use drugs such as heroin responsibly and cautiously. Illicit drugs were probably purchased on their regular returns to their home cities and subsequently brought up to the island. How many of the original urban incomers remain in Shetland cannot be estimated reliably. Concluding from the interview analysis, the remainder of the *original crew* might still comprise at least 15 people.

Typically, heroin was and is used in consciously restricted doses and consumed in small groups of carefully selected ‘sensible’ people. If users developed patterns of uncontrolled or otherwise problematic heroin use, they apparently were reprimanded and instructed to restrain their using behaviours. The interviewee considers such admonitions to be, to some extent, specific to the small island community of Shetland rather than common to all heroin scenes. He emphasises that in big cities, such as Glasgow, far greater quantities of the drug are available as well as possibilities to learn about use and patterns of use. Accordingly, varying systems of norms and rules to regulate use and distinct modes of informal knowledge transfer are developed and established.

Duncan (C): Oh yeah, people, there’s people up here tha’ always kept tha’ way. There was like a, I remember a long time ago the only heroin *scene*, if you could possibly call i’ tha’, was people tha’ were older than me, much older than you an’, aaaah, all the rest of i’, kinna came ou’ the 60s an’ 70s. They all came up here when there was an awful lo’ o’ money for the oil an’ all tha’. And because o’ all tha’ money an’ all tha’ there’s all sor’ a’ wild stories you must have heard about’ wha’ the site was like an’ everythin’. Now, people, firemen an’ stuff like tha’ were ge’in’ 40 to 50 pounds a week wages. Whereas up here people tha’ just, tha’ [...] were joiners or they were wha’ever, welders an’ stuff like tha’, were earnin’ like five-hundred a week. So tha’ was like crazy money for people then, i’ really, I remember, there was maybe one in three families or one in two dads in the schemes in [British city] in all tha’, they all go’ jobs in the rigs, because they all go’ unemployed in the shipyards. They were all welders, they were pipe fitters an’ all the rest of i’. So they all came here. An’ then they all used to come back every two weeks. two weeks on an’ two weeks off, you know wha’ I mean? [...] Basically i’ was people tha’ had all come ou’ of tha’ scene in the 60s, right? An’ they were older than us, an’ if anyone was ever usin’ anythin’ like that [heroin] it was never abou’, i’ was always in a *very* very small amount. I’ was always in a *very* very small group o’ *very* very wealthy people. An’ sensible people, an’ older people an’ blablaba, right? I’ wasn’ like young metal guys tha’ are runnin’ aroun’, you know, ge’ wha’ever they can lay their hands on. You know? People weren’t like tha’. If things ge’ ou’ of hand, i’ was really talked to them an’ an’ i’ was ‘That’s wha’ i’ should be like’, you know, *not* because tha’ happens everywhere, right? In [British city] there’s an awful, *usually* there’s an awful lo’ o’ more knowledge, even among the guys tha’ are a bi’ younger. You know I mean? There’s just so much o’ i’ an’ they’ve go’ big brothers, you know wha’ I mean? There’s *avenues* for them to learn. [...] [4, 31–5, 7]

Corresponding with the account of several interviewees, these original users **Duncan** introduces and describes, still exist and seemingly continue their controlled and watchful approach to heroin use. They continue to purchase the drug exclusively and non-profitably for their own consumption within their respective select groups. Participants illustrate smoking or snorting as the predominant or even the only route of administration. Injecting does not appear to conform to the using norms and prescriptions common in this sub-scene.

7.2.8.2 The Old School Users: The Privileged Core Network

While the *original crew* are believed to constitute the island heroin scene's initial founding group and thus play an essential role within the network of the overall subculture, another crowd is also accorded substantial significance by numerous participants. This group, named the *old school users* by **Gerry (C)** [9, 35; 11, 41], seem to represent the sub-scene that subsequently assumed the central position within the subculture. They are described as having formed the scene's centre with regard to organisation and supply for a period of at least one decade, and to still hold a significant position, albeit these days rather equitably as other groups of users.

The *old school users* are referred to by about a third or a quarter of the participants. However, since often no names are given by the interviewed users, the depiction of this group cannot be fully precise. Nevertheless, at least four men, of whom two originate from Shetland, **Gordon (C)** and **Rick (C)**, and two from the British mainland, **Gerry (C)** and **Duncan (C)**, appear relatively unambiguously to be or to have been part of this crowd. One mainlander in particular regards himself as, and is regarded by others to be, a central player and at certain times *the* central player in the organisation of the island's heroin supply network.

The long-term user **Gerry** provides a detailed account of his perception of the group, which he estimates to consist of around a dozen male and half a dozen female heroin users. The women, he argues, have primarily joined the crowd through relationships with the male members. This apparently passive and conservative female user role has already been explored above. Concerning the age of the *old school users*, **Gerry** guesses a range between 30 and 50, with the greater part in the late 30s. With regard to their employment status, he explains that the group has always comprised working as well as unemployed people, with the former predominantly financing their use through their wages and the latter through benefits and drug dealing. With respect to using patterns, **Gerry** explains that the majority would in the first instance smoke, especially if the drug quality was relatively pure, and only a subgroup of heavier users within the overall *old school user* group would regard smoking as a 'waste' of the precious goods and exclusively inject. These users have been described as *privileged* concerning their access to comparatively pure heroin, which they very secretively and unobtrusively supply well-nigh solely amongst themselves [e.g. **Gordon, C, 4, 12–14; Gerry, C, 11, 40–43**].

R: And, um, what happened to old, this old kinna core group, you were talking about?

Gerry (C):... Still goin' strong. Still goin' strong, bu' no' as, I don' know, it's still goin' strong as it ever was, I suppose. They're still keepin' the best, the best heroin that comes

onto the island, just about a dozen people know abou' i', kinna thing. [...] So now, when a good bi' does come onto the island then i' is some o' the old school tha' will take it on, to the island. An' i' is kept very very quiet. Very very low key. Kept to kinna minimum group. [...] It's it's kinda, it's kinda strange, it's kinda strange because there is still tha', the original kinna core network is still kinna goin' strong kinna thing. An' they manage to kinna keep it safe an' kinna sorted all the way through. [11, 28–12, 4]

Taking a historical perspective, **Gerry** emphasises the durability and stability of the 'original core network' or 'core group' over the past 10 or more years. This user group apparently held its prime position for a long time. In the following, with the designation 'old school users', this influential core network of originally urban, intravenous users is referred to. Recently, the subculture seems to have undergone considerable changes, which have relativised the *old school users'* previous superiority. These as well as the meanings associated with the denotation *old school users* will be looked at in the subsequent chapter.

7.2.9 *Young Users*

In the course of scene alterations, young people in their early- and mid-20s are reported to have gained a decisive impact on the subculture, both as users and dealers. According to the accounts of the young users interviewed, their profiles are not characteristically different from other users. However, their roles and the meaning of their respective advents are of decisive importance in the context of the overall developments and changes of the subculture. Again, these issues will be illuminated in detail in the succeeding chapter and will, therefore, here only be indicated.

7.3 The Heroin Scene's Social Network and Mentality: Subject to an Underlying Spirit of Community-Mindedness?

7.3.1 *Contact Between the Groups and Circles*

As has been demonstrated, according to the accounts of participants, the social network of the Shetland heroin scene comprises a wide array of diverse user groups differing from each other by frequency and style of and motivation for use, individual characteristics such as age and gender, and socio-economic factors including employment status, living conditions and also residential status – for example, urban or rural. **Oscar (C)** points to 'being from Lerwick' and 'not being from Lerwick' as decisive criteria differentiating crowds. He explains that 'the Lerwick crew sticks to themselves and people from the countryside stick to themselves', with himself belonging to the latter group [6, 26–29].

A number of interviewees speak about the diversity of heroin using groups and cliques all over Shetland. Even though it has repeatedly been stated that user groups exist in areas in the north, west, east and south, the definite extent of the spread obviously can only be estimated.

The individual groups are recurrently described as enforcing some exclusivity with regard to heroin supply and use. Whether someone belongs to a group or not seems to depend fundamentally on social relations. Often interviewees describe groups as being bonded by relationships ranging from acquaintance to close friendship. Trust seems to play an essential role with respect to whether someone is *in* a specific clique or *out*. Interviewees imply that such cliques are particularly exclusive and closed to outsiders where the members tend to be attached by long-standing, trusting friendships. Occasional and heavy users in employment in particular appear to prefer, or even need, a setting characterised by trust and reliability in order to feel sufficiently comfortable to use such a highly stigmatised and criminalised substance. While many report consuming typically within their user cliques, some also emphasise that they would feel uncomfortable even with groups of reliable friends and would solely use with one, two, or three very close friends (e.g. **Christian (O)** and **Joanna (C)**). In contrast, others are portrayed as less private and clandestine. It appears that the more extreme, heavy and habitual users tend to consume in comparatively open contexts. **Angus (N)** gives details of his personal consumer circle of 10–20 fairly good friends and predominantly habitual users, practically all of whom earn their living through paid work while carefully concealing their behaviour from their respective bosses [11, 48–12, 9]. The information he provides with regard to the size of his circle suggests a less strictly and exclusively defined context than the respective social settings described by **Christian (O)**, **Joanna (N)** or **Oscar (C)**. **Lily (N)** appears to need even less secrecy. She claims to know virtually every client attending the drugs project, and while she was consuming regularly and habitually, she would have used with ‘anybody and everybody at the drugs project’. However, since she has significantly reduced the severity and frequency of her use, she purports now only to associate with two or three of the ‘drugs project crowd’ that she would be friendly with [10, 38–50].

The interview analysis suggests that features such as employment status and style of use could be associated with the degree of confidentiality, privacy, and control user wants, needs, and arrange for his social heroin use. Hence, the size of groups of unemployed, chaotic consumers might potentially be larger and more variable than of employed ones, possibly to an even greater degree for those using only casually and occasionally. A plausible explanation might be that more is at stake for employees than for people who are out of work. Moreover, the level of control in the social use setting might be reduced in connection with an increased degree of habituation to or even dependence on the drug. However, for different people, the two variables might vary in weight and meaning. Moreover, they might even deviate for the same person at different points in time, as exemplified by **Lilly** above. Additionally, a number of other factors not clearly discernable will probably also play a role in the formation of heroin using groups of strongly diverging sizes and characters.

Shetland's general social network has often been characterised by statements like 'everyone knows each other' and 'everyone knows each other's businesses'. In contradistinction to the tight social structure resulting from the island's small and close-knit nature seems to stand the carefully protected arrangement of apparently cliquey exclusive individual user groups of varying sizes. Interview extracts in this regard suggest that particular groupings know of each other and possibly maintain contact to various extents, while others seem to be ignorant of each other or, again, of *certain* others. Amongst other things, this is probably related to the secretiveness the respective circles apply to their heroin use and purchasing behaviours. It has also repeatedly been emphasised that some crowds intentionally avoid contact with others, such as occasional users with people using heavily.

Still, due to the island's narrow social structure and 'everyone knowing each other', people also report associating with each other across group borders. **Christian (O)**, for example, confirms that even though he uses very infrequently, he maintains friendly relations with a few habitual users, with whom he has been close friends since childhood. In an anonymous urban environment, these relations might not have been sustained [8, 41–43].

Nonetheless, for the greater part, the interviewed casual users apparently tend to shun heavier users, injectors and/or dealers. The motivation underlying this avoidance behaviour appears to be the desire not to put their carefully monitored patterns of occasional use at risk. Control regulations in this connection will be attended to in greater depth and detail later on in this section in the context of norms and rules with respect to behaviours associated with heroin.

7.3.2 *Level of Scene Involvement and Position*

7.3.2.1 **Hard Core, Peripheral Edge and in Between**

The varying degrees of involvement in the overall heroin subculture have recurrently been touched upon throughout this book and have been referred to also in connection with the just presented different heroin using factions and groupings. The intensity with which users participate in the general scene seems to range from passively and peripherally to actively and centrally. The extreme passive, peripheral end of the spectrum could be imagined as someone who merely uses heroin on rare occasions when offered. The opposite end might be exemplified by a dealer who uses heavily and who supplies a great proportion of the heroin using population in Shetland as opposed to exclusively their private user circle. The occasional consumer **Christian**, who appears to be relatively well informed about the extents as well as the internals of the Shetland heroin subculture, describes its *hard core* as comprising roughly 20 people. He argues that this faction creates the economic demand, without which presumably no heroin *scene* as such would exist. Contrary to this fairly small *hard core*, **Christian** describes the scene's

'outskirts', the 'peripheral edge' of occasional 'dabblers' as comprising comparatively many people.

Christian (O): [...] It's only really the *hardcore* ones that I'm aware of, maybe 20 people, ken? They kinna prop the whole thing up. If it wasn't for them it be, there'd be no economic point takin' smack up tae Shetland, ken? So it's them sorta generatin' the need. An' then there's a lo' of people, ken, on the peripheral edge of it - dabblin' every now and again. [9, 32-38]

It may be that members of the *hard core* of the heroin scene **Christian** briefly sketches in his quotation, accord with the notion of *old school users* outlined above, who, consistent with interview accounts, used to constitute the subculture's centre and still hold a central role.

Apart from the *hard core* and the *peripheral edge*, the subculture is shown to embrace an array of diverse user groups with varying degrees of 'active scene involvement'. The concept of *active scene involvement*, inferred from the interview analysis and theoretically abstracted, entails an assortment of defining features. The prerequisite for active scene involvement appears to be identifying oneself as a heroin user or a junkie and tending to concentrate one's social contacts predominantly on the subculture and only subordinately on the non-using mainstream culture. Associated behaviours include first of all dealing followed by initiative regarding the purchase of the opiate. Different possibilities outlined by participants encompass travelling to mainland Britain and personally buying from an urban dealer, alternatively frequenting a Shetland dealer, or arranging to obtain the drug through friends or acquaintances. With respect to patterns of use in many cases, the rule seems to apply that the more frequently and heavily someone is using, the more intensively will their lives be interweaved with the opiate scene. A similar formulation may apply to injecting and especially frequent injecting. Moreover, to have other people regularly using at one's own home also seems to indicate an advanced level of involvement. On balance, it could be concluded that the more one's personal and private life is determined by the drug, the stronger will be their association with the subculture.

On the basis of the interview analysis, seven participants appear to be attributable to the scene's periphery [**Oliver, Isaac, Christian, Kay, Joanna, Duncan, Hannah**], seven to middle positions [**Ben, Rick, James, Patrick, Justin, Oscar, Mark**] and the remaining ten to the centre area of the subculture [**Gerry, Angus, Philip, Lilly, Gordon, Mona, Cathy, Claire, Helen, Robin**].

7.3.2.2 Scene Position

The degree of scene involvement appears to be closely interlinked with another concept: the scene position. *Scene position* includes features such as personal accessibility of heroin and knowledge of topical news – for example, whether heroin is currently obtainable in Shetland, who is dealing and who has been caught by the police. Accessibility of heroin, in turn, can be understood to depend on the quality of one's personal, social contacts within the scene.

Angus (N), who always lived in Lerwick, where his user circle is located, portrays himself as having been involved in the island heroin scene for a long time. Consequently, he knows many of the central people and therefore often receives information about other heroin using circles in and outside the town [18, 41–50]. An even more central and privileged role seems to be held by **Gordon (C)**, originating from the urban mainland and purporting to belong to the group of *old school users* introduced above. He asserts that he knows ‘everything [drug related] that happens on this island’ and claims always to be informed about which drugs will arrive when in Shetland [14, 44–50].

7.3.2.3 Access to Heroin

Angus explains that as a further consequence of his long-standing participation and numerous contacts in the subculture, he is typically informed as soon as good-quality heroin arrives in Shetland. He outlines his privileged position of being offered heroin even in times of scarcity, when dealers tend to retain the small amounts of remaining heroin to themselves and their immediate social peers. Hence, he holds a type of ‘senior right to heroin’ [5, 17–33]. His advanced possibilities are likely also to be associated with his previous personal activities as a small-scale heroin dealer.

The client and *old school user* **Gordon**, already cited in the preceding paragraph, seems to possess an even more privileged position within the scene network. Being a mainlander himself, he claims always to be able to obtain very pure heroin through his contacts with urban dealers, and besides purports to ‘know almost every supplier in Shetland’. As a result, he claims always to have the opportunity to purchase heroin of far better quality than the average standard on the island [2, 45–3, 14]. As with **Angus**, **Gordon**’s efficient contacts are obviously connected to a personal history of dealing that also plays a fundamental role in his current status.

The long-term using mainlander **Lilly (N)**, who has been described by other interviewees as dealing or distributing, respectively, heroin in comparatively small amounts, offers an expressive account of conditions one must meet in order to get access to the opiate. In periods of extreme heroin scarcity – as apparently was the case at the time of the interview – ‘being made out of gold’ was almost a prerequisite for access to the opiate in her opinion. ‘Being made of gold’, **Lilly** explains, stands for ‘being special’, and belonging to the in-groups of heroin dealers. She argues that, due to the strongly stigmatised and illegal status of heroin, people who deal always conceal their heroin reserves. At times of severely restricted heroin availability, only people within their immediate social proximity – such as sexual partners, relatives and close friends – enjoy the opportunity of access. The interviewee expresses a certain gratitude towards the current heroin drought since it enables her to temporarily reduce her heroin intake without the temptation of widespread availability. She claims to feel partially ambivalent: on the one hand she hates to have even her cannabis consumption limited, but on the other she’s glad to be able to maintain better health thanks to restrictions beyond her control.

Lilly (N): Uum... well, it’s pretty hard to ge’ anythin’ just now like. Like you go’ a be, um, not gold-plated bu’ *made ou’* of gold, do you know wha’ I mean, before you can ge’ anythin’ now. You’ve go’ to be special, ken? You know wha’ I mean.

R: You've got to be special?

Lilly: Yeah. Ah, you've go' to be in with the either whoever i' is who's go' the kit, ken, 'cos, it's obviously disguised, you know, they're no' gonna, [burps] pardon me, they're no' gonna broadcast i', ken, no' gonna pu' i' open on the street. With with all these busts comin' on, so. You know, you've go' to be like the brother or the sister or in bed with them most o' the time before you find out that they've go'. You know, I mean? So, yeah, you find at the minute it's pretty hard, which... is a good thing, really. You know, I mean, I don't think, tha' I've been feelin' as good [xxx] Or if i' was, you know, readily available, ken, if I have to fuckin' go through 10 people to ge' i', you know I mean? So, for me personally I think it's a good thing tha' we don't have. I mean, don' ge' me wrong, I have days when I'm "Fuck this island! I can't even ge' a bi' a hash together!" You know? Bu', it's a good thing really. I think. [12, 20–42]

Lilly doesn't appear to be one of the 'golden people', since she claims to have 'to go through ten people to get it'. However, she still appears to be able to eventually obtain it. In concordance with **Lilly**, Shetlander **Cathy (C)**, who injects heavily in spells, agrees that heroin dealers in Shetland keep their business very secretive and hidden, largely to avoid police attention. At times, this results in the 'mainstream heroin user' being barely able to purchase the drug. In contrast with **Lilly**, though, she portrays herself as belonging to the 'golden people'. She claims to possess the right 'phone numbers', as if these constitute a key to an exclusive kind of underground club. Rather than maintaining familiar or intimate relationships with dealers, she alludes to a specific friendship bonding her and someone who used to supply a fairly large group with heroin. Through persistence, she explains, she has managed to finally establish contact with a great proportion of the in-group of the island heroin scene – the section receiving heroin for sale and distributing it beyond their private user circle. With respect to offering fair deals, **Cathy** deems most of the dealers she knows not to be trustworthy [1, 44–2, 2].

The Shetland man, who had already been referred to above in the section concerned with the severe end of heavy users, claims to have been very close friends with one of the bigger Shetland dealers since school days. Because of this strong and longstanding friendship, he claims always to have had access to as much heroin as he wants, which temporarily rose to a daily dose of 4 g. He exhibits an awareness of his exceptional status, which allows him virtually unlimited access, even during periods of drought. Like other interviewees, he repeatedly emphasises that this level of access is normally only available to dealers and their girlfriends.

I: [...] Uumm, bu' I mean, I know wha' you're sayin' about people it's no' possible, because for certain people i' wasn', but because like [name of befriended dealer], well, basically had the supply aan' tha' was tha' for us. We never went days without. There was other people tha' went days or, wha', weeks or wha'ver, bu' we never ran ou' sort of thing. No' in tha' whole five months tha' I remember havin' to go without at all. [...] I' was very easy accessible. Uuumm, there was jus' no problems an' i' was an endless supply.

R: Because he was dealing as well?

I: Yeah. Aaand I got to the stage where, I mean, I'm not jokin', I was probably, uumm, injectin' four grams a' heroin, a day. [4, 36–45]

Like **Lilly**, this participant reasons that his 'problem' was that heroin was always *too available* for him. Since he was not as externally restricted as most 'ordinary' users, he claims his habit was able to 'escalate as much as it could'.

I: But being so close to dealers an' everythin' you never really went, went without. You knew things were comin' to an end, so things had to be cut back, but by the time you had

cut back it was back on the island again, there was more here. An' of course bein' so close to dealers you were the last to get, so you always had at the first to get once i' got here again, you know wha' I mean? So the problem, i' was always too easily available for me. An' because o' my situation I didnae jus' have a habi' of half a gram a day, a 20 pound bag or a 10 pound bag or a five pound bag a day. My habi' was able to escalate as far as I want, as far as it could escalate, because there was jus' so much there an' it was always there an' i' was available, because I was such close friends with [name of dealer] for so long.[...] So my problem, like i' was easy for me, I mean, I jus' never had to worry about it, never had to think about it, never had to think about money, that sort of thing, an' i' was there and that was it. And that's why, I mean, I don't think, there's many people in Shetland that's probably had, uuuumm, a, an addiction that's been as bad as three to four+ grams a day. I mean I've seen meself injectin' up to probably nearly a gram in one, one hit. An' that jus' bein' enough to make me body function, not gettin' like a gouch on i', jus' beein' enough, jus' bein' enough to make me body function, that was it. [5, 11–35]

He explains that in spite of several periods of unemployment, he always managed to hold onto his well-paid position in a nameable Shetland company. He purports to have spent most of his wages on heroin, and since he got the opiate for a very cheap price due to his private relationship with his dealer, he never had to worry about finances [12, 1–5]. He claims that before and during phases of limited heroin availability, he sometimes reduced his daily dose but never felt serious anxiety about withdrawal. Like **Lilly**, he seems grateful that this all too easy access stopped after his friend was caught by the police and incarcerated. After his privileged circumstances had ceased, he states that he found the courage to consider completely giving up heroin [1, 35–2, 16].

This Shetland man and **Lilly** are only two of eight interviewees who state that easier access to heroin would make it decisively more difficult to regulate their use in terms of frequency and quantity. This apparently shared perspective will be further explored in Chap. 8 about the heroin scene's historical development and the various eras identified on the basis of the interview analysis. At this stage, the heroin supply structures that have been referred to frequently throughout this section will now be illuminated in detail in order to further develop an understanding of the social associations and trade arrangements within the subcultural network.

7.3.3 *Supply Structures*

7.3.3.1 *Spread*

Although the supply of heroin seems to take place chiefly in Lerwick, interviewees also mention dealing activities in other parts of the island. These are predominantly towns and bigger villages relatively well connected to Lerwick by public transport, such as Scalloway, Mossbank, Brae, Sandwick or the peninsula Burra [e.g. **Rick, C, 13, 22–29**]. One interviewee, who lives in a small village in the north of Shetland, asserts that heroin use and supply potentially take place in *any* part of Shetland as long as the relevant people live there [**Duncan, N, 1, 4–15**].

7.3.3.2 The Shetland Way of Dealing: Exemplified by 'Small Group Supply'

In the context of presenting and discussing Shetland's generally intermittent heroin supply, the user **Christian** has been cited with respect to the impact of Shetland's isolated island location on the mentality of local dealers. Consistent with the arguments of the Shetlander, 'the physical barrier' of the island location prevents Shetland from becoming part of the catchment area of 'big bad drug dealers' [13, 36–47].

In the following section, the interviewee gives a well thought-out analysis of the mentality and system of heroin dealing and supply on the island. He states that stories circulate among heroin users about incidents of major urban dealers seeking out certain islanders with whom they have been involved in drug deals in Shetland to reinforce their claims by threat of violence. Nonetheless, his account suggests more than once that the overall atmosphere can be characterised as *community-minded*. He describes the *Shetland way of drug dealing* as unprofessional and amateurish in contrast with the drugs trade on the urban mainland. With the term, '*the Shetland way of drug dealing*', he seems primarily to refer to the type of small group supply among, for example, the occasional or employed regular users presented above. He describes this Shetland way as based to a great extent on a companionable exchange amongst users, who, when necessary, take turns owing and giving each other heroin or money. His statement is corroborated by other participants, who describe similar behavioural norms of mutual assistance, which has been designated as 'bouncing off each other' by the Shetland client **Mona** [8, 8–23].

He also applies the term *the Shetland way* to the commonly reported accumulation of debts with dealers. He explains that debts are usually not recovered by force. In contrast to the above-indicated raw style of some urban dealers, Shetlanders are portrayed as tending to wait patiently for their money, even if several thousand pounds are owed. He attributes this patience and lack of violence to the small size of the island and the fact that everyone knows each other and knows each other's business. Violence as a means of enforcement would promptly be sanctioned by both the community and the police. A punch in the face usually constitutes the most extreme act of violence between Shetlanders, the Shetlander **Ben (N)** declares [19, 6–20, 7]. He describes how users he knows travelled to the British mainland to purchase heroin and experienced a rude awakening when they encountered 'real' urban dealers, who were armed and forceful. **Christian** labels this urban approach as 'proper [serious] dealing', reinforced by what he calls the 'fear factor'. While he maintains that in Shetland, 'nobody really makes enemies', urban drugs he regards as often characterised by aggressive or adversarial attitudes. Shetland's tightly woven social network appears to discourage people from engaging in violent behaviour. On the island, dealers and consumers seemingly entertain predominantly friendly relations.

Christian (O): Bu' it's a funny, like Shetland's a funny place in, you you'll be in a room full of 10 people an' you kno' that *he* owes *him* four grand *he* owes *him* 600 quid [pound], he owes him like. An' they all, everybody owes each other all these amounts of money bu' they all sort of sit an' talk because it's such small place, ken? You can, nobody really makes

enemies in Shetland, ken? An' you might, you might sit in a room an' there might be like 20,000 pounds outstandin' between all these people but they all sort of sit and chat, ken? Whereas in, for example, Glasgow you get your fuckin' arm broken for 50 quid, ken wha' I mean? Bu' up here it's jus' like 'Ach'. People jus' run off backstage. It's no, as far as I'm aware it doesn't really seem to have a Maybe a punchin' in the face, that's as far as it gets, ken, like. I think, I think a lo' o' people ge', ah, in a bit of debts, ken, because they're used to the, ah, Shetland way of drug dealin', which is, it's not even proper drug dealin'. It's really jus' fuckin' you owe a bit, you owe a bit' an' you give that back. An' then they go doon to the mainland, they go an' get a bit and they realise, ken, it's proper, people they are dealin' wi' guns an' they don' give a fuck, ken? They're quite happy, fuckin' Yeah, there's a few guys that told some horrible things that happened to them goin' doon Sooth, like. Yeah, they don't, they don't mess around at all [...] So, people have a bit of a, there's this fear factor on the mainland. There, there isn't really up, anything up here, ken? People can't really threaten anybody up here, because everybody kno's each other an' everybody kno's that, ken, person A's threatened by person B but they kno' person B is not connected. If everybody kno's each other's business up here, so there's never any real violence, ken? Or crime or anythin' like that. An', an' on the mainland again there's like this, drug dealin' is usually mixed up with various other kinds o' crime, ken? Whether it's stealin' cars or credit cards fraught or Most people I kno' that are like kinna like any kinna seriousness with drug dealin' are into lots of different crimes ken? Whereas up here it's fairly amateurish kinda not really drug deals, ken? It's jus' some guy tha'll get a bit, chop it up an' give their pals an' they'll give him some money. It's like, you're not goin' oot, ken, fightin' wi' people an' tryin' to take other people's patches wi' guns an' like that. Quite amateurish up here actually. Bu', not that I think we should be getting' any more professional. Bu' I think it's, if somebody did come up wi' professional mind an' didn't take smack, came up, go' a good way to get it in, like Shetland would be full of fuckin' junkies, ken? Because again it's jus' the economic an' social set-up it's jus', ah, ken, all this boys goin' off to the oil rigs, ken, comin' back, shit loads o' money, nothin' to do for a fortnight. Guys who go off to the fishin' an' things - the same thing: They've got lots of money an' two weeks off an' nothin' to do. An' smack's a perfect drugs if you've got lots of money an' nothin' to do, ken? You easily pass two weeks an' do fuck all. [13, 36–15, 16]

On balance, **Christian** views the conditions and mentality of dealing in Shetland as a desirable defence against the severe extension of heroin addiction on the island, which in his opinion does not yet exist. However, he expresses concern about the possibility of such a problem developing because of potentially changing circumstances. According to his assumptions, the scope of serious heroin dependence could significantly grow if a dealer with professional drugs trading abilities entered the island's heroin business. He supports his argument by pointing to the large number of men working in very well paid jobs, such as fishing and the oil industry, typically involving a rhythm of 2 weeks at work and 2 weeks off. In line with his as well as other participants' reported observations, a considerable number of hard working and heavily heroin using men are employed in one of these areas, which might provide a suitable prerequisite for a life determined by a heroin habit.

Examples of small groups of occasional and regular employed heroin users supplying their personal user circles with the opiate have already been given earlier. The descriptions provided by **Oliver** and **Oscar** with respect to their specific ways of obtaining and distributing the drug within their respective cliques have demonstrated how *small group supply* can be organised and enacted. Interviewees state that the persons buying the supply [either by travelling to the urban mainland themselves

or by frequenting a local dealer] and thus accepting the risk of arrest would in return receive extra heroin on each occasion [e.g. **Oscar**, 8, 29–33]. Following **Oliver**'s as well as **Oscar**'s and **Justin**'s accounts, the person fulfilling the role of the group supplier often changes on a rotating basis. If someone were intending to buy some heroin from a local dealer, their specific relationship with that person also appears to be of central importance. **Oliver** explains that if the dealer does not know a person, then he may refuse to serve him out of caution. Hence, the personal willingness to adopt the risky role combined with the specific connection between dealer and customer are probably essential determinants in heroin deals.

R: And then you can take turns doing that or is it just you, who who would share with the others?

Oliver: Aaah, probably take turns. Yeah. Take turns. I mean, sometimes, obvious situations, sometimes like, maybe, ah, the person who's sellin' it, ah, doesn't kno' them and doesn't want them to kno' him, so I'm gonna do the business and then maybe another time i'll be someone else I'm not very pally with so one o' my friends will go. Yes, you can imagine how how it would be. [21, 55–22, 32]

However, this *small group supply* might be regarded as small-scale distribution rather than actual dealing. The extra ration of heroin appears to primarily function as compensation for risk rather than commercial profit.

7.3.3.3 Distributors

Inferred from the interview analysis, the next level of minimal dealing after the just-described 'smallest scale distribution' seems to be dispensing heroin additionally to a limited number of users outwith the private circle of users. Distributing heroin to other users with the intention to support or even finance one's individual drug habit is reportedly as comparatively common in Shetland. Several of the interviewed users claim to engage personally in this form of funding. In the following quotation, the long-term user **Gerry**, originating from urban mainland Britain, gives details about his time as a regular injector who earned his daily dose of half a gram of heroin by collecting money from six people and consequently delivering the opiate to them. He affirms that during this period, which ended about 6 months ago, he only had to pay for his daily intake on a few days when he did not find the time to collect and distribute. On these relatively exceptional days, he claims to have used only half the amount he would have otherwise. This discrepancy demonstrates for him that the extra half on distribution days he would not have 'needed'; he was motivated rather by the opportunity to consume.

Gerry (C): [...] There was no point in doin' it half-heartedly when I didn't need to. When I quite easily could ge' a half gram an' score a half gram a day without doin' very much. I just needed to go on me bike an' pick up money from half a dozen people, kinna thing. An' that would be my half gram made for free kinda thing. Whereas a lo' o' the time when it came down to kinna like maybe Giro day or, eh, project doctor day an' it would become more o' a time scale issue. No' havin' the time to run around an' get all this money together an' get bits an' pieces for a few people. There would be days when I was like 'Right, I need

to go an' outright *pay* out o' my own pocket. An' most of the time when tha' happened it was usually 20, 30 pound. Bu', yeah, when I was kinda goin' aound an' scorin' for half a dozen people i' was usually kinna 50, 60 quid worth tha' I was takin'. Kinda thing. Bu' again, like I said, a lo' o' tha' was greed an' not need. [...] [16, 28–44]

While several interviewees also mention distributing heroin to support their habits, **Gerry** offers the most detailed and illustrative description of this financing strategy. He seems to be able to almost fully finance a daily consumption of half a gram of heroin, which bought 'conventionally' from a dealer, would amount to around 50 GBP. In the preceding chapter about the outward appearance and the features of the overall heroin scene, interviewees argue that dealing constitutes the only feasible illegal option in Shetland to obtain money for drugs. Hence, the number of people occupied with this activity might be higher than elsewhere. In consequence, distributing, which could be denominated as a minor form of dealing, may also be a relatively common and widespread means of financing drug use. Distributors typically get their goods either directly from dealers or from someone in between who could be denominated as 'middleman'. The denominations 'dealer', 'distributor', and 'middleman' all refer to individuals who deal heroin from various positions, with 'dealer' designating probably the highest position within the supply hierarchy. Interviewees do not differentiate clearly between the sequential levels of supplying. Thus, concrete notions of the individual positions within the island subculture, which can be vague in any case, are relatively blurred.

In the following section, the position of the heroin *dealer* will be depicted and discussed. For illustration purposes, the example of an interviewed heroin dealer will additionally be given.

7.3.3.4 Dealers

Different participants report that, in general, heroin and party drugs, such as ecstasy, cannabis, and speed, are not supplied by the same person. The Shetlander **Ben (N)** guesses the number of recreational drug dealers to be 30, whereas typically small numbers – between two and four – sell heroin at one time. The reason in his view is the considerably more criminalised and stigmatised status of the opiate compared to party drugs [12, 15–28]. **Justin (C)**, himself a relatively young heroin user in his early 20s, explains that party drugs are frequently dealt by young people, even teenagers, who – according to the same principle as the heroin distributors described above – sell a number of ecstasy tablets in order to finance 'a good night out' rather than to make a commercial profit. The young interviewee asserts that as a rule, heroin is sold by older people, with the youngest he knows being in his mid-20s and the oldest few in their 40s and 50s. On the one hand, more and especially younger people might prefer the party drug trade. On the other hand, to younger Shetlanders, heroin in dealing amounts might be less accessible than to certain older people, who can resort to specific contacts and connections.

Justin (C): The recreational drugs are done by a lo' o' the young people. Especially more recently I have noticed they're gettin' younger, the dealers. I 'ink 17, 18 year olds who are

just gettin' to the age to get into the pubs an' stuff an' tha', they're goin' out an' they're sellin' maybe 10, 20 Es a night, just to make themselves enough money tae have a good night out kind of thing. A lot of younger ones got into dealin' bu' no' heroin, recreational drugs, speed an' ecstasy. [...] The youngest was probably 24 up to 40/50. [3, 30–38]

At a different point in the interview, **Justin** states that people selling heroin often also deal cannabis, as well as cocaine and amphetamines [1, 43–47].

Example of a Small Dealer

Rick (C) describes his experiences of being part of the supply network around a dealer who was central to the island trade a few years prior to the interview. Although his descriptions resemble those of the distributor **Gerry (C)** above, he still gives the impression of having played a more significant role since he claims to not only have collected money and delivered drugs in return but actually to have supplied a group of more than ten people regularly with heroin. He explains that during his dealing activities, he was financially in the position to fly back and forth between Shetland and the urban mainland in order to buy heroin. Moreover, he gives a detailed account of the extent to which his own heroin habit spiralled due to the availability of the opiate and his disposable profit. Eventually, he took stock of his situation and decided to give up dealing and his escalatory lifestyle in favour of legal safety [10, 29–11, 11].

Example of a Significant Dealer

In this section, the detailed account of a fairly significant heroin dealer will be presented and analysed. The Shetlander and Lerwick man **Philip (N)** outlines how a friend of his approached him several years prior to the interview and offered a small amount of heroin to him, which he tried and liked. He started using more and more regularly until after roughly a month, he used daily and developed a physical dependence. As a consequence, he maintains, his daily intake was constantly growing. At this stage, his friend approached him again and argued that the only option to finance his increasingly expensive habit would be to sell heroin himself. The deal was to sell initially half an ounce [ca. 14 g] and eventually an ounce [ca. 28 g] of heroin and to have the same amount for his personal use. He describes the vicious circle of using more and more and consequently selling more and more, until virtually his whole day would be occupied with arranging to supply heroin and other drugs to people.

Philip: You know, um, and so for the two years I was dealin' I was never in the pubs. Nobody's ever seen me, "What's Philip doin'? Whats he up tae?" [...] An', I just didn' have time. Just like "Ooooh, ah, I meet you at such an' such a place!" Aaah, runnin' aroon' after everybody else and tryin' to keep money comin' in, you know? "No, no, I get that myself." - "Ah no, that's mine!" you know, so. It's, it's a shit life.[laughs] I' is! I'm glad I'm out of it. *Honestly!* [11, 1–11]

According to his testimony, his situation, ‘just escalated and escalated and escalated until the whole town knew he was dealing’ [3, 31–4, 19]. He affirms that for a couple of years, he entertained a lifestyle of extremely heavy use and intensive dealing. At peak times, his daily heroin intake amounted to around 5 g a day. He claims to have used the drug exclusively by smoking, but he also reveals that he was often tempted to inject in order to save heroin. He designates smoking as a relatively wasteful route of administration, since a considerable proportion of the substance burns off without being absorbed by the body. He also admits that he felt envious of the instant effect a heroin injection had on people he watched using intravenously. Nonetheless, he explains that due to his profound fear of needles, he never even attempted to inject. He claims to be glad he restricted himself to smoking, as he believes that his situation would otherwise have escalated even further [5, 32–46]. In his citation below, the extent of the legal and social risk he was taking during his supply activities becomes evident. Pure luck and police incompetence saved him from being caught and incarcerated for presumably a considerable length of time. As well as heroin, he claims to have supplied substantial amounts of various other drugs, including cannabis, ecstasy and speed.

Philip: Yeah, so I mean, yeah. An’ I was handlin’ an’ awful lo’ o’ money the whole time, too, an’ tha’ was, phew, thousands an’ thousands an’ thousands pounds’ worth. Goin’ through me hoose every month, you know, an’ that’sss quite obvious to the neighbours an’ everybody was sayin’ “What is goin’ on?”, so I was very fortunate that I didn’ get sent tae jail, so. Even the police were sayin’ that. [laughs] They talk to me now! [laughs]

R: Yes, how were you able to..., you know, obviously you were found out but to, um, not be arrested, to, to keep secretive, or

Philip: Uumm, ... I was just very lucky, uumm, the times that they did pull me an’ bust me, that’s what you call i’, aah, an’ had i’ sit in front o’ them an’ they missed i’. So the police, it’s the police’s own fault. I mean, they should have had me in jail a long time ago. Uum, i’ was all there si’in’ front o’ them, ounces o’ i’, uumm, an’ they missed the lot.

R: That was at your own, at your own house? [...]

Philip: Yeah. An’ almost 500 gram [worth approximately 50,000 pounds]! [laughs] [...]

R: Ah yes, that’s a lot.

Philip: So, bye-bye! [laughs] They missed the whole lot, so I was quite fortunate. Bu’ I had bars a’ hash an’ speed an’ God knows [laughs a bit]. As I say, I was dealin’ everythin’, ecstasy an’ hash an’ speed an’ heroin, so I was, yeah, days tha’ are rather forgettable. [laughs] [7, 8–83, 3]

Philip allows a quite detailed look behind the scenes of his previous activities as a fairly significant heroin dealer. During these few years, he apparently lived a life comparatively atypical for a Shetlander in the vast extents of his opiate consumption and supply. His reported daily intake of up to 5 g resembles the amounts specified by the man quoted above, who declared that he consumed up to 4 g/day when his close school friend was dealing on a grand scale. He argues his daily dose would have been smaller if he had injected rather than smoked. In any case, like the aforementioned man, he also seemed to have had unlimited access to the drug, which consequently allowed his habit to escalate as far as he wanted. Thus, the impression arises that in contrast to the majority of users, **Philip** did not experience any external restrictions, apart possibly from the necessity to maintain the ability to carry out his daily deals, which constituted the precondition for his enormous drug consumption.

According to his account, he seems to have managed to reintegrate himself back into the Lerwick community and find regular employment. As has already been suggested, many interviewees advance the view that once someone becomes publicly known as a heroin user, and especially dealer, this knowledge will spread across the island. This will probably result in irreversible exclusion from society and the island's employment market. **Philip's** depiction of the stigmatisation and social exclusion he experienced as a result of his heavy involvement with heroin use and supply appears to involve a complex rather than a simple causal process. He claims that prior to his heroin years, he was very popular and socially included. During his heroin years, however, he felt universally rejected and despised, and encountered massive difficulty in finding a job once he stopped using and supplying and tried to get back into ordinary employment. Nonetheless, he finally did manage to obtain a job, which led him to a further job. He describes how he gradually worked his way back into the Shetland community by proving himself over a period of time and eventually regaining his original popularity and esteem [17, 25–18, 42].

Philip's illustration – here reproduced in the form of a brief summary – may propose that the process and conditions of social stigmatisation and exclusion constitute a far more complex and multilayered phenomenon than is believed by a large proportion of the heroin using population in Shetland. The overall analysis of the interviews suggests that stigmatisation and exclusion *do* have the potential to exert a major impact on users' lives, but this impact may constitute less of a fixed constant than perceived and reported by many interviewees. Interaction between those involved in heroin use or distribution and the Shetland community, and each party's perceptions of the other party, may significantly influence the prospects of somebody who has become publicly known as a heroin user or dealer. Even though many interviewees express a strong conviction that a life with the label of a heroin user or, even worse, heroin dealer would lead to permanent social exclusion in many respects, other participants also outline similar views as **Philip**. Under specific circumstances, it seems to be possible to re-establish and reintegrate oneself back into society. These as well as the reciprocal interaction processes outlined above will receive further analysis and discussion at a later stage of this book. In the next section, the focus will be on central tendencies regarding the mentality, norms, values and behaviours within the heroin subculture.

7.3.4 *Prevailing Mentality: Insular and Community-Minded?*

When debating characteristic features of the Shetland mentality, different participants use the term *insular* or expressions carrying a similar meaning. To the occasionally consuming Shetlander **Oliver**, for example, 'insular' seems to constitute an umbrella term embracing diverse mentality facets.

Oliver (O): [...] Shetland's a very insular society, maybe wi' that mentality... still carries on, even *today*, even wi' people, you know, ah, takin' things like that. Heroin or crack or wha'ver. Yah... There's very little crack up here, by the way. [3, 42–45]

Several other interviewees explain that the island's drug using cultures exhibit in many ways the same or similar behavioural and normative patterns as the island mainstream culture. These patterns will be specified and substantiated in the following.

7.3.4.1 Defining Community-Mindedness and Specifying Related Aspects

A central and determining quality participants mention in the context of user mentalities encountered on the Shetland Islands, especially as a differentiator from urban areas, seems to be the oft-cited special spirit that has already been referred to as *community-mindedness*. The main features and properties of the concept have previously been identified, elaborated and specified with relative precision, thus raising it to the theoretical level of a central category (cf. Sect. 7.3, Part II).

The definition of community-mindedness could be briefly summarised as a dichotomous concept fundamentally resting upon a communal, caring attitude on the one hand and a strong degree of social control, exclusiveness or even stigmatisation on the other hand.^{3,4}

On the evidence of interviews, this quality essentially arises from Shetland's small size, low population and geographical isolation – factors that combine to produce a close-knit network of social relations promoting both care and censure. Behaviours communally regarded as deviant are subject to social sanctions exerted by the general community. These include gossiping and, ultimately, exclusion from smaller or greater parts of the island's community life. Furthermore, the concept of *community-mindedness* entails what has been termed *cliqueyness*, which refers to the social make-up of the island in general as well as of its subgroups, such as the heroin scene. A central property of cliqueyness is the *inclusion* of perceived *insiders* and the *exclusion* of perceived *outsiders*, which again appears to be related to stigmatisation and possibly exclusion of people engaging in aberrant behaviour. However, the predominant focus of this particular concept relies on feeling and acting as part of an exclusive group open to specific select members rather than to everyone. Again, cliquey, exclusive social structures are reportedly found both in the mainstream and in the heroin subculture, and manifest themselves as a great

³ In an investigation about aboriginal women survivors of sexual abuse, McEvoy and Daniluk define community-mindedness 'the sense of understanding that, individual actions, both positive and negative, reflect on the entire community' (1995); hence, exclusively referring to the social caring aspect of the dichotomous conception employed in this study.

⁴ Alfred Adler speaks about a community spirit (*Gemeinschaftsgefühl*) as an attitude leading to a 'we', which refers to the ability and preparedness to cooperate with other people regarding the common weal (1973). With an increasing sense of community, the degree of social control also intensifies, since due to the strong focus on the common good, everything that does not correspond to and thus endangers the corporate feeling is rejected and regarded as deviant. The definition of community-mindedness as used in this study also contains these two sides, community spirit and social control.

array of smaller and bigger sections and subsections, groups and groupings and circles, and sub-circles. The relatively abstract definition and explanation of community-mindedness will now be concretised by tangible examples provided by interviewees.

Everyone Knowing Each Other

Community-mindedness in Shetland is apparently closely related to the small size of the island and the fact that virtually all Shetlanders know each other. Several participants have stated the same with respect to the island's heroin subculture. **Christian (O)** has been cited above in the section dealing with contacts between the various user groups. Although he only uses occasionally, he describes ties to heavy, habitual users that stem from his childhood and youth. Presumably, as a consequence of Shetland's small size and close-knit social structure, they have not been broken. [8, 41–43]. **Ben (N)**, confirming recurrent phases of heavy, habitual heroin use, maintains that he knows *everybody* in Shetland who uses heroin, even people using very rarely [14, 4–12].

Besides the recurrently outlined tendency to build exclusive cliques on a personal social level, there also seems to exist a more general social level of, from the standpoint of society, higher order. On this level, people might be deemed to share the common identity of a Shetlander, possibly providing an essential prerequisite for the creation of a communal, caring spirit in most diverse contexts. Consequently, the island's societal network could be regarded as characterised by both social *ex-* as well as *inclusiveness*.

Friendship, Trust and Care Among Heavy, Habitual Users

Various interviewed users, especially those who have had contact with urban heroin scenes, share the view that, in general, no reliable friendships exist within heroin scenes in British cities. Shetland heroin users, by comparison, are frequently pictured as tending to entertain relationships between each other of binding and caring character. **Claire (C)**, who lived and used in different British cities for considerable periods of time, argues that due to the small size of the island, Shetland junkies cannot avoid each other and are therefore liable to treat each other courteously and amicably. She explains that this obligation does not exist in equivalent city contexts. She adds that, on the whole, habitually using islanders do not get into states of financial, physical and emotional misery and consequent desperation to the degree that their urban counterparts do. Hence, the island conditions encourage heroin users to treat each other less egotistically, violently and ruthlessly than they might do in a metropolitan environment.

Claire (C): You can't even trust your friend really, there's no such thing as a friend down south. When you're a junkie.

R: And that's different up here?

Claire: Well, I suppose, you can't hide from each other up here. [laughs a bit] And also there's not that desperation stage. Most people anyway. [8, 51–9, 8]

The restriction of the focus in this context to habitual users relies on the assertion of many participants that, in general, antisocial behaviours occur primarily or even solely amongst habitual, dependent drug users. In the absence of forceful physical and emotional craving, occasional, recreational users are assigned a significantly greater ability to bond according to sympathy, friendship and comradeship – whether in an urban or in a rural environment.

The occasional user **Christian** maintains that even though he lives in a city on the British mainland, he has always restricted his heroin use to visits and stays in Shetland. He feels, he cannot trust and rely on urban users, who in his opinion ultimately pursue their own benefit. Consequently, city scenes are usually 'really really dodgy'. His Shetland using mates, in contrast, he purports to trust entirely [19, 28–33].

The caring attitude often brought up by interviewees when characterising the predominant mentality amongst Shetland heroin users has already been explored in **Oscar's** descriptions (C) of his personal user circle. This group he perceives as 'a big family' of which everyone would accommodate each other if in need, such as when experiencing withdrawal symptoms [7, 34–39]. The occasional consumer **Christian** summarises the central aspects of the island-typical community-minded caring attitude also reflected in the mentality of the island's local heroin subculture. The Shetlander declares that in Shetland compared to other places, and especially British cities, people look after each other to a greater degree. He continues that the island's social welfare system in any case cares for indigent Shetlanders, but that also incomers, such as habitual homeless heroin users from the mainland, receive the social care they need. He describes a specific system of behavioural norms and rules apparently organising desirable, acceptable, undesirable and unacceptable behaviours, 'within certain junkie factions'. According to his arguments, this normative system aims to regulate the scene in terms of preventing escalations and severe damage in the context of heavy intravenous consumption. He contrasts Shetland's community-based social nature, reflected both in the community's as well as in the heroin scene's handling of people in need, with the character of cities determined by indifference and egocentrism.

Christian (O): [...] Umm, not, well, in Shetland, I suppose, people are tryin' to look after each other more in Shetland, ken? You don't really, ken, when you're friends with someone by an' large you would help them, kinna thing. And Shetland's quite good at sor' o' lookin' after its own. An' even, but then tha' excess has to go as well an' they come off the boat, ken, an' they get looked after, bu' As far, back to the heroin Shetland seems to be... quite good in like, ah, or certain certain fractions within the junkies are quite good at lookin' after each other, ken, an' makin' sure nobody's goin' too far an' gettin' each other kinna 'Watch what you're doin.', ken? You're gettin' too deep into tha.' or 'You shouldn't be doin' this or tha', ken? An', it's it seems to be a reasonably caring kinna aspect to Whereas on the mainland it's everybody themselves kinna thing an' nobody gives a fuck abou' anybody else as long as you've got your smack then you're happy. Whereas up here it does seem to

be a bit more, phh, community based, ken, addiction kinna thing. Tha's just' the nature o' Shetland as it is, I suppose. Bu' i' *is* quite a good thing. [5, 1–12]

Besides a comparatively pronounced degree of mutual care, the island's heroin scene has also been described as having a relatively relaxed atmosphere. Amongst others, the Shetlander and long-term user **Angus (N)** believes the reason for Shetland's peaceful nature lies, on the one hand, in everyone knowing each other, and on the other hand in the low levels of crime. Hence, the island's heroin scene differs from the typical urban 'junkie thing' [1, 27–2, 2]. With the term 'junkie thing', he refers to extremely egotistical and thus socially undesirable behaviours he experienced amongst dependent drug users in British cities. Even though **Angus** points to the absence of an urban-like junkie scene on the islands, at a later stage in his interview, he advances the view that even in Shetland amongst dependent drug users, no genuine, reliable friendships exist. He argues that the first priority for a junkie anywhere will always be to obtain drugs. Hence, all social interactions, even amongst friends, will ultimately be driven by this motivation [6, 9–21]. The central statement of his argument appears to be that compared to urban conditions, dependent heroin users on the islands usually treat each other amicably, even if he would not call their relationships 'genuine friendships'.

Cliqueyness: Excluding Outsiders

The community-minded spirit encountered within the general Shetland culture and similarly in its heroin subculture has been described as involving high degrees of care and responsibility towards the common weal. At the same time, it seems to entail also a fairly strong tendency to identify with one's personal user group, clique or circle, while purposefully excluding those regarded as outsiders.

Interviewees have described a variety of criteria according to which, in the drug-taking context, Shetlanders build exclusive groups. It appears that the general underlying pattern is based on respective notions of acceptability regarding, for example, specific types of drugs or routes of administration. Exemplifying this sort of classification within the island drug scene, the Shetlander and long-term user **Angus (N)** explains that cocaine users typically refuse to associate with heroin users and that the overall culture of heroin users is again subdivided into many individual groups and is thus 'very cliquey' [2, 7–13]. The long-standing urban user **Robin** makes a similar observation concerning the relationship of smoking and intravenous heroin users. As **Robin** states, smokers tend to condemn injecting as unacceptable, 'dirty' and driven by addiction and therefore avoid contact with injectors. Like **Angus**, he describes the scenes as 'very cliquey'. He presents himself as an example of someone not really accepted into the general heroin using in-group due to his origin outside Shetland. He explains that Shetlanders, 'do not like outsiders'. Only a few specific people are prepared to 'let him in their clique'. He claims to know heroin users who have moved to Shetland a decade ago and are still not accepted in the drug using community [10, 42–3, 11].

Soothmoother Prejudice

Besides **Robin**, other participants also assert that *Soothmothers*, heroin users, who have moved to Shetland as incomers from the British mainland, are frequently regarded as unwanted outsiders. Apparently, they are often referred to pejoratively as *Soothmothers* by both the general and the drug using communities of Shetland.

In explaining why he avoids clients of the drugs project in Lerwick, the Shetlander **Ben (N)** claims that many clients are heroin users from the mainland, who are often ‘grassers’. This means that they, for example, play off their knowledge of other people’s prescriptions towards professionals of the drug support system with the aim to obtain free drugs. Therefore, in **Ben’s** view, avoiding mainlanders appears to be a natural, justified consequence.

R: Do you know a lot of people who go to the drugs project who’re on methadone?

Ben (N): Um, I know a few. Bu’ I disassociate from from them because because they’re they’re fuckin’, sorry for swearin’, they’re potentially grassers. They use their knowledge what’s goin’ on in the town to gain prescription drugs, you know? They say, they would say things like “Wow, I know that so and so is ge’in’ four valium a day, why can I no’ have four valium a day?”, you know? It’s a taper tac [xxx]. It’s usually, it’s usually, um, wha’ we call *Soothmothers*, that’s people from the mainland tha’ use the project. An’, um, they abuse the system, you know? So you’ve go’ no’in’ to do with these people. I I I’ve never been to the project. No. [15, 36–16, 15]

Other interviewed users add that exclusion also occurs amongst Shetlanders. One Shetland woman emphasises the crucial importance of ‘who you are’, which determines how you are treated within the heroin scene. If one enjoys a good reputation within certain subsections, they may benefit from support and assistance by members of this particular group. If a user has a bad reputation, on the other hand, he might encounter ‘bitching and backstabbing’ [**Helen (C)**]. It appears the small size of Shetland strongly promotes the generation of many diverse in- and out-groups that thus act in- or exclusively [1, 29–42].

Cliquey Dealing

While **Ben** illustrates a tendency to exclude *Soothmothers* on the part of native islanders, many of the interviewed incomers provide accounts of their experiences of being rejected and excluded. **Mark (C)** states that many times, he has been forced to wait until evening to purchase heroin. He attributes this partly to many dealing people being full-time employed and partly his outsider status. Shetlanders, he assumes, would be subjected significantly less to such rigid time schedules. He complains about ‘the cliquey fuckers, who don’t let outsiders in easily’ [4, 12–5, 1]. **Lilly (N)**, like **Mark**, originates from a large British city and outlines similar experiences. In her opinion, Shetlanders are prepared to share drugs amongst their own but not with *Soothmothers*, whom they also would prefer to keep at distance from Shetland’s cultural institutions, for example pubs. The analysis of **Lilly’s** argument might generate the impression that the islanders are wary of their society and culture

being undermined by incomers. As a precaution, they may exclude incomers in order to protect their socio-economical and cultural properties (cf. Sect. 7.2.4). The interviewee believes that despite the Shetlanders' attempts to fend off incoming influences, the island will change according to global cultural and social trends.

Lilly (N): And tha' is one thing I have noticed up here, they are selfish. Especially when the drugs are concerned. Drugs an' money.

R: Right. Like 'they' you mean the dealers?

Lilly: Everybody.

R: Users as well?

Lilly: Yeah, everybody. Even normal everyday people, ken? Like "Where's the money?" [xxx]

[...]

R: More than in Manchester or other places?

Lilly: Yeah. I think so. I think so. I mean, obviously they're no' as nasty as down in [British city], ken, you know, goin' out robbin' old grannies an' stabbin' in the back, you know, rob the mothers an' all, you know? They don't do that up here. Bu' they are greedy. Yeah. I think so. Yeah, definitely. Yeah. No, they don't like to share. Um, share amongst themselves, yeah, bu' they don't like to share with outsiders. Ken, they don't, 'Soothmothers' as they call us, ken? They don't like us comin' in, you know? I dare say that if the true Shetlanders, if they could get their way, then all those incomers would be barred from the pubs, you know wha' I mean? It's their pubs, ken? 'Cos that that's what they're like. It's their island, it's their fuckin', you know I mean? Which I can understand in a way, you know, bu' you you go' to remember you're no' in the 18th century anymore, you know I mean, times changed. They might not but believe me, the island will, you know I mean? [14, 28–15, 12]

The Shetland woman **Claire (C)** believes that conditions have already eased. Although she has observed the exclusion of incomers from buying drugs, she claims to perceive a relaxation of this previously rigid segregation. She attributes this transformation to the significant increase of heroin use that affects both incomers and islanders [9, 12–19].

However, the motivation for cliquey dealing does not appear to be restricted to solely excluding strangers in order to defend what is perceived as one's own. Sometimes also islanders are excluded from drug supply. The Shetland woman **Cathy (C)** affirms that one of Shetland's central dealers would not sell any heroin to her due to a mutual lack of sympathy [4, 25–32].

Besides prejudice and sympathy, participants also name another reason for the cliquey, exclusive style of dealing. Interviewed users – incomers and Shetlanders alike – give accounts of the concerted efforts dealers make to conceal their stigmatised and illegal activities from the public and especially the police. **Lilly (N)** and **Helen (C)** both describe how a dealer tends to exclusively sell to a strictly limited number of select persons who again sell to other select persons and so on until the drug eventually reaches its ultimate consumers. Even though both **Lilly** and **Helen** claim to understand the necessity for caution, they still express frustration about not just being able to buy heroin when craving it [**Lilly**, 13, 16–14, 24; **Helen**, 5, 24–47]. An account from a dealer perspective concerning cliquey dealing corroborating the two females' statements is provided by the Shetlander **Rick (C)**. He describes his strategy of only supplying specific people during the period he was dealing a few

years before the interview. Members of this specified group could contact him directly, but he ignored attempts at contact by people outside this group [10, 38–11, 8]. Norms and behaviours in relation to secrecy and concealment linked to heroin use and supply will receive explicit and detailed attention in the next subsection. Before that, a further effect reported to be associated with the island heroin scene's cliquy social network will be explored.

Grassers

Several interviewees complain about, or simply mention, the disturbing influence of 'grassers' amongst the island's drug users. 'Grassing on someone', interviewees explain, means telling the police about someone else's heroin use or supply-related activities. **Mark (C)** points out that the role of *grassers* within the drug using island community is greater than in his home city [3, 3]. The Shetlander **Oscar (C)** explains that a dealer exclusively supplying specific people as opposed to every user acquainted with him might face the risk of being 'grassed up' by those who feel frustrated or left out [7, 6–13]. The long-term urban user **Robin (C)** also perceives a relatively frequent occurrence of grassing in Shetland. As an explanation, he cites the lack of violent crime – without fear of violent retaliation, people dare to inform on others. On the mainland, he argues, a person 'would have signed their life away, if they informed on somebody'. He adds that, according to his observations, users originating from urban areas are obviously more inclined to withhold information from the police than their island counterparts [7, 17–34].

As has already been indicated, Shetland's insular, close-knit social structure appears to also encourage certain *anti*-social manners among subcultural fellows, such as defaming and back-stabbing.

7.3.5 *Junkie Mentality in Shetland*

One interviewee gives details of their personal experience of being 'sold to the police' by an acquainted 'junkie', who intended to deliberately harm them. This interviewee, however, advances the view that behaviours such as grassing have only relatively recently begun to influence the heroin culture. The participant argues that the roots of this type of consciously 'malicious' behaviour lie in the '*junkie mentality*'. They believe that a certain faction of the overall heroin scene constitutes a 'little subculture' of its own with its own behavioural norms. Within the scope of this 'doggy dog' subsection, the interviewee regards behaviours such as stealing from and informing on each other as relatively acceptable and 'normal'.

I: [...] So, I'd been goin' there for a while [Shetland drugs project], when it all happened, when my house was raided. Aand, they were lookin' for far more substantial amounts. Than wha' I had. And that also made me think about the fickleness of junkies, that Somebody to tell the police tha' I was keepin' huge quantities of drugs in my house bu', ah, I hadnae imagined that anybody would mean me that much harm. So that was a lesson as well.

R: I didn't think that can happen. I mean, that someone *does* do such harm to anybody else.

I: Well, I was always sort of tryin' my best to see the dignity in people, however much I might disagree with their behaviour. But this particular person - I can't see anythin' bein' there. Ah. there were circumstances that lead me, lead me to that point, um, bu' I... I didn't believe that anybody could do tha', you know?... That anybody could be that malicious. Bu' I've maybe changed my perceptions. As wha' addictive disease does to the mentality,... to the compassion in in several people. Maybe not everybody. I I resisted the concept of a junkie mentality. But now I see, yup, I can see that there *are* general behaviours that come wi' the territory.

R: You saw that like associated with addicted heroin use? Like this maliciousness?

I:... Not in everybody, no. Bu' in a... in a kinna little subculture. Tha' was like *doggy dog*. 'You do this to me, I do that to you', 'I steal your money - this is okay, because I'm a junkie'. An' Shetland tha's always been a very warm sharin' compassionate place to me. So I've been shocked. [4, 12-44]

The person presents a sharply contrasted picture of the seemingly degenerate underworld on the one hand and the caring, kind-hearted and empathetic place, they had hitherto perceived Shetland to be, on the other. Her account may to some degree be influenced by the desire to maintain an idyll of Shetland. Consequently, she might refuse to integrate this type of frightening and undesirable behaviour into the overall Shetland mentality, instead attributing such phenomena to aberrant subcultures.

The relatively recent spread of a *junkie mentality* has also been described by most other interviewed users. The Shetland woman **Mona (C)** has observed that certain 'people started stealing off each other', which previously would never have taken place. In her opinion, behaviours of this sort are often exhibited by people who have spent their previous wealth on drug use. Furthermore, she claims to have noticed an increase in drug-related crime, which she attributes to the recent rise in incoming heroin users [4, 29-34]. Similar views have been expressed by others as well. It is possible that such sentiments are to some degree coloured by '*Soothmoother prejudice*'. Still, such statements should not be dismissed as mere socially shared constructs without any actual basis in fact.

7.3.5.1 In-Group/Out-Group – Changing Perspectives

All interviewed occasional heroin users claim to sustain a conscious distance from people they perceive as *junkies*. The Shetlander **Christian (O)**, for example, voices his contempt for certain addicted heroin users he regards as 'junkie scum', and insists that he does not want to be associated with this 'silly sort of scene' by anyone in Shetland. He explains his strict and clear detachment from everyone he sees as belonging to this group, whose behaviour and attitude are at odds with his own.

Christian (O): [...] So I don't want to get intae it, I don't wanna be known as or seen with the junkie scum, I mean. Because I don't like the scene they've created for themselves. This kinna bitter bitchy back-stabbin' fuckin', ah, yes, everybody's slaggin' each other off an' arguin' about petty shit An' everybody's got their own little tooter an' their own bits of foil

an', ken, nobody'll share fuck all. A silly little sort of scene ken, an' everybody's just like, ah, phonin' each other up the whole time an' 'I'm fuckin', oh man, I'm shakin', you got anythin'?' an' 'You owe me a bit for the last time!' They're [8, 9–20]

Angus (N), also originating from the islands, asserts to having held a similar attitude in the past. He states to have perceived injecting as repellent, decadent and morally unacceptable. Using the same terminology as **Christian**, **Angus** explains that he perceived injectors as 'junkie scum', until he himself started injecting. He claims to have observed a similar pattern of behaviour in a large number of injecting heroin users who condemned intravenous drug use while they were still smoking, but accepted it once they graduated to the needle [14, 39–52]. According to **Angus's** as well as other interviewees' descriptions, the number of injectors has significantly *increased* with the attached stigma having concomitantly *decreased* over the past years. Both tendencies probably depend on and influence each other mutually.

7.3.5.2 Mainland Mentality in Shetland

The opinion cited above that incomers can be considered responsible for the rise in drug-related criminal behaviours in Shetland is also extended to include other undesirable *junkie tendencies* by several interviewees. While some interview extracts seem to support this assertion, others contradict it. A supporting example is given personally by one urban participant. His apparent burglary is referred to by himself [4, 4] and several of the interviewed users [e.g. **Helen, C, 6, 15**]. He explains that due to an inadequate treatment measure by the drugs project, he lost his nerve and tried to steal money in order to counteract his withdrawal symptoms with illegal drugs. He judges his criminal behaviour as impulsively born out of desperation. Furthermore, he seems to regard his one-off burglary as 'normal' and appropriate in an anonymous, urban setting but inappropriate in the small, personal community of Shetland [3, 47–4, 4]. Other users express their disapproval of the transgression both in legal and social terms.

The townsman **Robin (C)** provides a further example of urban behaviour taking place inappropriately in the island setting. He cites a previous experience of being owed money by islanders as a formative influence on his own behaviour. He describes himself as still fitted with 'his mainland head on his shoulders' during his first weeks on the island. This was exemplified by his reinforcement of drug debts being paid off according to the dealer's – in this context his – demands. He reflects that his aggressive and forceful reaction towards people who owed him money for drugs would have been commonplace in an urban environment but not on the island. As a consequence, he explains, large parts of the general heroin using community judged him to be bad tempered and aggressive. While he claims to have suffered from being labelled, he appears to understand why it occurred: He had violated the local behavioural norms that prescribe mutual patience and consideration. Against the background of his prior life in different urban heroin scenes, he describes the island heroin users as much 'softer'.

R: But why do you think people up here judge you so much whereas somewhere else like in Aberdeen they wouldn't?

Robin (C): Aah, well, I suppose partly I'm to blame for tha' myself. Ah, when we were usin' drugs, when I first came up, as I says, I still had the mainland head on my shoulders

and up here people are very relaxed when they're owed money, you know? Like they wait five months. Where I came fae if you told a person tha' you would pay him the followin' day, you paid him the followin' day or if not you went and see him and gave them an explanation why you never had his money. Well, Shetland people didnae dae this wi' me up here. Aaand, aah, I regret to say tha' I acted in the way that I would act on the mainland. No' as bad, naewhere near as bad, nothin' like i'. Bu' I suppose tha' was wha' kinda se' i' off to people. [...] I wasnae used to the way Shetlanders are. I' took me a while to ge' to know tha' the island people are very patient up here, they wait for their money, they don't get the way like people ge' on the mainland. Aah, ah, only two people, and tha' was wha' caused people "Oooh, he's a real bad person, he's go' a real bad temper."

[...]

R: And you say that people up here are softer than on the mainland?

Robin: Aye, definitely! Aye, definitely! Believe me, they wouldnae last probably 20 minutes in some of the schemes in Glasgow, you know? They just wouldnae last 20 minutes. [8, 10–39]

As already mentioned, many Shetland interviewees assert to have noticed a recent spread of *junkie tendencies*. These undesirable developments starting to emerge within sections of the island heroin scene's descriptive features are commonly associated with the influx of urban incomers. Although this trend is probably influenced by mainlanders, other factors are likely to play decisive roles also. A number of Shetland interviewees derogatively speak about urban heroin scenes as 'junkie' scenes. Nonetheless, especially those who have lived in urban Britain for some time or even those who buy their drugs in mainland cities probably contribute to importing *junkie* norms and behaviours to the island heroin scene when returning to Shetland. One example of this seems to be the significant increase in injecting as route of administering not only heroin but also amphetamines, ecstasy and other drugs. A relatively recent trend towards injecting drug use is presented as occurring equally amongst islanders and mainlanders. This change in behaviour may be viewed as part of a globally determined drug use trend that first emerged on the British mainland before becoming noticeable on the Shetland Islands. Thus, the relatively widespread inclination to blame the influx of *Soothmoother*s for undesirable social developments might result from a combination of actual, observable facts and a commonly shared reality manifested in a prejudice against incomers. The latter seems to be associated with a collective anxiety that the island's cultural inheritance may be endangered by outsiders, who rather than adapting to the local culture impose their own in Shetland.

While incomers *are* likely to have an impact on the island's culture and mentality, this impact will presumably be of relative rather than absolute character. Participants provide numerous examples of so to speak *junkie ways* and *behaviours*. These include the preparedness to engage in criminal conduct, to take advantage of user friends and to generally act selfishly and egotistically. The account one Shetlander offers of his previous personal experiences with a *junkie lifestyle* has been chosen to exemplify this phenomenon.

7.3.5.3 Example of 'Junkie Mentality' Amongst Shetlanders

The Shetland man, whose identity will not be revealed any further, provides a differentiated portrait of a period of several years when he entertained the lifestyle

of – in his words – a *junkie*. He gives details of his getting involved with heroin through a Shetland friend who approached him first with the offer to try the drug and later to sell it [3, 40–43; cf. ‘**Example of a significant dealer**’, p. 171]. During this period, his whole life was centred on heroin use, purchase and supply, while other people’s interests concerned him either not at all or merely peripherally. Nevertheless, with the exception of 1 year, he claims to have held down a regular job throughout this period. He completely invested the profits from both his employed work and his temporary dealing in heroin. During this phase, he acknowledges to having gradually ‘changed into a bad bad person’, with extremely egotistical, selfish and antisocial personality traits [6, 37–43]. In his perception, heroin is ‘an evil drug’ detaching habitual users from themselves and transforming them into unpleasant, nasty people – *junkies* [9, 40–10, 7]. The consequence was a mutual dissociation from his immediate and wider social circle, including family and partner [10, 41–11, 18]. Due to his energy and time being absorbed by his drug-focussed lifestyle, he excluded himself from the general social life of pubs and parties and did not participate in any communal events during these years. The situation changed completely once he stopped using habitually, generally ceased his heroin-centred lifestyle and returned to being a popular likeable person – he ‘changed back to being himself again’ [18, 10].

The cited interview extracts demonstrate that the *junkie mentality* is not confined to users from the urban mainland. Furthermore, this man also claims to have been encouraged to take drugs by a Shetland friend rather than a mainlander. Consequently, the conclusion drawn above that the reported spread of a *junkie mentality* in Shetland is probably strongly influenced by the influx of urban heroin users, but equally determined by other factors, appears further strengthened. Other factors of comparable weight include knowledge, norms and behaviours imported by Shetlanders who have had experience with urban heroin scenes, as well as open and receptive social conditions that allow changes in mentality to develop and spread. These preconditions will be further illuminated in the subsequent and last chapter on the historical perspective of the island heroin scene and its different stages. Repeatedly cited behavioural norms and rules will be presented and examined explicitly.

7.3.6 *Established Norms, Rules and Rituals Within the Heroin Scene*

7.3.6.1 The Consequences of the Stigma Attached to Heroin

This subsection on scene mentality began with the introduction of the umbrella term ‘insular mentality’, of which community-mindedness had been identified as a central feature – both among the general public and the heroin using community. An array of behavioural norms and rules associated with this concept has been outlined. These include treating each other with care, trust and patience; disapproving of and sanctioning violence and criminal conduct; defining and labelling in- and

outsiders; and building cliques and in- and excluding others accordingly. Not only the islands' mainstream culture but also its diverse subcultures, including the local heroin scene, appear to be characterised by a community-based way of thinking and acting. Thus, it seems that the kind of social networks on the islands' cultural macro level are reflected on its various subcultural micro levels. As has already been pointed out, *stigmatisation* of behaviours communally perceived as socially deviant also seems to be closely related to the local community-minded spirit. According to participants' numerous statements, heroin use and supply along with criminal conduct in general belong to the behaviours most severely stigmatised on the island. The general motivation underlying this societal mechanism seemingly corresponds to the principles of defining in- and out-groups. The consumption of alcohol, even to excessive degrees, has time and again been shown to enjoy a widely accepted and desired status amongst the islanders. Given the reported extent of alcohol dependency and the related morbidity, this prejudice seems to be culturally determined rather than logically derived. This cultural determination might be rooted in alcohol being integrated in and having belonged to the Shetland culture for a very long time. The majority of the islanders apparently engage in and identify with its consumption, which according to the interviews represents a communally accepted, shared and established feature of the island's way of life. While the consumption of alcohol and recreational drugs such as cannabis, ecstasy and amphetamines is characterised as a familiar phenomenon with culturally bonding properties, the opposite appears to be true for heroin. To a similar extent, interviewees describe average Shetlanders as feeling comfortable with alcohol consumption; they present them as feeling not only uncomfortable but even unsettled by the thought of heroin use. Consequently, they tend to oppose heroin consumption and supply with the same conviction and emotional intensity with which they welcome alcohol use. Hence, stigmatising heroin use and associated behaviours may be regarded as closely related to the general Shetland mainstream identity. Heroin consumers seem to be affected by the strong stigma to differing extents. In this respect, the degree to which a user defines their identity according to the mainstream culture and the heroin subculture is probably decisive. Those identifying themselves to a high degree with the mainstream culture and to a low degree with the subculture might be significantly more affected than those with a comparatively weaker identification with the mainstream culture and a stronger identification with the subculture. The designation 'identity' relates to the particular reference group – in this case culture or subculture – someone uses to define and create their self-image. To experience labelling and exclusion may be less threatening for someone who considers himself a 'junkie' at the margins of society than for someone who strongly identifies with the general island culture. While means of self-identification appear to be essential in terms of the degree to which a user of illegal drugs may be vulnerable to the impact of social stigmatisation, other factors are likely to play a similarly significant role. If somebody fears losing a lot through sanctions such as labelling and exclusion, they will be more vulnerable than someone with less at stake. An example constitutes an employed user, who fears being sanctioned with dismissal should his or her involvement with heroin become public.

This anxiety has been expressed by virtually all employed interviewees. Most believe they would be instantly dismissed if their boss learned of their opiate consumption. **Angus (N)** and **Joanna (C)**, on the contrary, claim that their relatively tolerant employers are aware of their heroin use. For these two employers, their employees' recreational activities seem to be of little importance as long as their productivity is not affected [**Angus, 7, 24–49; Joanna, 4, 15–20 and 21, 4–8**]. To varying extents, most participants claim to feel threatened by the possibility of being stigmatised, labelled and socially excluded because of their illegal involvement with heroin.

This threat is intensified by the Shetland-typical style of newspaper journalism concerning local breaches of the law: On the basis of the police reports, illegal and socially deviant conduct is reported circumstantially, including personal details, such as names, age and address of the people involved⁵ (cf. *The Shetland News*, 24 January, 2004).

Secrecy of Heroin Use and Supply

On balance, the interviews convey the impression that most island heroin users tend to make considerable efforts to conceal their opiate use from uninvolved parts of the island's society in order to avoid social sanctions such as labelling and exclusion [e.g. **Oliver, O, 21, 7–12**]. The interviewed users generally present the potential impact of social stigmatisation as particularly strong on the island compared with urban places. On the one hand, the often small size of user groups is held responsible, as illustrated by the occasional user **Oliver**.

Oliver: [...] Because it's, they are all very small sor' o' communities, you know? People, you know, keep quiet who use it, you know? [**5, 10–12**]

On the other hand, the island's relatively conservative culture is also mentioned in this context [e.g. **Oliver, O, 22, 40–41**].

Besides employers and the general public, many heroin users also conceal their drug activity from family and non-using friends, although there are sometimes exceptions in the case of trusted friends, relatives and partners in whom users can confide [e.g. **Christian, O, 10, 35–44; Oliver, 22, 34–23, 15**]. The main criterion for this appears to be the expectation of not being judged or treated differently as a consequence. Social sanctions, however, do not seem to be the sole reason of heroin consumers attempting to hide their opiate use. Some of the interviewees, in particular those consuming on a recreational, occasional basis, claim to conceal their use from heavy, habitual *junkie* users. The underlying motivation may on one side be a

⁵ As stated by a Shetland journalist, a newspaper story about socially or legally transgressing behaviour in Shetland only becomes interesting for locals to read when the persons involved are identifiable (Stallwitz 2007). Since 'everyone knows everyone', having one's name in the paper means the whole of Shetland will be informed virtually immediately.

control strategy to protect oneself from too deep an immersion into the heroin scene. On the other side, people might want to avoid receiving attention in public by persons commonly known as heroin users, which could be regarded by onlookers as an indicator of one's own involvement with the drug.

Unaware Girlfriends

Several participants point out that they know of a considerable number of heroin users who also conceal their opiate use from their partners, particularly if they inject. **Hannah (C)** [8, 39–48] and **Mona (C)** [7, 40–42] declare that this type of concealment is not unusual. A number of other users, men and women equally, also share this view [e.g. **Rick, C**, 10, 10–11]. Male users in particular reportedly hide their heroin consumption from their girlfriends. Still, both **Hannah** and **Mona** claim to be aware of female heroin consumers who conceal their use from their boyfriends. **Mona** points out that although in most couples both partners use if either one does, people living in the countryside are particularly cautious about concealing their behaviour [7, 23–50]. **Ben (N)** provides a personal example of a male user carefully hiding his heroin use from his girlfriend, who he believes would end the relationship immediately if she found out [5, 28–29]. **Hannah** talks about four men she knows directly who had tried to hide their opiate consumption from their girlfriends and had eventually been found out by either their family or their partner. She also mentions men she only knows from distance [10, 42–11, 15]. She expresses concern about the potential risk of spreading infectious diseases as a consequence of the significant prevalence of male heroin users hiding their intravenous drug use from their partners. She claims to have witnessed numerous men engaging in risky injecting behaviours such as sharing equipment, which promotes the spread of hepatitis C and other serious blood-borne viruses. She argues that a person infected this way could pass on the virus to their partner, and with Shetland's small size, an epidemic could escalate.

Hannah (C): An' I know there's a lo' o' guys up here tha' are injectin' heroin an' their girlfriends don' know about it, an' I've seen a lo' o' them bein' thoughtless, like sharin' wa'er, that kind thing, sharin' spoons, an' I think to myself, well, if even one of them has somethin' an' they're sharin' wa'er or they're sharin' spoons an' that passes on to the next person an' that person goes an' sleeps with his girlfriend who doesn' even realise that their partner's injectin' heroin. That poor girl or that straight person could catch anythin'. An' Shetland, if one person catches i' could ESCALATE tae middle class people endin' up like wi' sleepin' wi' someone an' before you know, I think, there could be a real problem in Shetland. If somebody's go' i' then i' could escalate so quickly before you know i'. A lo' o' people could have i' an' it's a big worry I think. [...] [8, 41–9, 3]

The perceived overrepresentation of men disguising their opiate use from their partners might be associated with the reported predominance of male heroin users explored above. Moreover, female users might act more cautiously and therefore fare better at keeping their use a secret. Since men obviously play a more active and present role within the subcultural network, they are liable to attract more attention

than women with their heroin use-related manners and behaviours. This may give the impression that there are more secretive male than female users. In any case, the atmosphere within the scene appears to be clearly male oriented or even dominated.

Hypocrisy of Heroin Using Party Goers

When outlining the various effects the fear of stigmatisation has on the manners and behaviours of heroin users, some interviewees describe a kind of ‘hypocrisy’ shown, especially by occasional users in employment. The two long-term users **Gerry (C)** and **Lilly (N)** provide explicit accounts of hypocritical attitudes. The former claims to know of many partygoers who smoke heroin after a weekend of stimulant use as a form of self-medication to calm down and relieve hangover symptoms. Instead of admitting to their sporadic opiate use, **Gerry** explains that in public these people often distance themselves from and deride regular users and emphatically deny ever consuming something despicable as heroin. The motivation for such seemingly paradoxical behaviour seems to be anxiety about incurring social sanctions if discovered.

Gerry (C): I would say it has an’ it hasn’t. The ones tha’, I mean, there’s a lo’ o’ people tha’ use, not, no’ daily but maybe, ken, weekly or fortnightly when they go out for the weekend kinna thing. An’ their use is a little bi’ about, as you say, ease the comedown. But other kinda days they would go ‘Oh, I wouldn’t touch that if you paid me!’ kinna thing. ‘Fuckin’ smackheads!’ So it’s kinna, a bit of a strange thing. ‘I I was sittin’ smokin’ a bi’ two nights ago, havin’ a tin foil, you know, in your house and now you seem to be [xxx]. So. yeah, it’s a bit strange like that.

R: That’s strange, yeah. What what kinna thinking is behind that?

Gerry: I think, people don’t want to, don’t want to admit that that they use. They don’t want to admit tha’ for work reasons or family reasons. They don’t want to kinna openly admit that they use. I think. [5, 33–50]

Lilly describes her personal experience with a man who knew about her opiate consumption and for that reason treated her with open contempt, even though he himself engaged in occasional heroin use with some mutual friends. Like **Gerry**, she explains his behaviour as an attempt to counteract potential suspicion by adopting a position of extreme disapproval. The accounts of **Lilly** and **Gerry** create the impression that employed occasional users in particular define more serious heroin users as an explicitly defined out-group. Perceived threat to employment and other social relations seems to be the primary motivation for engaging in these deliberately misleading behaviours.

Stigmatisation and Anticipated Costs as Treatment Barrier

As a further perceived threat to users’ privacy, numerous interviewees cite attendance of the Shetland drugs project. Several participants claim to avoid the aid

organisation through worry of either being watched by someone when entering the building or of meeting people inside who might spread the word that they have seen them at the project [e.g. **Ben**, 15, 36–51; **Philip**, N, 6, 32–39]. This information, they fear, may reach employers and other people. Therefore, many prefer to shun the organisation, even though at times they feel they could have benefited from its support or treatment. In addition to citing their own personal concerns, interviewees over and over again mention people they know or know of who would benefit in one way or another from the assistance and intervention the project offers [e.g. **Joanna**, 20, 44–50]. Others state that they *do* attend the project but only with great discomfort, such as **Joanna** (C) cited below.

Joanna: [...] As I say I'm a really private person an' goin' to yon project had just driven me *craazy*. [14, 37–38]

Hannah (C) assumes that in a more anonymous place than Shetland, she would have sought help far earlier than she had. She states that she only went to the drugs project when she already was in a seriously bad way [1, 16–26]. Although attending the drugs project is not the only way to counteract a drugs problem, in many cases it might contribute significantly to improving the psychological, physical and social state of problematic drug users. Therefore, the intense stigmatisation of heroin, together with the expectation by its users of adverse social effects if discovered, appears to create a solid treatment barrier for many individuals. The fear of adverse consequences seems to play an important role in determining people's decision making. While an actual risk of social sanctions most likely exists, reactions from the social environment apparently range from absolute condemnation and rejection to relative acceptance and tolerance. (The former might still be the most common reaction amongst employers.) The widespread expectation of negative reactions and social exclusion might fundamentally influence people's reality constructions. These again seemingly discourage many from utilising the drugs agency in order to avoid the worst-case scenario of being revealed as a heroin user. Without the anticipated and actual risks, probably a greater number of Shetland drug users in need of help would seek official support and treatment.

7.3.6.2 Supply Norms: Relaxedness, Patience and Softness

When contrasting the overall heroin scene mentality in Shetland with what participants generally describe as 'representative urban mentalities', a range of reported differentiators have been presented and discussed. The long-time consumer **Robin** (C), originating from a large British city, has already been cited in relation to his own inappropriately 'urban' behaviour in his early time on the island when having money owed to him: First he did not adapt to the local norms of waiting patiently rather than reinforcing payment with the threat of violence. The typical island heroin user, in turn, he regards as too soft to 'survive' the tough manners of a city heroin subculture [8, 10–39]. The norms and behaviours associated with the business and supply side of the island heroin subculture are portrayed in similar ways by other

interviewees, both mainlanders and islanders. **Ben (N)**, Shetlander and temporarily regular consumer, also contrasts the aggressive attitude often associated with heroin trade in city areas with the patience and non-violent behaviour predominantly encountered in Shetland. While city heroin dealers tend to react with physical brutality in order to reinforce outstanding payment, in Shetland a dealer would rather apply verbal persuasion. If this fails, they *may* possibly go as far to give the debtor a punch in the face [**Ben, N, 19, 10; Christian, O, 13, 45**]. Participants explain that users repeatedly failing to clear their drug debts tend to be sanctioned with general exclusion from drug supply rather than threat of violence. **Ben** declares that, due to Shetland's small size and the island's typical cliquy kind of dealing, virtually every dealer of whatever type of drug can be informed about unreliable users through word of mouth. This way, someone who persistently owes money can be excluded from the entire drug supply network. Furthermore, the Shetlander explains, violence is not *necessary* because most people will pay their debts when in the position to. Mainlanders who use violence to recover debts would simply not be accepted by the Shetland drug using community. **Ben** emphasises the overall trust between the islanders as crucial brake against the development of violent criminal behaviours.

Ben (N): [...] On the mainland as well, if you owe somebody money, it can be as little as five pounds, 100 pounds, um, you're gonna get stabbed, slashed or hurt. 1) 'cos you owe the money an' 2) don't ever do wait with the money again!. In Shetland people, um, will ask you an' ask you an' ask you for the money "When you're gonna ge' it? Come on!" ken? An', ah, you *might* ge' a punch in the face - *maybe*, very rarely anybody does anythin' to anybody tha' owes money. Other than that they tell everybody "Don't give him any drugs. He doesn't ge' any dope, he doesn't ge' any speed, he owes me money." An' there might be 20/30 dealers in Shetland of various different drugs an' everybody will know "Don' speak to him, don' sell to him. He's a grasser, he owes money." It's a really close cliquy type dealin' to people. [laughs a bit]

R: Uumm, there's no need for it - can you describe that a bit more?

Ben: Yeah, there's no need for violence?

R: Yeah, yeah.

Ben: Yeah. People come from the mainland and they might threaten people an' say "Aye, he owes money - stabbed! Cut wi' a knife." Bu' somebody who comes up fae the mainland an' cuts somebody severely wi' their knife, stabs them an' puts them in hospital - they go' a ge' off this island. An' he can only go on one boat, if you gonna go on the boat an' if they're lookin' for somebody they'll have somebody in the airport an' will be watchin' ou' for these people. So you can't do *really* bad violence an' ge' away with it. Plus there's all like a lo' o' friends, people I know, you dinnae, you dinnae need violence. You don't need violence. There's no need for it'. Somebody owes you 100 pounds, they're gonna give you when they've go' the money. You don't need somebody go an' steal i'. Or break intae somebody's house to pay for the drugs. That just doesn' happen. People in Shetland leave their doors open, ken, you just walk into their house, leave their cars open. There's a lo' o' trust in Shetland. [**19, 6-7, 7**]

On the basis of the interview accounts, it seems that the supply norms and behaviours common in Shetland are determined more by the dealer than the user. Presumably, consumers tend to rely on suppliers and so might be more likely to conform to the model dictated by the suppliers than vice versa. However, due to the small size of the island, the dealing attitudes and behaviours may to a decisive degree be subject to the acceptance of the general drug using community, and users specifically.

Hence, dealer and user manners probably influence each other and both are likely to be influenced by the mainstream culture in which the heroin using subculture is embedded.

7.3.6.3 Norms and Rules of the Old School

The preceding sections have shown that the heroin using mentality in Shetland, including associated norms and behaviours, is by and large perceived as significantly more peaceful and trust-oriented than a typical urban heroin scene. Interview accounts in this regard almost seem to create a universal rule. In this respect, the values and behavioural norms and rules of the above-introduced heroin using *old school* have repeatedly been mentioned. The four male long-term users in their mid-30s **Gordon**, (C), **Gerry**, (C), **Duncan**, (C), and **Rick** (C), who refer either literally or indirectly to themselves as being part of the *old school*, resemble each other not only in their patterns of heroin consumption, but also in their heroin using socialisation. In the following, the concept of *old school* and its meaning for the island heroin subculture will be elucidated and analysed.

Robin (C) also characterises himself as *old school* without belonging to the above-described circle. For him, *old school* means never introducing anyone, especially a young person, to any kind of drug. Moreover, he maintains that if caught with drugs he would never 'grass on' someone in order to rescue his own neck. The motivation underlying these two behavioural norms he explains with his personal value system: Behaviours such as introducing youngsters to drugs or informing on other users do not agree with his moral convictions and thereby his self-image. He explains that if he were to act against his ethical code, he would be sanctioned by his own conscience with extreme feelings of remorse and regret.

Robin (C): [...] I'm wha' would be called 'old school'. I don' believe in introducun' people to drugs of any kind. Whether tha' would be cannabis or speed or smack. I do not believe in introducun' anybody to drugs. [...] It's just, it's wha' I can live wi'. You know? I couldnae live wi' myself, I couldnae put heid on the pillow at night knowin' that because I'd been caught for somethin' an' rather than just take the punishment for i' I would go an' gie somebody else up. I just, I just couldnae dae i', I couldnae dae i'. Aah, so, that's wha' I mean wi' old school', you know?

Gordon (C) and **Duncan** (C) describe very similar sets of norms and rules they follow relatively consistently. **Gordon**, for example, affirms that he refuses to assist others with injecting if he is not sure that the person has injected before. Furthermore, he would avoid using heroin in front of a person younger than mid-20s. He claims his underlying motivation to be the fact that he feels comfortable with a *routine*. Rather than having to decide in each situation how to act, he prefers to have an established set of norms and rules he can customarily resort to [12, 18–28].

When asked how far he sees the *old school* ethos ingrained in the Shetland heroin culture, **Robin** claims that native Shetlanders generally do not act according to the ethical code he follows. With respect to 'grassing up' other people, he has already been cited above as arguing that due to the placid, communal, and non-violent

character of Shetlanders, the islanders do not fear the brutal sanctions typical in the urban scene. Hence, Shetlanders in comparison to mainlanders are less afraid of negative consequences and thus rather 'dare' to inform on other users [7, 7–34]. Moreover, he claims to have witnessed the widespread readiness of even older Shetland-born heroin users to introduce youngsters to drugs, including heroin. In his opinion, Shetlanders tend to be more interested in potential financial profit than in acting responsibly towards the young [9, 6–22 and 37–43].

Gerry (C) contradicts **Robin** with his account of the islands' second last main dealer, **Peter**.⁶ In **Gerry's** account, the Shetland-born man dealt until roughly two and a half years ago and acted according to a strict and coherent system of behavioural rules apparently comparable to the systems provided by **Robin**, **Gordon**, and **Duncan**, respectively. **Gerry** provides an example of the supply structure of dealers and distributors, with Peter, as head dealer, refusing to supply heroin to young people.

Gerry (C): [...] It's just been, yeah, with Peter, he kinda, he kinda tried to keep a bi' of a lid on it. Keep it contained. The minimum kinda, tryin' to keep kinda, everybody, who was dealin' for him knew kinda his se' a' rules kinda, no' any of them, no', not, it was kinda, 'Don't deal to school kids', it was kinda 'Not teenagers', no anybody, again it was 'Heroin goes round. Do it the old school' kinna thing. - Yeah, old school, that's - Keep it to the old school kinda thing. So it was kinna like that. [3, 3–11]

Gerry's explanation demonstrates that the *old school* rules also seem to extend to Shetlanders, or certain Shetlanders, as well as mainlanders, contradicting **Robin's** view. Still, it might be possible that these norms and rules were originally imported and introduced by heroin users who moved up from urban Britain.

The Shetland woman **Cathy (C)** offers a personal example of a young person who persistently tried to get access to heroin for many years but did not succeed due to the barrier of the *old school* ethical code. She claims that until about 7 years ago, the core heroin scene was restricted to about ten users, of whom she only knew **Gordon** personally. However, in order to protect her from the potentially destructive effects of opiate use, he refused her access and also instructed other people to do the same. She explains it was only through persistence that she eventually managed to purchase the drug [1, 22–32]. Her final success might also be associated with the growth and spread of the heroin scene over the past years.

A further practice amongst the *old school*, as described by interviewees, is that of restricting the amounts supplied. Rather than aiming to gain financial profits with the sale of large quantities of heroin, the *old school* merely seek to provide their own group. As a safeguard against the development of extreme addiction, both the quantity and frequency of supply is limited.

As already mentioned, the *old school* value system probably originates from urban Britain and has subsequently been imported to the Shetland Islands. In the view of the various interview accounts, the earliest heroin users on the islands were oil workers, hippies, and drop-outs from British cities. These users might have been

⁶Name changed.

the first to act and live corresponding to these values. The mention of the Shetland dealer **Peter**, who apparently supplied the majority of the island's heroin using community, seems to demonstrate that this system has been adopted and continued by Shetlanders. However, on the basis of Robin's statements, one might conclude that the island's heroin using community consists of various factions, of which some act in a way consistent with the *old school* and others do not. The behaviour of the latter might be determined by commercial or opportunistic values. Moreover, throughout part II, interview extracts have shown that the Shetland heroin scene has grown in recent years to include a greater diversity of users. Virtually all interviewees speaking about the changes in the scene agree that heroin has only recently become available to people younger than their mid-20s. The logical explanation would be that youngsters were previously denied access, with most Shetland heroin users complying with the rule 'no heroin to young people'. **Robin's** perspective might be formed by his observing that some islanders 'break this rule' while the urban incomers he knows have adhered to it.

7.3.7 *Summary of the Heroin Scene Mentality*

Recapitulating the essential characteristics of the heroin scene's mentality, which in many ways seems to reflect Shetland's *insular mentality*, one particular feature stands out: *Community-mindedness* appears to constitute a very central category in this context, around which other mentality concepts, such as cliqueness, are grouped and organised. The widespread community-minded spirit seems closely related to the socio-geographic properties of the Shetland Islands; due to its small size and spatial isolation, its inhabitants tend to form a very close-knit social network with virtually everyone knowing each other and each other's business.

People treat each other with attentiveness, care and trust, and this seems to extend to certain sections of the heavy and habitual heroin using population. Yet this behavioural attitude has not been presented as all-embracing, but rather restricted in its targets. Interviewees have repeatedly claimed that Shetlanders tend to build cliques. Individuals and cliques belonging to particular social circles of the heroin scene are perceived as an *in-group* and thus are usually met with a caring attitude. Those seen as *out-group*, such as people who have moved to Shetland from the British mainland, might experience the opposite – a conscious and obvious exclusion. The motivation underlying the exclusion of mainlanders appears to be an anxiety of Shetland's cultural inheritance being threatened. There seems to be a commonly shared fear that people from outside the island could undermine its mentality, including essential ethical norms and behavioural rules. Hence, according to interview accounts, so-called *Soothmothers* may experience greater disadvantages and difficulties than islanders in purchasing certain drugs, especially heroin, and in generally being accepted in the heroin using community. This *Soothmother* prejudice may be intensified by the influx of originally heavily injecting urban users. This group has indeed been described as showing a propensity for drug-related crime before

moving to Shetland, thereby fuelling both fear and prejudice. Still, by and large, participants who have moved up to Shetland from urban Britain claim to have generally adapted to the island's ethical and behavioural codes in order to gain access to the heroin using community. Out-group biases have also been described as being held against individuals or groups with 'different' or 'deviant' natures, such as against injectors in a circle of smokers.

The reverse side of community-mindedness seems to entail potentially adverse consequences for people known to use heroin. Therefore, to be discovered as a user has been cited as one of the worst possible outcomes, since under these circumstances an individual may face exclusion from the job market and the community. Through fear of such social sanctions, the majority of interviewed users purportedly maintain stringent secrecy regarding their dealings with the opiate. As a result, a significant number of users may avoid attending the local drugs project, informing their partner about their habit or try to convey the impression in public of profound opposition to heroin. Thus, as has been outlined above, attempts at secrecy appear not only to have a controlling effect on the overall heroin subculture, but to simultaneously encourage certain risk behaviours and treatment barriers.

As also related to the island's community-minded spirit, users have discussed the relatively 'soft' manners within the local drug scene. Rather than enforcing debt repayment with brutality or violent threats, Shetlanders are presented as being generally patient and forbearing. To these manners, mainland users apparently and largely adapt in order to avoid being sanctioned with rejection and exclusion. Nonetheless, Shetlanders seem to be ready to hold incomers responsible for many undesirable social phenomena and changes taking place on the islands. However, a number of concrete counterexamples have also been provided. Several of the mainlanders in their mid-30s seem to have belonged to an urban generation adhering to a relatively strict value system referred to as *old school*. Inherent to this ethical code is, for example, the duty to protect young and inexperienced persons from contact with both heroin and injecting. While these ethical standards reportedly constitute the behavioural guidelines for large parts of the heroin scene, some groups have been presented as prioritising commercial values.

In the relatively recent past, these commercial values apparently have increased in significance. Besides, a countertrend of what could be denominated as *junkie tendencies* seemingly has begun to exert a noticeable influence on the scene. Such tendencies include egoism, dishonesty, a preparedness to inform on – *grass on* – other users and engagement in criminal activities within certain factions of the Shetland heroin subculture. However, the precise manifestations of this new trend apparently strongly depend on the local sociocultural and geographic conditions. These connections will be illuminated and analysed further in the fifth and subsequent chapter of part II about the historical perspective of the Shetland heroin scene, including the five different phases that could be identified.

The structural particularities of the Shetland heroin scene on a macro- and a micro-social level before incisive commercialisation processes started to become noticeable are illustrated in Fig. 7.1 below. The 'macro-social level' refers to the

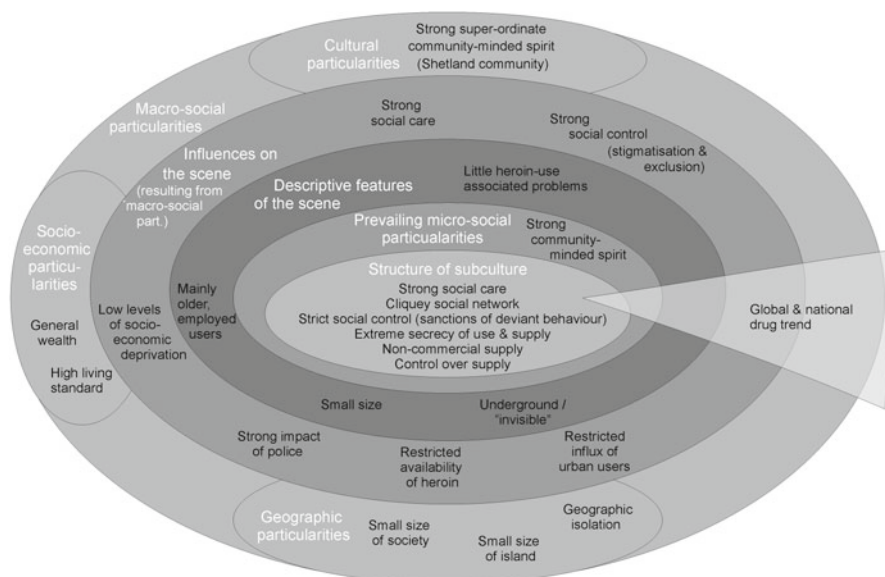


Fig. 7.1 Structural model of the heroin scene before commercialisation

geographic, cultural and socio-economic conditions *surrounding* the subculture and the ‘micro-social level’ to the conditions *within* the subculture. The global and national drug trend is illustrated as *superimposed* on the macro- and micro-social particularities.

Throughout the last three sections, numerous interview extracts indicating that the heroin scene in Shetland is subject to previous and ongoing changes have been cited. Through the examination of these citations, the procedural aspects of the subculture’s social fabric have become evident.

7.4 Changes of the Heroin Scene’s Appearance and Internal Organisation

7.4.1 *Spread and Growth of the Scene*

Virtually every interviewed heroin user agreed that the island’s heroin scene has changed considerably over the last, approximately, 5 years. These transformations include a large overall increase in the number and the diversity of users. Different interviewees have called this development an ‘explosion of the scene’. Whereas users were once predominantly male and older than 30, the number of women, young people and ‘average’ Shetlanders are claimed to have risen strikingly.

Declarations such as, 'I would never have thought that such and such would ever start using *this* drug!' repeatedly occur throughout the interviews. Moreover, interviewees maintain that the number of dependent, problematic consumers as well as clients of the Shetland drugs project have grown notably. Interviewees claim that at the same time, the scene now also includes more occasional, recreational heroin users than in the past, since to a certain extent a shift from the use of party drugs to heroin seems to have taken place. Hence, the ratio between occasionally and dependently using people might not have changed fundamentally.

7.4.1.1 Reasons for the Spread and Growth

Both as a result of and a reason for the increase of heroin use, various participants mention an overall *decrease* in the social stigma attached by the general Shetland community to the opiate and consequently the drugs project: With a reduced risk of severe social sanctions, more people venture to use the controversial drug. One interviewee, however, claims that the stigma has grown since the community has become more aware of the existence of heroin in Shetland through newspaper coverage. As a consequence, the person asserts that the stigma of drug use has worsened, which is evident in greater levels of labelling by the community and self-labelling by those affected. Some interviews suggest that the stigma is lifting with the increase in younger users. The intensified attention on heroin use in Shetland by the local media might have inflamed the fears and concerns of specifically older residents who have little knowledge about illegal drug use.

7.4.2 Increase in Intravenous Drug Use

Virtually all interviewees agree that the increase in heroin use in Shetland is accompanied by an increase in the proportion of intravenous users. Also, in this respect, the term *explosion* is frequently employed. A number of participants explain that in the past, this route of administration was particularly typical of incomers from the mainland. The overall majority of users would have smoked or, to a lesser degree, snorted the opiate. Now, the proportion of mainlanders and islanders who inject could be about the same. Interviewees claim that, whereas intravenous use was once practised with responsibility, the increase in young users has led to a decline in these standards. The significant spread of injecting has additionally been cited in relation to amphetamine consumption. Many people for whom speed is the main drug of choice as well as heroin users in times of heroin drought are said to use the amphetamine in the first place intravenously.

With regard to both the general expansion of heroin use and injecting, numerous interviewees compare the situation on the island to the happenings in urban Britain 10 or 15 years earlier, and point out parallels and similarities.

7.4.2.1 Reasons for the Increase of Intravenous Drug Use

Concerning the spread of intravenous drug, and in particular heroin use, an array of causal associations has been suggested. Various participants claim that habitual users in particular often advance to injecting due to the generally low quality and thus potency of the heroin obtainable in Shetland. Furthermore, many older users explain that the *old school* principle of not introducing heroin and intravenous administration to youngsters and novices, described in the previous section, is gradually losing influence. According to several participants, these norms are being replaced by the perception of injecting as more cost effective and 'cool'.

7.4.3 Transitions in the Overall Scene Mentality

Besides an overall growth and spread of the Shetland heroin scene, including rising injection and addiction rates, interviewees also claim to have noticed substantial changes within the subculture's general mentality. While previously a tenor of community orientation and comradeship appears to have been predominant, numerous interview citations point to a recent expansion of what could be called a *junkie attitude*. This term, derived from participants' accounts, relates to self-centredness and readiness to take advantage of other people, including fellow users. Certain people might even be prepared to engage in deceptive, criminal or violent behaviours. As asserted by an occasional user, the island's heroin scene has entered a transition from social to 'more and more sordid' [Christian, 10, 32]. While beforehand caring for each other was generally assigned a high priority, these community-based values have started to lose ground. The new egocentric trend seems closely related to an overall commercialisation of heroin as merchandise. At the same time, the formerly strict control of heroin supply and using behaviours seems to have experienced a relativisation. Users on balance are described as handling their heroin use not only less secretively, but also in a less controlled and conscious way. This leads, amongst other things, to risky behaviours and even deaths.

7.4.3.1 Reasons for the Mentality and Overall Transitions Within the Scene

Interviewees associate a number of diverse features with the relatively recent changes in attitude perceivable within the Shetland heroin scene. Many see a relationship between these changes and the growing influx of heavy urban heroin users. Others mention the 'prison connection' as fundamentally involved in the decline of community-minded values and behavioural rules. *Prison connection* refers to the rising incarceration rate of heroin dealing Shetlanders, a consequence of the growing scene. In prison, Shetland suppliers are exposed to an environment where they can potentially professionalise their skills in dealing and related criminal activities. In this context, some users even regard the growing police activity to be primarily

responsible for the criminal and violent tendencies becoming noticeable within the subculture. The described transitions allude to the global British drug use trend beginning to exert a perceivable impact on the island's drug scene, with a delay of between 10 and 15 years. Comparisons between the development of the subculture in Shetland and the urban British mainland in the late 1980s are frequently drawn, and parallels identified. All in all, diverse participants judge the past and current changes to be symptomatic of a general commercialisation.

This section has supplied a brief summary of the possible associations between the altered and altering features of Shetland drug use as presented by the interviewees. The purpose is to provide an introductory overview of the historical perspective of the scene and its five different stages, with all their characteristic features and peculiarities. The identification of five distinct phases is achieved through a reconstruction and reorganisation of the interview material relevant to this topic, conducted from the reflexive but still subjective perspective of the author. Hence, the existence of five differentiable stages constitutes *one* but not the *only* possible perception of the island heroin scene. Looked at from other angles, the subculture might be perceived as having experienced a greater or smaller number of separate eras. However, this specific conceptualisation is based on a consistent and in-depth analysis and interpretation of the complex coherences concerning the heroin subculture and its historical course.

In the following chapter, the specific features and characteristics of each subcultural stage as well as their respective transitional phases before entering the subsequent stage will be described and analytically illuminated. Regarding the last and current phase, future prognoses will be presented and scrutinised.

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Chapter 8

The Shetland Heroin Scene from a Historical Perspective: Five Distinct Eras

8.1 Introduction

The five different eras of the heroin scene – chronologically named – are here referred to as the *EARLY DAYS*, the *ERA OF THE OLD SCHOOL*, the *CONTAINED COMMERCIALISATION*, the *COMMERCIAL PEAK* and the *CURRENT FRAGMENTATION*. Many interviewees seem to further differentiate between the principally ‘good old’ and ‘bad new times’. The turning point between good and bad, participants describe to have occurred around the commercial peak. It seems many interviewees share the perception that before the commercial peak, the conditions concerning the heroin scene were ‘good’, and afterwards ‘bad’. A black-and-white judgement of this kind might not solely be based on reason but also irrational, emotional factors. The circumstances of the commercial peak and the transitional phase beforehand will be systematically analysed at a later stage of this chapter.

In Chap. 2, the features of the Shetland heroin have been presented, while Chap. 3 concentrated on the subculture’s internal structure and organisation. These two tightly interlaced topics have for simplifying, structuring reasons been divided artificially. Both comprise numerous interwoven themes and would be too complex and thus confusing for the reader to follow if not didactically structured and simplified. The purpose of this chapter is to explore the island’s heroin scene from a historical perspective, with a particular focus on triggers, processes and outcomes of change. The aim is to describe *central* aspects and features characterising each phase and differentiating it from the preceding and the subsequent phases, rather than to provide detailed and all-encompassing images of the scene in its respective stages. Consequently, an artificial subdivision into *descriptive features* and *internal structure* as in Chaps. 2 and 3 is neither necessary nor adequate in this chapter.

The representations of the different phases cannot be equal regarding elaborateness and precision but depend on the specific features interviewees regard as important and noteworthy. Moreover, the time factor has to be considered. Only two or three

participants have personally experienced the very beginnings of the subculture, and thus only *they* are in the position to provide first-hand information about the initial stage based on own experiences. Also, the earliest events occurred longest ago, which increases the influence of both failing memory and events passing into legend through frequent retelling. It can be assumed that accounts are distorted most that date back to times longest ago. While these considerations should be borne in mind when reading relevant interview passages, however, this does not imply that all accounts of the old times are generally flawed but rather to some extent altered.

8.2 The Early Days: Hippies and Oil Workers

8.2.1 *Cultural Conditions at the Beginnings of the Shetland Heroin Scene*

When sketching the features of Shetland's common substance using scene in Part II, Sect. 1.2 has been emphasised what a significant role the construction of the Sullom Voe oil terminal between the mid-1970s and the early 1980s played for the development of the local drug scene. Besides a great influx of oil workers from urban Britain, interviewees describe how members of the hippie culture and other countercultural currents of that time moved to Shetland as social dropouts seeking forms of life beyond the British mainstream. According to participant accounts, it was primarily people from such backgrounds that 'imported' both drugs and aspects of urban drug scenes to the islands, and in this way contributed fundamentally to establishing the origins of the local drug culture. Oil workers typically had large incomes at their disposal, and many of them reportedly bought illegal psychoactive drugs in order to compensate for the hard work, the bleakness of the island and the lack of leisure time facilities. Various interviewees' citations describe the extraordinarily exclusive, small, and C in these former times, which was accessible only to a carefully restricted number of select people [e.g. **Duncan**, N, 4, 29–5, 11; **Rick**, 10, 38–11, 8; **Kay**, 6, 34–35]. **Duncan** (N), who originates from urban Britain but has lived in Shetland since the heroin scene's early years, suggests that the subculture's beginnings were closely associated with the oil terminal's start of operation. This view has already been given in the preceding section and will here be taken up again. According to **Duncan**'s descriptions, the *original heroin users* – also referred to as the *original crew* – comprised mature townspeople, socialised and living according to unconventional, alternative or even countercultural worldviews rooted in the 1960s and 1970s.

Duncan (N): Oh yeah, people, there's people up here tha' always kept i' tha' way. There was like a, I remember a long time ago the only heroin scene, if you could possibly call tha', was people tha' were older than me, much older than you an', aaaah, all the rest of i', kinna came ou' the 60s an' 70s. They all came up here when there was an awful lo' o' money for the oil an' all tha'. [4, 32–38]

A similar picture is given by the Shetlander **Rick (C)**, roughly the same age as **Duncan**. He estimates that the first heroin use on the island took place in 1976, and was carried out by men working at Sullom Voe. According to his account, these people restrained their use to very small amounts inhaled infrequently. This style of use principally enabled these early users to avoid adverse physical or social experiences, including physical or psychological dependence.

Rick (C): [...] An' there *was* nae opiate use here at all. The opiate use there was, was guys tha' worked. At Sullom in 1976, ken, older guys tha' got the odd little bit up an' didnae get problems wi' it, ken, just kept i' doon to a minimal. An', um, bu' now, yeah, it's jus' gotten completely the other way. [5, 47–50]

The Shetlander **Oliver (O)**, in his late 40s, claims to have first experimented with heroin in Shetland in the late 1970s, and to have thus witnessed the very beginnings of the subculture. He explains that within the context of the general *explosion* of the local drug scene, initiated by the massive influx of thousands of oil workers at Sullom Voe, drugs like heroin became available to an extremely restricted and controlled degree and at a high price. He also states that the very first people to supply heroin on the islands were people employed at the oil terminal, originating from urban England [3, 1–6].

Kay (O), in her mid-40s, claims to have begun using heroin in the early 1980s in Shetland – thus a few years later than **Oliver** – and to have used for somewhat more than 20 years. Consequently, she also has a rich store of observations about the origins and developments of the island heroin subculture. As mentioned above, many of the older participants agree that the Shetland heroin scene was established predominantly by two groups of incomers: Employees at Sullom Voe and hippies. While **Oliver** offers in-depth reflections on the former group, **Kay** gives detailed accounts of the latter of which she seems to have belonged to. Her examples partly refer to the scene in general and partly to her personal user circle, with whom she used heroin for about 20 years. This group, primarily comprising academics whom she designates 'old hippies', started using together in the early 1980s. Members were generally aged between 30 and 50 years, with her only in her early 20s being by far the youngest. According to **Kay**, the use of heroin was regarded as a *treat* enjoyed solely on specific occasions, no more than a few times a year, in a style that always reliably prevented the onset of addiction [2, 1–10; 6, 6–18].

8.2.2 *A Civilised Friendly Social Scene of Responsible Older Users*

Oliver explains that the use of heroin had then been a very rare phenomenon conducted by a stringently limited number of people. Suppliers strictly regulated and constrained the amount of heroin available in Shetland to an average of about a gram per month. He depicts the heroin scene of this time as characterised by a *friendly* and *social* rather than *cynical* and *commercial* atmosphere. He seems to

argue that the purpose of suppliers and users was communally shared experience rather than individual profit in money or drugs.

Oliver (O): [...] Well, when I first took it, I was doin' it in 1979, or first experiment with it... it was very very few people doin' it, very few. And, ah, even like the, ah, the distribution was controlled, like, ah, there was... You could maybe only buy, it was really only a gram a month or quarter a gram a week or somethin' like tha', you know. They just wouldn't sell anymore as tha', you know, because, ah, the It was really just a sorta, em, a friendly social thing rather than sor' o' cynical dealers tryin' to get as many people hooked [dependent] to make as much money. I' wasn't like that, you know. Bu' tha's a long time ago now. [5, 28–38]

The heroin subculture of the old days has frequently been presented fondly, particularly by older users who themselves have participated since the scene's beginning or know people who have. The features of the scene and its members are typically characterised with attributes like *small*, *not noticeable*, *exclusive*, *civilised*, and *controlled* and *older*, *responsible* and *mature*, respectively. Patterns of chaotic and risky intravenous use are never associated with this period, which appears to have lasted roughly from the late 1970s until the late 1980s/early 1990s.

Below, **Duncan (N)** names essential features of heroin use and purchase in the old scene. He gives a first-hand account as an associate or even member of this early user circle. He presents the scene as shaped by its users' responsible ways of handling the opiate. His definition of *responsible* in this context includes moderation in consumption and careful concealment of all activities related to heroin supply and use. According to his report, everybody in this circle was aware of the dangers associated with failing to use and supply heroin in a responsible style. **Duncan** explains that consequently every user and dealer respected the behavioural regulations needed to manage the risk of losing control over the subculture that had been built around the highly illegal and stigmatised drug. Hence, the supply of heroin had to be extremely restricted in amount, frequency and recipients. Like **Oliver (O)**, **Duncan** emphasises the non-commercial, conscious and social attitude determining the atmosphere of the early heroin scene.

Duncan (N): [...] I' used to be *so* small, i' used to be among a group in Lerwick I was sittin' with, that, I would say, was very responsible about it. They would never ever, you know, one of these things, it never got mentioned, you know I mean, never go' bowled about'? You know, an' everybody knew wha' the consequences of bowlin' abou' would be. An' everybody knew wha' the consequences of large amounts bein' brought to the island and givin' out to everybody would be. You know? There was never ever anythin' like free heroin to ge' you into an' all tha'. You know? It's jus', you know, it's *unbelievable*, I mean [1, 15–25]

The heroin user **Kay (O)** points out that this civilised way of life that in former times characterised the island heroin scene is no longer perceptible [2, 21–23].

8.2.3 *Using Heroin in Shetland in the 1980s: 'Same as Having a Drink or a Joint'*

The occasional user **Oliver** represents the oldest of the interviewed users. With his first experiences of heroin consumption dating back 25 years, he also looks back on the longest heroin using career on the island. Even though this period includes

several years when he did not use at all, he always seems to have managed to maintain a relatively comprehensive and far-reaching overview of the features, constitution and transitions of the subculture. Comparing the past and present, he emphasises the categorical differences in the scene's relationship with the Shetland community. From his account, it seems the subculture exerted a barely noticeable influence on Shetland's society for approximately 20 years. Throughout this time, he claims to have perceived the general atmosphere and tenor of the subculture and patterns of use overall as *recreational* and *social*: By and large, heroin use was ritualistically and mutually shared. He describes the consumption of heroin during this era as comparable in its unproblematic nature to the use of substances generally regarded as socially integrated, such as alcohol and cannabis. Like various other users, he emphasises the strict *control*, due to which the scene could preserve its social, unproblematic and unobtrusive quality. Like other interviewees, he defines this control as a carefully limited and expensive supply to a small number of selected people. The measures sold usually amounted to not more than individual snorting lines.

Oliver (O): [...] And for a long long time, before, ah, well, before it got a real grip on society up here, on Ler-, all over Shetland, but primarily in Lerwick, I suppose, ah... it was just a recreational, it was just a, a social thing, you know? Same as havin' a drink or, ah, or people passin' joints around or wha'ever, you know? To a very small sorta,... [...] just a small group o' people, I suppose. This is, this is like maybe... 1980. Nearly 25 years ago. I I I first, ah, tried heroin then - '79/'80, somethin' like that. Yeah, me an' my then girlfriend, ya... Just, purely out o' interest. It was real, also it was very difficult to come by up here. Then. Almost impossible, really impossible. It was very controlled. It was no, ah, like the people who were sellin' it that were people from, ah, from Liverpool. Funny enough [laughs a bit]. Who were up here workin' at Sullom Voe, you know? There were a lot o' workers at Sullom Voe. 1000s or 100s of people came up here to work. So, the the drug scene just... exploded, you now. At, well, well, that time '78,'79,'80, things like that. And, ah, it became available *unbelievably* expensive – a hundred pound a gram then, 1980! You know? It's a lo' o' money. Aah,... and you could buy it by the line, just for sniffin', snortin'. [...] [2, 40–3, 10]

He contrasts this long period with the current state of the scene: At some point in the fairly recent past, the scene 'got a real grip on society up here'. The expression implies a significant transformation, after which the social and societal consequence of heavy heroin use became evident.

8.2.4 *Ideational Heroin Use Within the Framework of Small, Select and Secretive Groups*

The occasional user **Kay** offers numerous detailed accounts of the Shetland heroin scene in its early days. As **Oliver (O)** and **Duncan (N)**, she describes the subculture 20 years ago as having formed small select undercover groups that acted very secretly and carefully. Heroin was normally only available on specific occasions, such as midsummer or Christmas. It was regarded as a *treat* to celebrate these special events a few times a year for one night at a time or at most two successive nights. [2, 1–10; 6, 6–18].

Through restrictions of this kind – low frequency and the association with celebrated events – both the scene and individual using patterns were controlled [1, 5–14]. This form of risk management could reliably prevent the development of physical or psychological dependence. Furthermore, a potential superelevation of the drug’s meaning in proportion to other important areas of life of a user could thus be counteracted [12, 28]. Heroin was intended to be a highly valued and distinguished product that was enjoyed primarily in order to underline the extraordinary nature of special social gatherings.

In Sect. 3.1, when introducing the faction of occasional users, **Kay**’s personal user group of people with predominantly academic backgrounds and hippie worldviews has already been presented in order to exemplify recreational users. Apparently, this group has existed for more than 20 years without undergoing any substantial changes in typical patterns, frequency or meanings of heroin use. With respect to these descriptions – as well as to the very similar account given by **Oliver**, whose user circle seems to resemble **Kay**’s in many essential features – the attribute *ideational* had previously been employed to characterise the nature of the heroin use. While **Oliver** affirms that his circle still exists and that he still takes part in it, **Kay** claims to have left the group a few years ago and to be unsure whether it persists or not. According to **Oliver**’s and **Kay**’s reports concerning their respective user circles, the drug and its use have always carried a shared ideational meaning and held a ritualistic status with strong group bonding effects. While the ritualistically celebrated use of heroin appears to constitute a defining feature – the ‘glue’ or ‘catalyst’, as designated by **Kay** below – both groups are also depicted as sharing an array of other significant interests as well as a powerful system of norms and values, already indicated in Sect. 3.1. The female interviewee speaks appreciatively about the friendly, respectful and relaxed atmosphere in which she and her fellow users consumed heroin. They would not only share the drug but also nice food, conversations and music, with the use of heroin seeming to constitute the highlight of such culturally sophisticated events.

Kay: Always the same, same relaxed scene. Maybe have some snacks, we would listen to music, we would talk, stay up all nigh’. Everythin’ was very mellow an’ peaceful... An’ i’ was, i’ was lovely. An’ I don’t think, lookin’ back,... it wasn’t only the heroin. It was the whole scene. Bu’ I suppose... I suppose it was the heroin that kept us altogether. The heroin was the glue. That was the catalyst. [...] [9, 13–15]

The commonly shared superordinate idea and worldview exhibited on these occasions, **Kay** describes as the hippie philosophy of ‘love and peace’ [12, 22]. Expressions she uses, such as ‘Santa Claus project’ and ‘Christmas magic for adults’, further underline the ideational foundation of the communal undertaking [6, 21–36].

8.2.5 *The Golden Light of the Good Old Days*

Heroin appears to have generally been a highly cherished good, consumption of which often took place in a celebrated, ritualistic manner. While this tenor emerges very strongly from those interviews containing reflections on this period, it should be considered – as has previously been pointed out – that the informative value of

the corresponding citations will always be tainted by subjective experiences and knowledge. Furthermore, the frequent comparison of past with present appears to be accompanied by an agreement commonly shared by interviewees that these former times were principally *better*. Hence, the old days will partly be somewhat glamorised. This assumption is not intended to imply that illustrations of this era should be dismissed. Rather, the probability of a *glamorising accent* should be borne in mind when reading reflections about the past, especially in comparison to the currently changing present.

8.2.6 *Conditions of Change: A Second Generation Taking Over*

When speaking about the good old days of the Shetland heroin scene, interviewees tend primarily to refer to the first two phases of the scene, and sometimes the third one. The scene taken as a whole appears to have sustained its generally harmless, socially unobtrusive nature for many years. Central features of this nature include the small size, the exclusiveness, the involvement of primarily older users, the strict regulation of supply and purchase, the low levels of heroin use-associated problems, and the general societal invisibility. Although perhaps not noticeable from the outside, the subculture's internal network is still reported to have undergone substantial processes of reorganisation and alteration in the years since the scene's inception in the 1970s. The central players – referring to the main suppliers and those users with easy access to the drug – are presented as having changed fundamentally. As already outlined, the scene is reported to have been established by two – possibly independent, possibly overlapping – factions of urban incomers: hippies and oil workers. None of the interviewees refers to any area of overlap between the two factions in terms of work or leisure time. Thus, that there might have been a few crossovers between hippies and Sullom Voe employees can only be speculated.

Interviewees report that when the oil terminal was put into operation, many of the urban incomers left the island and returned to their original homes. The townsman **Duncan (N)**, who claims to have watched the happenings and developments closely, explains that after the departure of most of the oil workers, the Shetland drug scene underwent a severe downturn: many drugs were no longer available on the island. According to **Duncan**, a phase followed when solely drugs such as hashish and speed, generally perceived as less suspect than heroin and cocaine, were obtainable locally.

Duncan: Yeah, yeah, there was a big big gap when all the oil workers went away. You know wha' I mean, you would never, you wouldnae have been able to ge' cocaine, you wouldnae have been able to ge' blablabla, all you could ge' here would be a bi' a' hash an' speed brough' up because it didn' didn' used to be suspectable an' all the rest of it. [...] [5, 28–32]

Nonetheless, the heroin scene apparently persisted on a very small scale and was reactivated a few years later. In accordance with various interviews, this first generation of heroin users and suppliers was followed by a second generation, now consisting of not only urban incomers but also Shetlanders. The urban users are described as having developed heroin use-related problems, such as dependency or legal issues, in city heroin scenes during the 1980s–1990s. As a form of self-help,

they resorted to Shetland, where at the time the drug was relatively inaccessible to outsiders. Interview accounts in this context contain both first- and second-hand observations. First-hand information is provided by the six interviewees who seemingly belong to this group. These six are **Gordon (C)**, **Duncan (N)**, **Rick (C)**, **Gerry (C)**, **Angus (N)** and **Robin (C)**. The following participant, whose identity will for confidentiality reasons remain fully concealed here, may be typical of this group. The Shetlander explains that they previously lived in a British city for a considerable length of time, where they started to use heroin heavily and to engage in the associated criminal scene. They state that at the point when they felt they wanted to counteract their drug dependency, they decided to return to Shetland in order to get the situation under control.

I: [...] in the middle o' the 90s, 95/96 I came to Shetland. There was like basically no heroin in Shetland. Or *very* very little heroin in Shetland like. That's why I came home because there was none, you know? [2, 37–3, 4]

Equivalent narratives are given by the other five members of this group, who report moving to Shetland between the late 1980s and the mid-1990s. Other interviewees outwith this group also claim to have moved to Shetland to regain control over their heroin use at some point in time. Since all six interviewees moved up from different cities, the expression 'group' does not imply that its members knew each other beforehand, but rather signifies the characteristics they share, such as their comparable socio-economic backgrounds and pathways, their age group and their patterns of frequent, mostly intravenous and at times dependent heroin use. The local man **Rick (C)** emphasises that up until the late 1990s, people in Shetland primarily drank alcohol. When the techno era reached the island, they also began consuming ecstasy regularly, though still in a recreational weekend style as opposed to destructively and addictively throughout the week [6, 2–6].

Corresponding to the six interviewees' accounts, their health and living situations improved significantly after having settled in Shetland. They attribute this to the limited availability of heroin, the generally high socio-economic standards on the islands and the extensive and easily accessible social welfare system. Still, it appears none of the six was abstinent for considerable lengths of time. In the long run, these incoming urban heroin users rather seem to have contributed to the emergence of a second generation of Shetland heroin users and the further establishing and expanding of the heroin subculture.

8.3 The Era of the Old School

8.3.1 *The Old School Style of Regulating the Scene*

In Sect. 3.1, the group described as the *old school users* were introduced for the first time. It has been explained that on grounds of their own and others' expositions, the partly urban, partly Shetland users **Gordon (C)**, **Rick (C)**, **Duncan (N)** and **Gerry (C)** can clearly be allocated to this sub-scene.

The initial heroin-using generation of hippies and oil workers seems to have moved to Shetland to escape moderate life or mainstream society. Thus, their move to the remote and geographically isolated island was apparently motivated by the search for adventure and a deeper ideological or ideational sense of life beyond the ordinary. Considering such backgrounds together with numerous statements by various participants, their impetus to use and continue using heroin appears to be completely different from the *old school*'s. The latter, in contrast, all cite personal problems at some stage in their lives as reasons for their turning to heroin use as a form of coping strategy. Moreover, and probably in association with the motivation to consume heroin to support one's personal idea of problem management, all of them refer to periods of heroin addiction. Because drug dependence apparently represented their lives' centre points, they decided eventually to leave the easy and virtually unlimited drug accessibility of their urban environments and moved to Shetland. There they intended and apparently did regain control over their drug use and thus their lives.

The conclusion to draw from numerous accounts by different interviewees is that the first generation of heroin users consciously and rigorously restricted the frequency and quantity of heroin they consumed. Furthermore, they tended to exclusively supply to their personal circle. The exclusiveness seems to have supported the ideational meaning and function of the often communal drug use. Hence, it seems that these conditions provided a secure framework within which heroin consumption could take place safely with a minimum of associated risks. It might have been the case that due to the conditions named above and the ideational meaning of heroin use for this sub-scene, certain behavioural norms were perceived as self-evidently right and tacitly adhered to. Apart from the restrictions, described above, concerning frequency and quantity, implicit rules might have included never using heroin to manage personal problems and never injecting. Explicit norms and rules might not have been *necessary* within this faction of heroin users during this former era. The situation appears to be different for the *old school*, who – in terms of social background, motivation to use and means of use – bring significantly riskier prerequisites with them.

In Sect. 3.2, illustrations of the norms and rules enforced by the sub-scene of the *old school users* have been represented. Briefly summarised, these include the avoidance of dealing to people who had not previously used and youngsters in general, of injecting in front of people not injecting themselves, of 'grassing on' other users or dealers and of dealing only in small amounts without commercial gain.

8.3.2 The Properties and Conditions of the Heroin Market Throughout the 1990s

8.3.2.1 Availability

The Shetlander **Rick (C)** reports that he first tried heroin on the urban mainland in the late 1980s. He claims to have come across the drug in Shetland for the first time only in the mid-1990s, even though he maintains that he used a wide variety of other

illicit drugs for a long time. He perceives himself as always having had a relatively comprehensive overview of the island's illegal drug scene and concludes that before then heroin was only accessible to circles of the original users, suppliers and their friends [6, 24–30]. Others, such as the Shetland man **Angus (N)**, describe comparable circumstances. He recounts living in a British city for a few years and noticing that in the 1980s, heroin started to 'take off' virtually everywhere in urban Britain – first in metropolitan England, and then farther north, until it eventually reached Aberdeen in the North of Scotland. As others, he describes witnessing the spread of heroin use across Britain, with rural and island locations – and finally Shetland – being reached one after the other [2, 37–3, 4].

Angus (N): [...] Aah, bu' I was *well* into my 20s before I sor' o' started with heroin like.

R: How, how? How did you get into it?

Angus: Uumm, well, I was stayin' in the... sor' o' kinna late 80s, that's when heroin, I mean, there just wasn't, tha' was quite rare thing even in Aberdeen. Then. It was kinda quite a rare thing to be, to be helped, to be able to ge' your hands on, ken. I' wasn' like, I wouldnae say i' was freely available, ken. An' then in the late 80s it just, it started comin' everywhere like, ken. Everyone, everyone I knew sor' o' started gettin' into i', ken. An' it seemed to be, an' it just go', it seems i' jus' go' worse an' worse an' worse from the late 80s basically. So Aberdeen an' the North o' Scotland. Because when I first came home to Shetland, um, tha' was, wha'?, in the middle o' the 90s, 95/96 I came home. There was like basically no heroin in Shetland. Or *very* very little heroin in Shetland like. [...] [2, 37–3, 4]

Apart from **Rick (C)** and **Angus (N)**, several other interviewed users confirm that until the mid-1990s, only very small amounts of heroin were available on the islands, and this was restricted to select groups [e.g. **Helen, 2, 20–44**].

8.3.2.2 Quality

Diverse interviewees assert that the quality of the heroin when it was limited and restricted in supply was significantly purer than it is now. When comparing the past heroin scene with the current one, the Shetland woman **Helen (C)** contrasts the previous availability of good-quality heroin to a select group with the present availability of less potent heroin to a wide group. Illustrating the discrepancy in quality and potency, she refers to the former heroin as 'dynamite' and calls the currently available drug 'pure crap'. She explains that the scene has vastly expanded and the drug has become accessible to a larger and more heterogeneous group of people, but at the cost of the drug's quality.

R:... An' can you maybe describe what it was like? Like, I mean, that's 20 years ago.

Helen (C): Yeah, dynamite. Then. Now it's just pure crap. Pure, pure shit. Unless you ge' it before they dance all over i'. Just depends.

[...]

R: Hm-m... An' can you describe hoow, like, the heroin scene has changed in those 20 years you've been in it?

Helen: It's go' bigger. But the quality's go' so so bad, it's unbelievable!... Bu' there's quantity. Way way back it was only bits an' pieces for a certain amount of people. Like groups kinna thing, just shared among. [...] [2, 20–44]

It seems that good heroin was formerly available to ‘a chosen few’. This heroin is described to have been consumed primarily in a ritualised manner within the framework of exclusive social gatherings. Over time, the status of heroin seems to have changed from a celebrated, rare good into a purely commercial product. In general, the scene appears to have undergone a process of overall commercialisation. This process and its effects on the heroin scene are reflected and discussed in detail in Sects. 5.3 and 5.4.

8.3.2.3 Accessibility

Before the heroin supply experienced commercialisation and centralisation in the late 1990s, access to the opiate seems to have primarily depended on social relations. According to several interviewees, the ability of someone to access the drug was determined by who they knew.

Helen (C): [...] Just depended on how many groups you *knew* among them all. Just like tha’. [2, 20–44]

If someone was ‘well connected’ with people actively involved in the supply, they were in a much better position than a person who knew just one circle of users at the margins of the scene.

8.3.3 *Police Turning a Blind Eye?*

According to the statements of several interviewees, it seems that heroin use formerly nearly always took place in a, from a socio-economic and social security point of view, unobtrusive and unnoticeable way. Neither the general population nor the council generally perceived heroin as exerting an acute threat to society. To a certain degree, the police might have ‘turned a blind eye’ to the fact that heroin use was happening in small, secretive groups. They were probably aware of opiate consumption occurring on the island, but might have estimated its extent and nature to be comparatively harmless. The townsman **Duncan** points to a feature of the Shetland culture that might have come into play: the inclination to stick one’s head in the sand regarding undesirable social phenomena.

Duncan (N): [...] Righ’, whereas *up here* there was a really bad thing abou’, you know, stick your head in the sand, you know? An’ i’ was like jus’ this absolute thing tha’ ‘Righ’, we know it’s comin’ here an’ we know it’s happenin’ ‘Bu’ i’ was for a small group o’ people. [...] [5, 33–37]

Hence, the tendency to ignore unwanted social occurrences combined with the discreet nature of the heroin scene at the time appears to have led to relatively low police attention for a long period. Participants refer to actions against drug users having taken place throughout the 1980s and 1990s, but these appear to have been rather limited, and not profoundly disruptive to the heroin subculture’s organisation

and structure [e.g. **Duncan, N, 5, 29–32**]. The lack of police intervention might have contributed to the scene's relatively inoffensive underground existence over a period of up to 20 years. Even though several accounts support this impression, they are sometimes relatively vague and refer to a bygone time and may therefore contain some legendary or exaggerated elements.

8.3.4 A Changing Trend: A Gradual Growing and Opening of the Scene

At a reasonable estimation, the Shetland heroin scene existed for two decades – from the mid-/late 1970s until the mid-/late 1990s – in the low-key form outlined above. Relevant reports by interviewees suggest that during this time, the subculture was virtually integrated into the Shetland community. Several interviews explain that the scene's central features gradually began to change around the mid-1990s. One originally urban, regular user, who states to often use heavily and to have been part of the island heroin scene for many years now, claims that they watched heroin slowly becoming obtainable in Shetland outwith the strict limits of small exclusive circles. They assume heroin was available on the island before the mid-1990s, but not to incomers and thus relative outsiders like themselves.

I (N): [...] And I didn't know that any smack used to come up here. [...] I'd say it was here before, ken, bu' i' was all very hush-hushed. Bu' i' is, you know, more opened in the past 10 years, I'd say. Yeah. [7, 39–47]

Other participants claim to have witnessed similar developments. On balance, they all describe the heroin scene as having progressively opened up to previously uninvolved people in the past 10 years or so [e.g. **Duncan, N, 1, 34–2, 8; Isaac, O.; Ben, N,**]. Slowly but steadily, more and more people have gained access to the drug.

8.3.4.1 Increase of Diverse Users with Varying Patterns of Use

The occasionally consuming Shetlander **Isaac** explains that with the growth of the heroin scene on the island, the number of recreational, social users has increased also. Consequently, a greater number of people now offer heroin in social drug using contexts. He exemplifies these developments with his personal story. Due to the overall spread of heroin use on the island, he repeatedly found himself in social situations with friends and acquaintances who offered him heroin. He eventually accepted one such offer and began to smoke and snort heroin occasionally with friends [2, 7–13].

Isaac (O): Aah, well, that time i' was, yeah. I mean, after tha' it was gettin' involved, bein' along people who have been users as well. An' they offered me so I tried a bit there as well. Yeah. Purely used socially. An' ah, yeah, an' as the number of people that get involved with it increases try an' meet more an' more people that be in situations like that have it an' will offer it socially. [...] [2, 7–13]

Isaac does not participate in social events that involve heroin use any more, but he would consider using again in the right circumstances. However, just as he did not seek out heroin deliberately before, he claims not to seek out heroin now. He exemplifies the connection between the drug's accessibility and the extent to which it is used.

Ben (N) describes a comparable pathway to heroin use. When the drug became more widely used, friends brought some to his house, where he first tried the drug. Identifying himself more as a 'dope smoker' than a heroin user, he explains that heroin has an effect similar to cannabis, but much stronger. Since the range of cannabis available on the island is very limited, he decided to try heroin for a change and liked the feeling. Due to the drug's ready availability, he continued to consume it fairly often and in high quantities [3, 6–37].

In addition, the occasional user **Christian** attributes his own occasional use to the drug's widespread availability.

Christian (O) [...] Probably the reason why I do it more regularly now, well, not particularly regularly, bu' more regularly than I did, is jus' because there's so many people I kno' that are takin' it. [17, 36–38]

Interviewees suggest that, due to heroin having become easily accessible, many people who would not have considered it previously began to use.

8.3.4.2 Increase of Injecting

In the course of the overall scene expansion, participants also mention a rise in the number of people who began consuming heroin intravenously. While this method used to be relatively rare, users from diverse circles started to engage in intravenous using patterns. As already stated, according to interviews, the growing injection rates did not solely apply to heroin but also to party drugs such as speed.

8.3.4.3 Growing Demand for Intervention

Interviewees have argued that along with the expansion of the heroin subculture, the demand for treatment and intervention grew. **Duncan (N)** explains that the number of people seeking intervention was previously so small that drug users were treated in a building dedicated to the treatment of alcohol dependence. Eventually, however, demand had risen to the extent that the Shetland drugs project was allocated its first own premises. According to **Duncan**, at that time, one could already expect heroin use and associated problems to grow further, which underlined the need to expand treatment specifically for drug addiction.

Duncan (N): [...] Well, before tha' actually, i' was *very* very very small. I' was *so* small, so tha' was it - you just gave them a wee room in the the alcohol place. An' obviously [previous project manager] thought 'No, it's gettin', it's it's a lo' busier than that. We really do need our own bit an' everythin' [...] [talks about time when project first moved to own premises] Bu' the deal then was, righ', there was obviously gonna be, there was gonna be more trouble comin'. I felt i', I think most people really knew i', you know I mean? [1, 34–2, 8]

Later in his interview, **Duncan** explains that up until the late 1990s, the number of heroin users receiving methadone prescriptions amounted to just a handful before it started to increase dramatically [5, 28–6, 39].

8.4 The Contained Commercialisation: On the Edge of Explosion

8.4.1 *Conditions Preceding and Promoting Spread and Growth of Scene*

8.4.1.1 **Beginning Commercialisation and ‘Normalisation’ of Heroin Use: Aftermath of the Rave Era?**

Several interviewees describe how in the late 1990s, a drug dealer noticed the grown demand for heroin in Shetland and consequently began selling the drug on an intermittent basis. The Shetlander **Ben (N)** has already been presented above as having gained access to heroin when it became available to people, like himself, who did not belong to the previously exclusive user groups. Below, he is cited outlining how the drug became more accessible to former outsiders every few months from around 1999. To begin with, he states, the drug was generally smoked and injecting remained comparatively unusual for a further while.

Ben (N): [...] An’ then there was, somebody realised ‘Aah, there’s a bi’ of a market on the island for this’ you know? So I started buyin’ a bit, just now an’ again. An’ uumm,

R: That’s about five years ago?

[...]

Ben: An’, um, at that time it like maybe once every three or four months, there would be some heroin to smoke. It was very rarely, it was never on a daily basis. Never ever every day. [3, 6–18]

When speaking about the conditions under which the heroin subculture started to spread out, interviewees repeatedly mention the rave era as a decisive trigger. According to several interviewed users, the rave culture smoothed the way for the subsequent expansion of the heroin culture. In line with interview accounts, the rave culture in Shetland expressed itself primarily in the form of a large techno club called ‘The Jubilee’, which attracted large numbers of younger and older, primarily drug-taking dancers from the early until the late 1990s. Furthermore, interviewed users repeatedly present the rave culture as having substantially promoted and normalised the use of illicit drugs such as ecstasy, speed and cannabis. This *normalisation trend* also appears to have encompassed heroin, though later and to a lesser degree. Consequently, interviewees explain, heroin slowly but steadily reached a more acceptable status amongst the general crowd of drug users.

Most participants speaking about this period argue that the rave era was significantly connected to the introduction of heroin into drug-using circles not previously involved with the opiate. Some interviewees support the view of ‘smacky eccos’

[ecstasy tablets containing heroin] having initially supported the grown demand for the heroin high. One Shetlander relates experiences he and several friends had selling ecstasy tablets mixed with heroin in the Jubilee and pubs in the mid-1990s. As he explains, people started to get used to, enjoy and finally require the specific psychoactive effects of the heroin-based tablets. The interviewee affirms that in his eyes, the heroin containing ecstasy pills offered on the Shetland drug market decisively contributed to the creation of a general heroin demand. The participant also offers a detailed account of the ‘explosion’ of ecstasy use and the surrounding party culture preceding and eventually leading to the expansion of heroin consumption in the late 1990s. In his view, a substantial proportion of the Shetland population participated in the widespread MDMA use in Shetland during the 1990s and thus paved the way to the subsequent development of the heroin subculture. When there was ‘suddenly heroin on the island’, the interviewee and probably numerous other people were determined to try out this new, exotic drug. With the general propensity to experience states of strong intoxication common in Shetland, many islanders were presumably relatively open to a novel psychoactive experience.

I (N): [...] Abou’ ... 10 years ago the, aah, the ecstasy scene hit Shetland, in a big way. E-v-e-r-y-body I know, *eeverybody* was experimentin’ with, um, ecstasy. An’ that time everybody was loved up, loads o’ cuddlin’, it was *really* nice in the pubs, i’ *really* was nice. Bu’ people werenae buyin’ drink! They were buyin’ water. Sooo, police and authorities became wise to the, this new culture. Now, ah, at that time, I I was sellin’ a lo’ of E. An’, ah, you know ecstasy, you know yourself, an’ ecstasy it can be, it can be cocaine, it can be speed, it can be acid an’ speed mixed together, it can be acid an’ cocaine mixed together. *Very* rarely would you get pure E, what would then be MDMA. Ken? An’ a lo’ of the ecstasy I was sellin’ at that time was, aaah, heroin-based. I sold smack. Bu’ I didn’t know anythin’ abou’ heroin. Never knew anythin’ abou’ smack, to be honest. An’, aaah, sellin’ these an’ if I ever, I buy these Es an’ people would be comin’ up to me on the night ou’, at the, at the, a’ a rave or nigh’ out. And they’d be sayin’, you know, ‘Oh, thanks s lo’, man! Excellent! Those are excellent!’ An’ they really were *smashed*, I mean, *smashed* oot their face. You had a *whole* row o’ people all sittin’ on the, on the couch at their tables, eyes half closed, really, like leanin’ forward, gouchin’ is wha’ you call i’, yeah? Gouchin’, ken, really smashed. An’ then there’s people dancin’ all night an’ that’s just *non-stop*, they keep dancin’. [...] So they, people tha’ were up dancin’ would go an’ say to the people tha’ were si’ in’ down ‘Come on! Get up! You’ve gonna keep movin’! An’ if you don’ move you’re gonna gouch an’ that’s no’ good.’ So you’d get your friends an’ get them up an’ then they dance an’ than they would be - *ALIVE!* They’d be charged up. Noo, I I never knew abou’ smack, none o’ my friends knew about smack. On the island i’ was a voodoo. It was ‘Fuckin’ smackheads! There’s no heroin gonna be happenin’ here!’ you know. An’ here’s me an’ a few friends sellin’ smacky eccos. Only la’er knew that it was gonna be, you know - *HEROIN*. An’, ah, at one time we got some pills that were, um, pure MDMA! *Really*. So I, so these people went ‘That was shit! They were shit! I never fel’ anythin’! I was ‘That was MDMA, ken’ A whole different bargain.’ An’ because for weeks these people’d been takin’ smacky-based eccos that was wha’ they were lookin’ for, in an E! An’ they never knew any be’er. An’, ah, so *that* culture is how it got that the smack happened. As in smack-ecstasy. [...]

R: Which year are you talking about now?

I: Hmm,... this is 2004, I would say, it would have been around 96/97. An’ ‘en, there was, naw, it would have been even less than that. I would say it would be 99. 98/99. [...] Yeah, that’s wha’ I said. So suddenly there was *heroin* on the island. An’ I was crazed to try this. For yeeears I’d just been into cannabis. That’s where my drugs started – cannabis. Was brilliant. Me an’ friends all started drinkin’ when we were about 13/14, I mean *serious* drinkin’. [1, 15–2, 28]

To what degree ‘smacky eccos’ actually influenced the growth of the heroin scene is difficult to assess: This may just be a myth. In any case, the interview data strongly suggests a connection between the rave era and the increased demand for and acceptance of the opiate. Through the dance culture and its closely associated consumption of stimulants, drug use in general seems to have undergone a process of commercialisation and normalisation. In the course of these developments, heroin may have lost some of its stigma. Consequently, the drug appears to have become more attractive to a greater and more diverse population.

Concerning the growth in demand for heroin on the island in the late 1990s, the Shetland man **Patrick (C)** echoes **Ben’s** view that dealers who sold ecstasy and speed at the Jubilee at some point began to also offer small amounts of heroin, which stimulated the demand and supply dynamics with respect to the opiate [3, 34–43].

Additionally, several participants describe a direct relationship between the vast intake of MDMA and the increased demand for the sedative heroin: After having taken ecstasy heavily, users liked to counteract the effects of the MDMA with sedatives, such as benzodiazepines or heroin [Gerry, N, 11, 13–20; Christian, O, 3, 34–37].

8.4.1.2 Shift from Party Drugs to Heroin

The Shetlander **Christian (O)** explains that his personal use also started this way – he used stimulants at a party, returned home, and wanting to come down and sleep, smoked some heroin [5, 34–6, 6].

Whereas **Christian** describes his consumption as always having been very infrequent and controlled, the two long-term and regular users **Rick (C)** and **Gerry (C)** describe having seen many partygoers develop physical dependencies this way. **Gerry** explains that some people started to use the opiate after a weekend of heavy ecstasy use as kind of ‘weekend treat’. However, he also claims to know of others who gradually began to extend their heroin use to weekdays, and thus obtained heroin habits of varying severities [4, 6–21]. **Rick**, again, asserts that the extreme extent of stimulant use during the rave years caused many Shetlanders to take sedatives like heroin to facilitate a physical and emotional ‘come-down’ from MDMA or amphetamines. He argues that users also took heroin to counteract short- and long-term anxiety and depression resulting from heavy stimulant use. He recounts his observations of former heavy ecstasy users who ‘treated’ their stimulant-induced anxieties with heroin, and in the course of their self-medication became what he calls, ‘full-on heroin addicts’. Hence, in agreement with other interviewees, **Rick** regards the tendency towards significantly increased heroin use to be activated by the foregone rave epoch. Like **Gerry**, he associates the changing drug trend with the extreme users of Shetland’s ecstasy-taking population. In a way, these drug takers seemingly have shifted their substance dependence from MDMA to heroin.

Rick (C): [...] I know, when I was in [place on the British mainland] there’d be all these guys, heavy ecstasy users an’ that in the late 80s, by like the mid-90s they were full-on heroin addicts, ken? An’ the guys who werenae on heroin seemed to be really unstable,

really anxious people, ken? [...] Why people go' into heroin in the mid-90s was after tha' ecstasy an' the pure comedoon fae all tha'. I've heard people sayin' things like, they cannae go out anymaer the weekends unless they had ecstasy. An' the weekend wasn' the same unless they had stuff like tha', an' that's gonna become problematic. [Rick, C, 9, 26–36]

In more general terms, **Christian (O)** posits the existence of 'addictive personalities', and the interchangeability of psychoactive substances. He argues that specific people will always consume *some* drug dependently, be it opiates or amphetamines [18, 36–41]. Previously, participants have already been cited as advancing the view of Shetlanders as tending to excessive and often addictive substance use without being committed to one specific drug. From the arguments of interviewees on this subject, it seems that the drugs people choose to consume are to a certain degree interchangeable and determined by the predominant current drug trend.

The Shetlander **Christian** has been quoted above in connection with party drug-takers starting to use heroin after stimulant use, naming himself as an example. Equivalent pathways into heroin use have also been described by the two Shetland men **Angus (N)** and **Patrick (C, 1, 27–29)**. The former claims to have started his heroin using career, which includes long periods of heavy injecting, in this manner.

Angus (N): No. no, in Aberdeen. When I first go' intae takin' heroin, I mean, I was goin' out quite a lo' the weekends, I was drink, takin' a lo' o' speed an' ecstasy an' that, goin' out, drinkin' a lo' aan' sor' o' started ge' in' into heroin by like just smokin' i' after, like on a Sunday night, Saturday night after doin' Es for quite a few days. [3, 40–45]

In the beginning of this section on the transition from the second to the third stage of the Shetland heroin scene, the notion of a certain normalisation of heroin use has been proposed. The interview analysis, covering a range of interviewees with various using patterns and personal histories, seems to support this thesis.

8.4.1.3 Changing Social Status of Heroin: Reduction of the Stigma

Echoing the argument made by several interviewees, the occasional user **Christian (O)** talks about the diminishing of the stigma and fear customarily attached to the consumption of heroin in Shetland by the general public [18, 21–26]. The Shetland man attributes the growth in heroin use to the reduction in the associated stigma – an association that has already been sketched above. Still, most interviewees present this development as being of relative and restricted nature, primarily referring to specific groups only rather than the general Shetland population. In line with the course the drug scene took following the rave, a large number of recreational party drug users seem to have lost their previous fear of heroin. Hence, the reputation of the opiate might have lost some negative connotations, even though the aversive attitude towards it appears to have persisted within large parts of the community, and particularly amongst older generations. According to participant accounts, these are generally ignorant of the differences between the various illicit drugs available on the islands. Apart from the relative loss of the 'fear factor', **Christian** also speaks of the 'novelty factor' of heroin, increasing its appeal. Since heroin had previously only been accessible to a very select few, it might now, with its slightly more

acceptable status and easier availability, have gained a new attractiveness for a greater population [18, 26].

8.4.1.4 Cultural Prerequisite: Openness to Experiment with Substances

Besides the conditions directly involving heroin and other drugs, a number of Shetland-specific cultural conditions have been named as factors involved in the opening up of the island heroin scene. The Shetlander **Christian (O)** outlines several cultural aspects that, in his eyes, are related to the transition from the second to the third phase. When heroin started to become more easily accessible, he explains, many people were ready to experiment with it, since Shetlanders always had exhibited a strong propensity towards trying out new experiences, including taking psychoactive substances. He expresses his concern about the opiate having become available to young persons now, who might consume in a risky fashion [17, 34–39].

8.4.2 *Drug Use in a Globalised World¹: The British Heroin-Using Trend Finally Reaching Shetland?*

As already mentioned, a number of interviewed users describe parallels and similarities between the changes and developments in the drug scene in Shetland and on the mainland of Scotland in earlier times. Parallels refer to the movement towards heroin use after the heyday of the rave epoch, which apparently took place in mainland Scotland several years earlier. Various participants claim to have experienced a very similar pattern of events when they lived in different Scottish and English cities [e.g. **Angus, 11, 38–44; Rick, 9, 23–28**]. Interviews suggest a national or possibly even European heroin-using trend that arrived in Shetland after a considerable delay that is presumably related to the unusually remote and geographically isolated location of the island. The parallels concerning drug-using trends between Shetland and overall Britain will be illuminated thoroughly at a later stage of this chapter as well as in part III in relation to the existing scientific literature.

8.4.2.1 Time Scale

Thus far, a sketch has been presented of the central changes and transitions between the era of the old school and the contained commercialisation, as well as of the respective outcomes. Furthermore, reasons, causes and triggers involved in these processes have been identified and outlined. The available information has been synthesised and presented regarding the chronology of the processes and

¹This headline is based on the title of Philip Lalander's book *Hooked on Heroin: Drugs and Drifters in Globalized World* (2003).

occurrences in connection with the Shetland heroin scene. Although this endeavour is conducted with systematic accuracy, the actual points in times when certain incidents took place can never be specified with exact precision, as the information is derived from interviews and thus subjective representations rather than objective records.

8.4.3 *Availability and Quality*

8.4.3.1 **Easier Availability from 1998**

The three long-term users **Rick (C)**, **Gordon (C)**, and **Claire (C)** as well as **Ben (N)**, who states to have started consuming heroin when the availability increased – provide very similar time specifications. Between 1998 and 1999, the previously harsh restrictions of the opiate’s availability started to loosen [**Rick, 1, 4–11; Gordon, 2, 31–3, 14; Claire, 1, 38–2, 11; Ben, 1, 15–2, 28**]. The Shetland woman **Claire** claims to have hardly noticed any heroin use and sale taking place in Shetland before the year 1999. Her statement is supported by **Ben**, also a native Shetlander, who declares that in 1998/1999 ‘suddenly there was heroin on the island’. He continues, ‘and I was crazed to try this whereas for years I’ve just been into cannabis’ [**1, 51–52; 2, 25–27**]. With this addition, **Ben** highlights the relationship between availability/offer and demand. As long as heroin was scarce, he satisfied his desire for intoxication with cannabis. When heroin became an obtainable good, however, other people started trying it out and his own curiosity was awakened. As already discussed, the availability of a drug appears to be directly related to its general popularity: The offer can – probably in combination with other sociocultural factors – reinforce and foster the demand. This association will be attended to and discussed in the subsequent section on the commercial peak.

According to one participant originating from the urban mainland, the opening of the island heroin market was amongst other things linked with their personal contacts to mainland dealers. The person claims to have previously utilised these connections solely for their own and their immediate social clique’s heroin demand. From 1998, however, they apparently let a wider circle have a share in their heroin supply [**2, 32–37**].

Despite the described transformations, the subculture still seems to have maintained a relatively exclusive, smallish character for a while, as asserted by **Rick** in the following excerpt. Whereas, he explains, in former times, users were hardly ever younger than their late 20s, at the end of the 1990s youngsters already had access to the opiate.

Rick (C): [...] ‘Cos really tha’ *is* when i’ did start off was ‘99 an’ really, ken? I’ wasnae until ‘99 that it started becomin’ kinna available but was really exclusive, and kept that way. Bu’ i’ was startin’ to change just because, ken, [...] people gettin’ younger tha’ *is*, because i’ was people maer aroon’ my age an’ older like, ken? [**1, 4–11**]

Later in the interview, **Rick** estimates the exclusive nature of the heroin subculture to have continued until around the end of 2000. Up to this point, the participant, as

others, describes the scene in its core to have included no more than between 12 and 14 people, with ages ranging predominantly from late 20s to 50s [2, 5–15].

Even though the heroin supply is generally presented as having begun to grow during the period of contained commercialisation, the amounts of the drug available were apparently still limited. The above-cited Shetlander **Rick** asserts that no more than 2 oz [ca. 57 g] were ever disseminated in Shetland at a time and that there could be many weeks in between deliveries [3, 7–9].

Heroin Quality During the Contained Commercialisation

Only limited, partly vague information is provided regarding the heroin quality during the phase of contained commercialisation. Interview accounts suggest that the average heroin quality in this phase tended to be lower than during the foregoing era of the old school but on average still ranged between relatively good and ‘reasonable’ [e.g. **Gordon, C, 4, 10–35**]. Sometimes, as affirmed by the long-standing user **Rick (C)**, the heroin on sale during **Peter**’s time even reached a purity of almost 50%, which compares to very good, strong urban heroin. The Shetland man backs up his statement by referring to a police report concerning the arrest of someone carrying heroin of 48.7% purity [7, 18–25].

8.4.4 *Supply Network*

8.4.4.1 From Small Group Supply to One Main Dealer

The analysis of the relevant interview extracts suggests one major transformation with respect to the organisation of the heroin supply network around the year 1998. Previously, certain people seemed to have had better access to heroin than others, due to good connections with heroin suppliers on the urban mainland or for other reasons. Nonetheless, the system of heroin provision appears to have chiefly relied on the different consumer groups and circles organising their own supplies. Measures of procurement, as described by participants, included one or more persons travelling to the mainland to buy the drug from an urban dealer, for example, in Aberdeen, which is the closest major city. Otherwise, a group might have arranged – again through contacts on the mainland – to have the drug posted to Shetland. Other transport options, such as fishing boats, are also mentioned but not explained further. Besides, several small-scale dealers apparently existed, who supplied their immediate circles of friends. By the year 1998, the personal supply system was seemingly in a large part replaced by the supply through one main dealer – **Peter**, a man originating from urban Britain [e.g. **Claire, C, 1, 38–39; Duncan, C, 5, 43–6, 6**]. Concluding from interviews, **Peter** was the first to start a business as a commercial heroin dealer, bringing considerable amounts of heroin up to Shetland with the intention to supply for profit.

The stringent amount restrictions that applied to heroin distribution in Shetland until the beginning of the twenty-first century have been explored above. Various interviewees describe a fixed set of rules and conditions according to which **Peter** supplied and dealt the opiate. Inferring from participant accounts, between approximately 1998 and the end of 2000 or the beginning of 2001, **Peter** experienced the peak of his dealing activities and held the major part of the island's heroin supply. Apparently, he represented the head of an organised supply system with boundaries as to who could receive the drug and how much they could have [e.g. **Gerry**, 2, 15–39].

Duncan (N): [...] An' i' was like jus' this absolute thing tha' 'Righ', we know it's comin' here an' we know it's happenin' 'Bu' i' was for a small group o' people. An' I *must* say, there was a time, for quite a long time there was one, I would say, there was just the one person who really sold [...] the stuff. [...] Aaah,... tha' was, he was like, you know, i' was all pretty regular. The guy tha' used to ge' the stuff from [British city] an' all tha' was from [British city] himself an' was quite like tha', didnae like the spread of it.

[...]

R: When when when was that? Which year?

Duncan: Aaah, this was all happenin' like abou', tha' was all happenin', when i' first started happenin' maybe like, ah, five, five, six years ago.

R: Right. Oh right! I thought, you're talking about like a lot longer ago. Yeah, hm-m.

Duncan: No, no, a lot longer ago it was when i' was like, you know wha' I mean, you hardly *ever* hear abou' it and blabla. [...] [5, 34, 6, 13]

Peter seems to have provided a substantial number of users relatively regularly with considerable amounts of heroin, albeit conforming to his clear regulation scheme. Even though it appears that **Peter** was the earliest large-scale commercially oriented dealer, he apparently did not supply in an undifferentiated manner to every potential customer: The circle of users supplied by him was to all appearances still relatively exclusive [e.g. **Rick**, C, 2, 5–15]. In spite of the centralised supply scheme set up and regulated by **Peter**, the former social network of small groups purchasing and consuming heroin together seems to have continued to coexist [e.g. **Rick**, C, 2, 5–15; **Patrick**, C, 2, 26–28].

8.4.4.2 Supply Control: 'Keeping the Lid On'

Different participants provide variously detailed accounts of the supply organisation dictating how heroin was sold and distributed during the days of contained commercialisation. **Gerry (C)**, a mainlander and long-term user in his 30s, seems to have had a chance to witness and observe this internal organisation closely through his personal participation. Below, he is quoted presenting the specifics of **Peter**'s supply system with great precision and clarity. For this reason, his descriptions are allotted particular weight and space in this and the following three subsections. Below, the user describes how **Peter** deliberately arranged a heroin provision interrupted by intervals of up to 6 or 8 weeks. This way, **Gerry** explains the dealer intended to counteract the development of severe heroin dependencies and maintain control over the scene. Although he points to the drawback of short-term physical

and psychological hardship for people who had used regularly and heavily enough to develop drug habits, the participant seems to recognise this method as successful in ‘keeping the lid on’ – that is, in avoiding the spread of a ‘heroin epidemic’. In **Gerry’s** report, **Peter’s** careful scheme was partly motivated by caution with respect to the police. He apparently tried to sustain a thorough and comprehensive level of secrecy regarding his illegal actions. Participant statements suggest that, besides apprehension of the police, he also feared the disapproval of the public. Given that **Peter** sought to avoid instigating a heroin addiction epidemic, it is possible that he was also acting with a sense of moral responsibility.

Gerry (C): [...] When, when [Peter] was doin’ it [...] there would be spells where we would go through a bi’ o’ a drought. Sometimes. *six to eight weeks* sometimes. So i’ was kinna, in a way i’ was good, because everybody got back into a little break. An’, ah, it caused problems for *some* people. Heavier users were kinda sufferin’ for the six to eight weeks kinda thing. Bu’ at the same time I ‘ink in a way it was, I ‘ink in a way i’ was *his* way of tryin’ to keep people, tryin’ to keep people’s addictions from spirallin’ out of control. The amount o’ people wi’ problematic addictions, I ‘ink, he did try to keep a bi’ of a lid on for tha’ reason. He didn’t want to be the one that was to, ... to blame kinda thing for a, for a heroin epidemic in Shetland.

R: That’s a quite considerate way of dealing.

Gerry: Well, he was a bit like that. He he he wasn’t too bad a bloke. Bu’ I ‘ink as well as, as well kinda, he didn’t want to be kinda pointed out as bein’, the demand he started kinda, he didn’t want to be, he wanted it to be kept kinda as tight, kinna compact so that the police didn’t get too much to go on kinda thing. An’ they’d been watchin’ a few o’ them. They’d been watchin’ a few o’ them for a *while* an’, ah, an’ they were pretty close to kinna ge’ ‘in’, ge’ to them for a, for a long while. [3, 15–39]

Peter’s style of dealing could be termed ‘contained commercialisation’, as the incentive to trade in heroin appears to be financial profit, but not at any price.

8.4.4.3 Peter’s Dealing Network

Elsewhere in his interview, **Gerry** elucidates the precise organisation of **Peter’s** supply scheme. In accordance with his descriptions, the dealer operated a carefully calculated network. In spite of dealing fairly large amounts of heroin, he would exclusively sell to a fixed circle of three or four regular users, who again would sell to their own fixed groups of around 15 users. This way the interviewee estimates that **Peter** supplied a total of approximately 40 regular and 20 semi-regular customers, amounting to a permanent clientele of around 60. In addition to heroin, **Peter** apparently dealt ‘everything else’, including cocaine, ecstasy and cannabis. However, due to the particular stigma attached to heroin, the dealer seemingly maintained a deliberate separation of heroin and all other drug supply. In this fashion, **Gerry** explains, the long established network of heroin users was relatively well-preserved and continued for the period **Peter** held the position as Shetland’s only large-scale dealer.

Gerry (C): [...] And the other guy, who got jailed last year, [Peter], he he’d been dealin’ quantities, he’d been dealin’ a lo’, kinna large amounts, bu’ at the same time i’ was kept, you know, kinda, kinna tryin’ to put a bit of a curb on it, control of it kinda thing.

R: And how? Can you say?

Gerry: Just by he would only ever supply to three or four people an' each of them, the three or four people would have their own kinda 10, 15 kinda regular customers. 10 regulars an' five kinna kept, kinda quite tight. So even, even, like it was two, two an' a half years i' was still kinna kept, kinda quite tight. Again the same, the same reason as the last time when I spoke to you. It's kinda, it still is largely frowned on by most of the kinda recreational drug takers. People can take ecstasy an' things like tha' at the weekends but they go 'Uhuh [depreciative], I don't want to be associated with any of that' kinda thing'. So in a way it was always kept, even tho' he was dealin' everythin', both o' them have been caught with large amounts, like dealin' about everythin'. It it was kinda kept separate, kept the two things kinda separate. Their own little set o' people tha' sold ecstasy in the street an' cocaine an everythin' an' hash, you know, their own little group. So it was kept kinna pretty tight till a coupla years ago. [...] [2, 14–40]

Gerry presents **Peter** as having exerted control over the heroin scene by means of various measures, such as limiting the amounts of heroin he supplied, consciously arranging spells of heroin droughts and dealing to select groups of people only. Moreover, **Peter**'s endeavours to keep the heroin scene *contained* appear to have followed a specific set of rules.

8.4.4.4 Continuation of the Old School Values

Despite **Peter**'s apparent commercial motivation, **Gerry** portrays the dealer as having prioritised the well-being of the community over the opportunity to gain the most profit possible. **Gerry**'s account suggests that the dealer continued to uphold the values, norms and rules previously promoted and enacted by the *old school*. As an example of the value system of the *old school users*, among whom **Gerry** also rates himself, the interviewee names the refusal of supply to young people as a crucial one of numerous behavioural rules.

Gerry (C): [lights a cigarette] It's just been, yeah, with [Peter], he kinda, he kinda tried to keep a bi' of a lid on it. Keep it contained. The minimum kinda, tryin' to keep kinda, everybody, who was dealin' for him knew kinda his se' a' rules kinda, no' any of them, no', not, it was kinda, 'Don't deal to school kids', it was kinda 'Not teenagers', no *anybody*, again it was 'Heroin goes round. Do it the old school' kinna thing. Keep it to the old school kinda thing. So it was kinna like that. [3, 3–11]

Apparently, the dealer made great efforts avoiding the creation of a serious heroin problem on the island. As head of the heroin subculture at that time, he exerted strict and carefully organised controls and regulations over the supply system. In this way, a certain sociocultural homeostasis could be maintained concerning both the subculture's social interior and its inconspicuous integration into the general community. The former entails the prevention of serious addiction and the spread of drug-related antisocial behaviours and norms. The latter, closely related to the former and partly resulting from it, refers to the restriction of the appreciable social cost – that is, the impact the heroin scene can have on Shetland's society, the island's individual communities.

8.4.5 *Once Again at the Verge of a Changing Trend: On the Edge of Explosion*

Many interview accounts show the sociocultural homeostasis described above as having started to sway increasingly until it basically collapsed in late 2000. As reported by different interviewees, **Peter** had taken over and centralised a major part of the Shetland heroin supply in the late 1990s. Nonetheless, consumption still seems to have chiefly taken place within the scope of small, relatively intimate user groups and subgroups. Along with numerous others, the young Shetlander **Patrick (C)** describes the character of the heroin scene around the turn of the millennium, when he initially started consuming heroin.

Patrick (C): [...] Yeah, when I was first startin' i' was kinda like peerier groups. Bu' i' was just on the *very very* edge of explosion, ken? [...] [2, 26–28]

Patrick's experiences of the subculture at this point in time seem primarily determined by friends consuming together rather than by an undifferentiated, big, commercially oriented crowd. However, the personal, communal character was just about to change significantly.

8.4.5.1 The Explosion

Patrick recounts that when heroin first became readily available at the end of the 1990s, he did not immediately try the drug. However, when finally 'heroin had exploded onto the scene' around the end of 2000 and a great proportion of his social circle began getting involved with the opiate, he eventually started consuming. Soon the frequency and severity of his use progressed to regular and then to heavy [1, 5–6]. The older long-term user **Gordon (C)** identifies Christmas 2000 as point in time when heroin *really* 'kicked off' in Shetland [1, 8].

Interestingly, **Patrick** is not alone in using the word *explosion* to characterise the fundamental transition the scene suddenly underwent around the start of the new millennium. Four older users employ the same expression to describe the volcano-like surge in heroin use that suddenly struck the island [**Gordon, C, 2, 34; Duncan, N, 10, 31–33; Gerry, C, 12, 33; Angus, N, 11, 35–44**]. The four interviewees – two Shetlanders and two mainlanders – live in three different parts of Shetland and apparently use within three different user circles, thereby substantiating and validating the statement. One Shetland participant describes the fast, uninhibited and hazardous increase in heroin use and users as a *flood*, thus equating the expansion with an overwhelming natural catastrophe [**Rick, C, 3, 7**]. Another user, the young Shetland man **Oscar (C)**, speaks of the heroin having 'taken off', thus likening the rapid rise with, for example, the launch of a rocket or the economic take-off of a commercial product [1, 4–7].

Above, **Patrick** has been cited regarding the continuation of the heroin scene's originally prevailing structure of small user groups until roughly the end of 2000. Seemingly tying in with **Patrick's** account, **Gerry (C)** describes the subsequent

changeover, which he calls an ‘explosion into a major scene’. He regards this development as part of the dynamic activated by the preceding rave era. The phase of contained commercialisation may thus be interpreted as a preliminary stage before *uncontained* commercialisation. The progression to uncontained commercialisation, during which the numbers of heroin users are reported to have increased ‘exponentially’, seems to be suitably caught by the term *explosion* [Duncan, C, 10, 49].

In his quotation, the long-term user **Gerry** describes the overall shift from dance and party drugs, such as ecstasy and speed, to heroin. A few participants, including **Gerry**, maintain that many people suddenly preferred heroin gatherings at private homes to going out and partying, thus causing a notable temporary reduction in the overall social nightlife. He describes a type of domino effect of such private, relatively intimate get-togethers encouraging previous non-users to also try out heroin.

Gerry (C): [...] So, I ‘ink, yeah, it’s kinda gone from bein’ kinda, gone from bein’ kinda *close*, small, small groups o’ people kinda exploded into a kinda, pretty much a major scene, kinna thing. So, I ‘ink, tha’ pretty much took over the ecstasy kinda scene in Shetland tha’ was there for a long time. For a while the nightclubs an’ things were pretty empty the weekends. They were kinda, a lo’ o’ the people that would normally been out on the weekends takin’ Es an’ things, they weren’ goin’ out takin’ these things an’ stayin’ in an’ havin’ a bag a’ gear instead. I ‘ink, when tha’, that was bringin’ other people into usin’ as well, kinna thing. [12, 32–33, 16]

Gerry describes a profound inclination towards heroin consumption that determined the island’s drug and general social scene during the era of the commercial peak. Having personally been involved specifically in the heroin scene for many years, his perception of an extreme spread of heroin use could be somewhat exaggerated. Nonetheless, his statements are supported by similar accounts of numerous other interviewees.

8.5 The Commercial Peak: Flood Gates Opened

Above, numerous interviewees have been quoted, who state an explosion-like expansion of the Shetland heroin scene around the turn of the millennium. The precise effects of this substantial transformation on the scene’s features and nature, as well on as its internal structure and organisation, will be explored in the following section.

8.5.1 *Spreading Out and Noticeability*

As already suggested, interviewees seem to apply the term *explosion* not only to the rapid rise in heroin availability but also to the number of people using and the overall extent of use. In both regards, virtually all interviewed users agree. The most

expressive and demonstrative comments as synthesised from the interview accounts will now be presented in order to reflect the changes and its coherences.

Emphatically, the Shetland man **Rick (C)** points out the massive growth of the Shetland heroin market in a relatively short period of time. According to his report, in 2001 the supply had expanded to possibly 30 or even 40 times the amount available a year or two earlier.

Rick (C): [...] You've gotta remember like in '99 i' was like an ounce comin' up, *two* maybe at the *most*. An' then by two thousand and *one* there's *kilos* of it. Kilos, like two, maybe eight, nine bars a' heroin, ken? You get nine bars a' dope an' there's jus' comin' in nine bars a' heroin like. Tha's a SERIOUS increase! [3, 8–12]

Other interviewees provide comparably vigorous accounts, conveying the impression of a dramatic surge in heroin use. With the same intensity that **Rick** exhibits whilst discussing the growth of the heroin market, the young Shetland woman **Hannah (C)** speaks about the increase in the number of people having begun – partly regularly and heavily – to use heroin. She goes as far as to draw parallels between the conspicuousness of heroin users in the town centre of Lerwick and the city centre of Aberdeen. Since she speaks as a person involved in the heroin scene herself, who knows many other people engaged in the subculture, it remains unclear how far non-users would have noticed the occurrences.

Hannah (C): [...] The amounts o' heroin tha' was in Shetland before [...] was jus' ridiculous, I mean. An' the amount o' people usin' in Shetland was jus' gettin', I mean, was gettin' to the stage tha' you walked over Commercial Street an' you could IMMEDIATELY spot ou' heroin users. An' that's somethin' I used to find when I went to Aberdeen. You would walk up Union Street an' you'd think 'Oh my God! That person's really bad on heroin, that person!' An' you'd never thought that i' would get to that stage where you can go ou' on Commercial Street, uumm, at any time a day an' people would be 'JESUS! Look, here's a heroin addict, here's another one!' You know, that's how *much* an' how *far* heroin became available. [...] [7, 17–36]

Many correspondents' reports suggest that the inflated quantities of heroin offered on the local drug market were accompanied by significantly facilitated access, bringing the drug to a much wider consumer base than before. The long-term, originally urban user **Gerry (C)** also emphasises the comfortable availability and easy accessibility of heroin on the island. He confidently asserts that, in contrast to earlier times, even completely uninvolved outsiders and even foreigners, such as the author, would have been in the position to obtain heroin during the period of the drug's affluent and ready availability. In particular, those people who had just newly begun to consume heroin would have been prepared to assist complete novices with the purchase of heroin. Interviewees explain that such users offered to help in order to receive a share of the obtained heroin as payment. The readiness to help a previously uninvolved person to acquire heroin is stated to be greater amongst newer users, who are less socialised according to traditional values. A person already engaged in the subculture for a long time might be more likely to adhere to regulations – for example, those of the *old school*, which stipulate that users must not supply to those not known for being users. Thus, they might be more likely to prioritise the continuation of the heroin scene's control, forfeiting short-term profit for long-term gain [5, 8–25].

Before illuminating the conditions and consequences of the apparently gigantic rise in heroin supplied, user numbers and overall use throughout Shetland, it is worth exploring the events immediately associated with the changes. Therefore, a look will now be taken at developments concerning the scene's supply.

8.5.2 *Conditions Associated with the Expansion of the Scene: Supply Network*

8.5.2.1 Two People Dealing

Most participants convey the impression of a sudden, unexpected outburst, while several of the interviewed users also describe gradual developments preceding and finally leading to the 'heroin boom'. It has already been outlined that even though **Peter** apparently supplied considerable quantities of heroin on a relatively regular basis, the former balance of the scene internally as well as with the community could be continued. According to the long-term user **Gordon (C)**, a number of people were involved in the events and processes that finally caused the end of this balance. **Gordon** explains that paradoxically one or two members of the *old school users*, who were involved in heroin dealing during the time **Peter** constituted the head of the heroin supply system, pressurised the main supplier into expanding and intensifying his heroin trade. As a consequence of more heroin becoming available and more people having access to greater amounts of the opiate, the severity and extent of heroin addiction in Shetland rose. This, **Gordon** argues, caused the strict *old school* values to deteriorate, as with intensifying addictions people tended to distribute the drug in fairly undifferentiated manners. The user also explains that many of the original *old school users* began to develop severe heroin habits and to act in line with the overall developments. By and large, a shift in priorities appears to have taken place: Whereas most users previously seem to have treated the preservation of the subculture's secretiveness and control as a central concern, many would now give preference to maximising their personal supplies by, for example, selling heroin profitably. In **Gordon's** account, the model whereby relatively few people obtained heroin from **Peter** to sell to fixed groups of other users underwent a considerable debilitation. He offers himself as an example of someone who had previously adhered to the norms of the *old school*, but started to abandon these rules as he developed a heroin habit.

Gordon (C): [...] But the first five months he [Peter] was doin' it [dealing heroin], there was only, what?, 12 or 14 users in the group that go' anythin'. And when I go' addicted myself I started to fork to everybody. [...] [2, 35–37]

The traditional norms of secrecy and restraint are reported to have further loosened when a second large-scale dealer, **Johnny**,² arrived on the scene. His demeanour and impact will now be outlined.

²Name changed.

According to **Gordon**, the heroin scene had ‘kicked off’ over Christmas 2000, when **Peter** still held the monopoly as Shetland’s only big dealer [3, 16–33]. Still, **Gerry (C)** – who like **Gordon** was one of the original *old school users* – maintains that until the end of 2001, the heroin subculture encompassed no more than 30–40 regular consumers and had not yet fully lost its controlled character. Participant accounts agree that at some point in 2001, **Johnny** – a young Shetland man in his mid-20s – returned to Shetland after he had finished a jail sentence for dealing drugs, including heroin. The reports of different participants suggest that he entered into the island’s drug – and in particular heroin – business, and substantially expanded it together with the older **Peter**. Many interviewees, such as **Gerry (C)** quoted below, suggest that **Johnny**’s return played a key role in the continuing expansion of the heroin scene. Evidently, **Peter** and the people working with him had already established a regular heroin supply. Thus they had prepared the scene for the further commercialisation that seemingly gripped the subculture when the two dealers entered into joint venture. Nonetheless, **Gerry** asserts that they also competed, attempting to outperform each other by dealing more and better heroin. This, the interviewee explains, further promoted the spread of heroin addiction across the islands and undermined the original norms and rules of control, secrecy and caution.

Gerry (C): [...] An’ then [Johnny] came back on the scene an’ that changed everythin’. Because tha’ was two people that started a bit of a, [Peter] had greened up the estates a bit, started keepin’ a regular supply. Supply more, be’er quality. So tha’ little kinna battle goin’ on.

R: Between the two, yeah.

Gerry: Between the two o’ them. An’, an’ it ended up with there bein’ more, more gear available than wha’ *needed* to be available. An’ the amount o’ people I know now that have got opiate addictions, tha’ didn’t have two or three years ago, is ridiculous. I mean, as I say, even a little, two and a half year ago it was still kept to a kinna small, tight group. 30, 40 people kinna thing. [3, 39–4, 2]

The Shetland heroin scene seems to have been restricted to a tight network of suppliers and users for about two decades before, almost suddenly, ‘there was constant supply’ [**Gerry, C, 2, 38–50**].

8.5.2.2 Changing Principles: From Social to Commercial?

It seems that as a result of the preparatory work by **Peter** and his collaborators and the advent of **Johnny**, the *old school* normative control system was gradually replaced by a determined and uncompromising commercial system. ‘Greed’, and ‘greed and money’ – especially on the part of the dealers – is repeatedly named as a major factor involved in these substantial commercial transformations [e.g. **Patrick, C, 3, 48; Gerry, C, 1, 7–11**]. Different interviewees discuss the fatal consequences of giving up the original ‘small group supply system’ that helped maintain some control over both the number of users and the quantity of heroin circulating on the islands. The abandoning of the close-knit structure fundamentally endangered the regulation of the underground heroin subculture, which had been carefully preserved for a long time [e.g. **Patrick, C, 3, 43–4, 2; Gerry, C, 1, 13–15**].

Interviewees report that after the two dealers had supplied the island together for a while, **Peter** was caught by the police, convicted, and handed a custodial sentence of several years on the Scottish mainland. Apparently, **Johnny** availed himself of **Peter**'s incarceration and together with another man, **Finn**,³ took over the heroin market [**Gerry, C, 5, 37–45**]. After **Peter**'s arrest, **Johnny** and **Finn** ran the heroin business in Shetland in cooperation and – according to numerous interviews – focussed on maximising financial gains and thus supply and demand. The two are portrayed as having taken a distinctively more commercial and reckless approach to heroin dealing than **Peter** and **Johnny** had before. Although **Johnny**'s confederate **Finn** is repetitively mentioned by a number of participants, **Johnny** receives by far the main attention and weight. The reason could either be his factual dominance over **Finn**, or the two men's division of roles. Concerning the latter, **Johnny** is frequently depicted as having conducted most of the direct customer work, whereas **Finn** may have concentrated on, for example, organisation, and administration. In this case, users would have had significantly more contact with **Johnny** while possibly not being aware of **Finn**'s work. This would explain why interviewees tend to attribute the greater importance to him. However, it is not possible to identify the pair's exact role allocation, and nor is it necessary in describing the reported commercial expansion of the heroin scene.

8.5.2.3 The 'Liverpool Connection'

It seems, from the accounts of those interviewees who state to have an insight into the internal structures of the heroin scene, **Johnny**'s and **Finn**'s dealing enterprise was embedded in an organised supply system based on the British mainland. The two dealers are reported to have received most of the heroin they sold in Shetland from a significant dealing network in Liverpool [**e.g. Rick, C, 9, 2–19; Christian, O, 13, 43–51**], generally referred to as the *Liverpool connection* [**Gordon, C, 4, 46**].

Below, the Shetlander **Rick (C)** describes the chain of events behind the vastly increased heroin supply in Shetland. It seems that **Johnny** and the people working with him realised the commercial potential of the heroin business on the Shetland Islands and decided to expand the offer radically. Additionally, significant Liverpoolian drug dealers had also recognised the financial possibilities of Shetland's drugs, and in particular heroin market. Subsequently, **Rick** explains, a regular business relationship between the dealers in Shetland and the suppliers in Liverpool developed. This connection was, according to **Rick** and other participants, strongly dominated by the Liverpoolians, according to whose rules most of the business was transacted. As a result of the connection between the big mainland suppliers and the profit-oriented island dealers, **Rick** states, Shetland was *flooded* with heroin, which **Johnny** and his confederate distributed fairly freely and without much

³ Name changed.

differentiation or restriction. Many participants support the notion that for a while the entire heroin using population on the island was provided by virtually two persons.

R: Sorry what?... You said, that it started to change [in 2000]? In which way? And how did it become more available and

Rick (C): Because certain people were startin' to see how much profit was in it. An', ah, took advantage of tha'. An' certain people tha' worked in bigger organisations South had seen this place as a little gold mine. So they really flooded the place for quite a while.

R: So it was not, um Shetlanders who actually supplied

Rick: No, no, it was all, *mainly* fae Liverpool. Bu' i' wis the guys like up here tha' were really apt, ken? The wide availability to everybody was really doon to a couple o' individuals really. They were Shetland boys, they were really just puppets bu' the guys were pullin' all the strings on. [...]

R: Yeah, it's strange it was just ONE person, who supplied the *whole* of the island, isn't it?

Rick: Pretty much, yeah. [1, 36–2, 8]

On the basis of the developments described above, the availability of heroin in Shetland appears to have progressed from its previous strict limitations and intermittence to 'constant supply' [Gerry, C, 2, 39–40].

8.5.3 Availability of Heroin: Wholesale Supply

The term 'commercial peak' seems to reflect the core aspects of the Shetland heroin scene's character under **Johnny** and **Finn**, as will now be illustrated. Interviewees provide several expressive, punchy terms to communicate the extent to which heroin became available, especially in contrast with the previous stringent restrictions. One participant describes the availability of heroin once **Johnny** exerted his influence on the Shetland market as *wholesale* [Gerry, C, 3, 11–15].

Gerry (C): [...] And once [Johnny] came on the scene, how can I say, he started kinda, pretty much wholesale, yeah. Dealin' in large quantities. Regularly. As I say, there was a, there was a *permanent* supply. [3, 11–15]

With her statement 'someone brought heroin *in bulk* to the island', the occasional user **Kay** similarly associates **Johnny**'s mass marketing approach to heroin dealing [1, 13–19]. Yet another interviewee explicitly refers to the manner of dealing during the period **Johnny** and **Finn** were in charge of the heroin market as *commercial* [Philip, N, 15, 10]. Speaking about the apparently surprising and explosive turn, the Shetland heroin supply had taken through specifically **Johnny**, the long-term using Shetlander **Rick** remarks that with respect to substance use 'this island's capable of *anything*, just about every excessive peak'. Even though he had seen the heroin scene's rapid expansion as remarkable, he claims not to be surprised by recent developments, since Shetland 'is just a mad place' [2, 26–46] in terms of substance abuse. Hence, the commercial peak phase that heroin supply and use are reported to have entered in 2001 might have resulted from a combination of Shetland's general cultural make-up, the national/global drug trend, and the specific conditions of the

scene's internal structure at the time. In addition to the common openness towards excessive substance use and specific personal circumstances, other factors are claimed to have contributed to the subculture's commercial expansion. These will be expounded after the following section concerned with the quality and price of heroin in Shetland during the era of the commercial peak. According to participant accounts, this era lasted for approximately 3 years until the beginning of 2004, when certain incidents caused the scene to once again fundamentally change. The aim at this point is to provide a brief overview of the period's character and duration. The related events, as well as their interdependencies, will not be further discussed now. They will be elaborated later on in correspondence with the chronological order of events.

8.5.4 *Quality and Price*

Interviewed heroin users generally agree that the overall quality of heroin in Shetland declined significantly as its availability increased [e.g. **Rick, C, 9, 2–19; Mona, C, 2, 30–47; Philip, N, 15, 37–40; Duncan, N, 10, 49–11, 12**]. Interview accounts suggest a changeable and often poor potency during the period when the drug was freely available.

Rick (C): [...] An' the quality o' it, ken, it was hit or miss, ken? So many times i' was just ssshhhit, you know? Wastin' your money. Placebo effect, ken, half the deals you were gettin' like. [12, 41–43]

However, despite the low quality of the opiate, demand and sales seem to have been great. The unpredictability of obtaining good-quality heroin on a given occasion might have had an operant conditioning effect: Rewards at variable intervals could have contributed to upholding consumers' motivation to purchase. Besides, many users probably saw no way of getting hold of heroin on the island other than consulting the local dealers.

Even though the heroin quality seems to have degenerated noticeably with the increase in availability, the price never seems to have changed. According to interviewees, it remained stable at 100 GBP/g throughout the subculture's various stages [e.g. **Mona, C, 4, 5–15**]. The rationale behind keeping heroin at a comparatively high cost – according to interviewees, nearly twice the price as in urban Britain – and low quality is explained in terms of commercial *greed*. The Shetlander **Patrick (C)** clarifies that in order to maximise the profit from the heroin trade, dealers diluted the drug they intended to sell with cheaper adulterants, the result being heroin of a variably lower potency. Combined with the vastly increased demand, **Patrick** explains, the surplus value was enormously multiplied [3, 43–4, 2]. The Shetland man **Philip (N)** adds that due to the drug's generally low quality, people with physical addictions had to buy three, four, five times as much heroin as they would have had to in urban areas, thus further increasing the dealers' profit [15, 37–40]. **Johnny** and **Finn**'s dealing monopoly probably also assisted the stability of the growing

turnover, as most users seem to have preferred these comparatively adverse conditions over the risk and efforts involved in organising their own heroin from the mainland [cf. **Mona, C, 2, 30–47**].

In line with **Patrick's** and **Philip's** arguments, **Rick (C)** points out that **Peter's** arrest, **Johnny** and **Finn's** takeover of the heroin market and the establishment of the Liverpool connection together were responsible for the considerable decline in heroin quality [7, 18–25]. **Rick** believes that the drop in quality was also attributable to the break-up of the circle of original *old school users*. The disintegration of this clique towards the end of 2001 has also been mentioned by other former group members [e.g. **Gordon, C, 4, 10–35**]. This circle seems to have operated closely with the previous drug seller **Peter** during the contained commercialisation and thus had an influence on the extent, style and quality of the heroin supply. However, besides **Rick**, others also confirm that the well-established Liverpool suppliers managed to completely dominate the supply level of the Shetland heroin trade during the commercial peak [e.g. **Duncan, N, 10, 49–11, 9**]. Hence, the two Shetlanders **Johnny** and **Finn** were frequently sold heroin not viable in the more competitive marketplace of urban Britain due to its poor quality. In Shetland, with its extremely limited means of obtaining heroin and resultant dependence on dealers, the situation was fundamentally different.

R: Ah right, right. And the other ones, what, the other ones didn't

Rick (C): Well, he, the guy, the guy that was doin' it [Peter], ken, he he took, he got time. And that's how the [old school] circle go' shut doon. An' that's, that's when i' was at its worst for me, because, like, in 2002 I was bein' investigated too much by the police. An' I got busted an' stuff, bu' I never got anythin'. Never really wanted to do, ken, I was just gettin' bits for meself through this little group. And once that chap [Peter] went away, these new people [Johnny and Finn] came up an' the Scousers sent in all the shit that couldnae be sold in Liverpool, so i' was probably thrown in the mail an' they could try to sell i', they were just sendin' i' up here. An' i' was really pretty low quality. Be lucky if some o' it was 10%, I would say. And really, some o' it was really badly cut. I'd say 2002 it was just totally flood gates opened an' everybody was startin' to just about, i' was available for just about every- and anybody. [9, 2–19]

The mainlander **Duncan (N)**, who had been involved in the Shetland heroin scene for a long time, believes the two Shetland dealers carried out business in a rather naïve, commercially inept manner [10, 49–11, 12]. Besides greed on the part of **Johnny** and **Finn**, he explains, the poor quality of the heroin sold during the commercial peak was also determined by the nature of the business relationship between the Shetland dealers and the mainland suppliers. Apparently, the latter took advantage out of the islanders' lack of experience, professionalism and supply alternatives, regularly selling them drugs of low quality.

Duncan (N): [...] An' they started to STUPIDLY bring up God all knows wha'. I think, the people at the other end, like had like little or no respect for them. So they would sell them crap. [10, 52–11, 2]

It has been suggested that if someone commercially motivated, intelligent and knowledgeable were to apply themselves to the heroin trade in Shetland, they could be enormously successful. Under such circumstances, the extent and intensity of

heroin use on the island could escalate even further than it had during **Johnny** and **Finn**'s time [**Christian, O, 2, 32–33**].

Some participants argue that the decline in heroin quality also resulted from the increase in the number of people involved in dealing as well as from the ongoing arrests of local dealers [**Rick, C, 7, 35–41; Mona, C, 2, 30–47**]. In this context, **Duncan, (N)**, a member of the former *old school* group, criticises the short-sighted commercial orientation and ignorance of control norms evident in modern dealers [**11, 23–42**].

The decline in heroin quality during the period of the commercial peak seems to rely on a combination of different factors. The two main dealers, and possibly their associates, appear to have generally acted according to the principle of maximising profit. This involved bringing up and selling large quantities of heroin to a wide clientele and regularly adulterating the drug with cheaper cutting agents in order to increase the supply, thereby taking advantage of their monopoly in Shetland. In turn, the dealers themselves were reportedly taken advantage of by their urban suppliers, who sold them low-grade heroin not suitable for a competitive urban marketplace. The high turnover of dealers on the island, thanks to frequent arrests, may also have contributed to the declining quality of the opiate. The repeated detentions have been associated with the relaxation of strict control norms concerning heroin supply and use.

8.5.5 *Growing Accessibility and Loosening of Control*

Drawing on various accounts, the commercial peak reached its heyday in 2002. By using the metaphor '2002 it was just totally flood gates opened', **Rick (C)** cited above suggests that by this time, the previously strict regulations ceased to exert effective control over heroin supply and use. In the beginning of his interview, the Shetlander explains that, 'when it started getting far more available, the control of all that comes to be let go' [**1, 15–17**]. This loss of control he outlines further by emphasising that after the flood gates opened 'everybody' started to use and the drug became 'available for just about every – and anybody'. Not only the amounts of heroin on offer but the number of people in a position to access the drug increased exponentially. The discontinuation of the stringent access limitations has repeatedly been associated with serious problems.

Rick (C): [...] Bu', yeah, it's become far too available up here at some points, ken. There was when really every man, wife an' his dog, ken, could ge' a hold of it an' that's problematic, an' i' started to ge' really... yeah, an' go' a lo' worse. [...] [**1, 12–15**]

Participants describe a variety of problematic features. Firstly – as already mentioned – the addiction rates grew overall. Moreover, with the free availability, young people previously excluded from the heroin scene were now able to access the drug. They are reported to have consequently become affected by the general rise in addiction [**Kay, O, 1, 13–19**].

Along with **Rick**, a considerable proportion of interviewees describe a general loss of control in the island's heroin subculture. Several users, such as the young Shetlander **Justin (C)**, point out that the scene was 'getting out of hand' over the past few years. **Justin** explains that heroin became 'far too accessible' for the subculture to still be manageable. The young man explains that, due to the erosion of access restrictions, many people found out about the availability of heroin, became interested, tried it and continued to use. As a result, both the secrecy and the general controllability of the scene were significantly reduced [4, 6–21].

Gordon (C), also speaking about the scene having gotten out of hand, attributes this loss of control specifically to **Johnny's** profit-oriented demeanour. In his and other participants' eyes, the supply expansion to youngsters constitutes a fundamental and serious problem. As a member of the original *old school* group, **Gordon** had presumably been involved in heroin supply before, during, and possibly after **Peter's** time. He compares **Johnny's** approach with the traditional supply ethics and norms of his former group and underlines that he and his clique would consciously have prevented young people from gaining access to heroin. On the whole, they would only have sold to 'older, established addicts', people known as experienced heroin users who could handle the drug with caution and responsibility.

Gordon (C): No. I' really go' outta hand 2 years ago or last year, when [Johnny] started supplyin'. Because he introduced it to kids an' that, which is not the way that we would have done it. We always kept it away fae the younger ones and it was only older established addicts that got it. [...] [4, 10–13]

In sharp contrast with his own and his group's conscientious dealing ethics, he presents **Johnny's** reckless and short-sighted profit-oriented approach. Being in his mid-20s and therefore relatively young himself, **Johnny** might not have been sufficiently mature to consider the potentially far-reaching consequences of relaxing the previously strictly reinforced control rules. Hence, he might have been oblivious to the possible risks of unconstrained profit-making. Otherwise, he might have *purposefully* decided to prioritise profit over caution. Anyhow, with his lack of watchfulness and care, many interviewees regard **Johnny** as having brought about the Shetland heroin scene's fundamental loss of control.

R:... Yeah. And, um, can you describe a little bit more this getting out of hand? The way, what what was it like then 2002?

Gordon (C): Aaaah, [Johnny] had kinna parties at his old wife's hoose an' his girlfriend was only a teenager and her friends came to these parties and he offered them a wee bit a' heroin. And that's how it got oot a' hand.

R: Hm-m. And did he that to deliberately make profit?

Gordon: Yeah. To get more punters to buy it.

R: Yeah. Hm-m. And was he, he wasn't the only one, who was supplying, but he was the *main* one... ?

Gordon: Well, he was in this kinna partnership with this other bloke up here [Finn] [...] [5, 1–18]

The almost unregulated access to heroin together with the dealers' prioritisation of commercial profit over responsible use, are presented as having caused unprecedented new conditions. These have already been shown to have resulted in a range of different effects.

8.5.6 *Changes in the Number, Range and Diversity of Users*

The discontinuation of the relatively stringent restrictions in governing access to heroin has been presented as an essential change. As a consequence, numerous participants name the expansion of heroin supply to young people. Whereas **Johnny** himself and other people under the age of 25 would once have faced considerable difficulties accessing heroin, the situation seems to have fundamentally changed, with **Johnny** integrating teenagers into his circle of customers. **Rick (C)** confidently underlines that absolutely n-o-t-h-i-n-g, neither social background, age, gender, social relations, nor anything else, would have restricted people's access to heroin during the era of the commercial peak. Hence, with users up to 60 still being part of the scene and purchasing heroin from **Johnny**, the age range, user numbers and diversity of customers appears to have broadened considerably [14, 24–30]. The *old school user* **Duncan (N)**, who claims to have withdrawn himself significantly from the general heroin scene, affirms that not only were kids as young as 14 purchasing heroin, but that through them even younger children could get access to the drug [14, 13–21].

Apart from the striking increase in juvenile heroin users, interviewees repeatedly point to the number of females having become involved in the hitherto strongly male-dominated subculture.

Gerry (C) estimates the number of regular heroin users during the most commercial period to amount to about 200. He excludes occasional and casual users from his estimation, referring only to people who consume at least every couple of days [12, 4–30].

8.5.7 *Problematic Tendencies Associated with the Rise in Heroin Availability*

8.5.7.1 Expansion to Kids

Many participants mention the expansion of heroin supply to school children and teenagers as one of the most worrying developments of the commercial peak. However, interviewees speak about juvenile heroin consumption with differing certainty. Some claim to have heard of school kids using heroin and others assert little awareness of this phenomenon. At any rate, most participants articulate serious concerns. On the one hand, they regard youth as a major risk factor for handling and using drugs in a careless, immature and dangerous manner. On the other hand, young people face the risk of impinging negatively on their physical and psychological development when using strong psychoactive substances. Experimenting with alcohol and drug use from young age – amongst other things as part of the growing up process – is presented as fairly widespread in Shetland. Heroin having to a certain extent become included in this rite of passage is generally deemed problematic by interviewees.

On balance, it seems that access to heroin started to become easier for youngsters when the opiate became more available during **Peter's** time. This course seems to

have been pursued further once **Johnny** appeared on the scene and to have peaked when **Peter** went to jail and **Johnny** and **Finn** took over the running of the heroin market completely. **Rick (C)**, a Shetlander in his mid-30s, explains that because **Johnny** was only a teenager when he started using heroin himself, and was still relatively young when he began to deal, he had no scruples about selling heroin to underage persons. **Rick** suggests that the dealer regarded people from the age of 16 as able to assume personal responsibility for their drug consumption. As others, he mentions that he heard about even younger adolescents being able to obtain heroin through older friends or family members.

Rick (C): [...] because one o' the guys is only 24 just noo, I mean

R: The one who's

Rick: Yeah. He got put away. An' he was at it, ken, when he was 15. I think, he had his first hit at 15 an' he's been at it for quite a while like. An' I kinna think, he seemed to have this idea that if somebody was over 16 it was okay, ken? Basically. Bu' I heard rumours there'd be 15 year olds an' stuff, ken? Scorin' through a brother or relative or someone like that, ken? Which is really bad. [5, 14–25]

The differences in interviewees' certainty about the extent of juvenile heroin use may be explicable in terms of social contacts. As underlined by **Duncan (N)**, in spite of the overall reduced concealment of heroin-related conduct, most individuals – including very young persons – still attempted to keep their heroin use as secret as possible [14, 19–21]. Therefore, people without direct or indirect contacts to youngsters through their private lives or work may have been relatively oblivious to the nature and degree of substance abuse within youth scenes.

8.5.7.2 Increase Addiction

In the context of the amplified heroin demand and accessibility during the phase of the commercial peak, virtually all participants speak of significantly increased addiction rates amongst the Shetland heroin users. Several of the interviewed users also affirm the rise in heroin dependence to have become progressively more visible in the morbid physical appearance of especially regular, heavy users, one of them being the *old school user* **Duncan (N)** quoted below.

Duncan: Well, because there was beginni', there was more an' more people beginni' to appear. There was more an' more people tha' you could see obviously, you know, *physically*, that they were obviously ge''in' into more an' more of a mess. [...] [3, 33–36]

Furthermore, the growth and spread of heroin consumption are reported to have been accompanied by a similar expansion of intravenous use and risky drug-taking behaviour [e.g. **Patrick, C, 1, 31–46; Hannah, C, 9, 29–40; Kay, O, 9, 28–10, 13**].

8.5.7.3 Expansion of Intravenous, Hazardous Drug Use

The Shetlander **Patrick (C)** describes how, when in his mid-20s in the beginning of 2000, he and his friends began using heroin by chasing the dragon [inhaling].

He asserts that at that time everyone in his social circle who used heroin smoked the drug: Nobody injected. Over the following few years, however, he observed the proportion of injectors constantly growing. Always having remained a smoker, he still knows more smokers than injectors, but he insists that intravenous drug use is continuing to spread [1, 31–46].

While discussing the increase in risky drug consumption around the time of the commercial peak, a few participants mention the simultaneous rise in fatal emergencies related to illegal substance use. Whereas in former times no drug deaths seem to have occurred, the rate has in the past few years risen to between none and one per year. However, participant accounts point out that these lethal incidents tend to happen as a result of both alcohol *and* opiate consumption – usually methadone, and possibly other drugs on one occasion [e.g. Gerry, C, 4, 34–39]. Fatalities resulting from the ingestion of heroin exclusively are not reported.

8.5.7.4 ‘Disgraceful’ Formations of Intravenous Heroin Use

The two women **Hannah (C)** and **Kay (O)**, although nearly 20 years apart in age, provide similar accounts with respect to the intravenous drug use they watched and were told about during the commercial peak. According to **Hannah’s** and other interviewees’ reports, **Johnny** conducted many of his drug deals at a flat in Lerwick. After their drug purchase, his customers would usually stay for a while in order to minimise the conspicuousness of the illegal activities taking place behind closed doors. These waiting times are portrayed as communal using sessions where consumers of very different kinds came together. **Hannah** characterises such get-togethers as ‘disgraceful’ and the flat as a ‘needle den’ [9, 29–40]. In her account of the buying and using situations at the apartment, she indicates that the intensity and extent of injecting were common in this era. The degree to which the conditions she describes were seen firsthand or discovered through hearsay remains somewhat unclear. However, she claims to have been deeply involved in the Shetland heroin scene and intravenous drug use for many years and is presumably able to provide profound information firsthand.

8.5.7.5 The Conjunction of Easy Availability and Personal Problems

Kay (O), almost 20 years older than **Hannah**, conveys a similar impression to her young predecessor. She describes the same purchase and using situation at the flat, which she had as a regular customer witnessed many times. She claims exclusively to have smoked as route of administration, and to have used about twice a week, however solely during the last few years of her using career that before was entirely determined by very infrequent, occasional use. Hence, with respect to patterns of drug use and related norms and behaviours, she had always felt dissociated from the scene that assembled at this house. Apparently, she experienced moments of strong dissonance when observing people injecting – sometimes into sites as dangerous as

their necks. Even though she expresses her strong disapproval, she acknowledges that she was prepared to tolerate such behaviours in order to access her personal heroin supply.

Kay: [...] Ah, bu' in the new group there were people injectin'. There was nobody, nobody snortin'. Everybody was smokin' an' some of them were injectin', too. In fact, you kno', when I look back at the environment that I was entering into to obtain heroin, some of these things tha' I was witnessin' an' acceptin' were horrific. Well, some o' them were injectin' it intae their *neck!* An' I remember thinkin' 'That's crazy bu', okay', you kno', 'let them carry on, it's none o' my business'. They would, I remember an argument goin' on, aah, abou' which side o' the neck do you inject i' into? One side takes it right up tae yer brain an' I thought 'That's crazy! Absolutely crazy. Bu' I still sat in the room when they were doin' it. [9, 28–10, 13]

In spite of her long heroin using history of around 20 years embedded in a stable group of occasionally consuming, older friends, **Kay** describes shifting to this group of regular heavy heroin users. As already explained when introducing her using history in Sect. 3.1, due to a personal crisis, she had started to purchase the drug herself – a practice which for reasons of self-protection she deliberately avoided years before. Out of convenience, she began buying the drug from **Johnny**, and thus agreed to the major concession of having to accept contact with him and the circle surrounding him. As such, she was confronted with norms, rules and behaviours to which she fundamentally objected. However, the benefit of alleviating her emotional pain with heroin appears to have outweighed the cost of witnessing conduct she considered morally unacceptable. She emphasises the significance of heroin having become drastically more available to people not previously involved in the island's supply structures. Before, even if she would have tried, she would have had considerable difficulties obtaining heroin in Shetland. However, through the conjunction of her personal hardship and the easy availability, she now found herself both motivated and almost effortlessly able to get hold of the opiate. Consequently, she declares, she started consuming heroin to allay her suffering, whereas before she aimed for a form of 'sophisticated social relaxation'.

With regard to changing one's patterns of heroin use due to the concurrence of easy availability and personal crisis, **Kay** does not present an isolated case. Numerous interviewees claim to have experienced similar circumstances. In general, many participants speak about themselves and others as having started to use heroin, or significantly increased their consumption, when the drug became easily accessible [**Oliver, O; Ben, N; Joanna, C; Gerry, C; Gordon, C; Rick, C; Patrick, C; Justin, C; Oscar, C**]. Of these users, a considerable number portray themselves and others as having taken the opiate (temporarily) to cope with personal stress [**Oliver, O; Joanna, C; Ben, N; Patrick, C; Justin, C; Oscar, C**]. Some claim to have consumed previously for varying periods and to have only developed regular or dependent patterns of use during the commercial peak. Others report to have started using heroin at that time and fairly quickly engaged in addictive, harmful use. Of those participants who originally moved to Shetland from urban Britain as a countermeasure against their heroin addiction, most state to have fallen back into dependent use for the duration of this period.

On the whole, the interviews suggest that the combination of the increased heroin availability and the seemingly reduced stigma led to a significant rise in user numbers and overall use. Furthermore, heavy, regular using patterns appear to have increased and to have become more extreme.

8.5.7.6 Transformations Within the Heroin Use-Related Value System: Urban Tendencies?

In the preceding subsections, it has repeatedly been suggested that the growth of the Shetland heroin scene was interwoven with changes in the value system surrounding heroin use. Settings such as those described by, for example, **Hannah** and **Kay** above are presented as having been rare and rather unacceptable in former times. The same applies to uninhibited, hazardous, and especially intravenous heroin use, which would previously have been disregarded as irresponsible by most. On the one hand, heavy, intravenous heroin use may generally have become more tolerable. On the other, a priority shift from social towards selfish, egotistical values may have supported the establishment of what could be described as *junkie manners*.

Junkie Manners: From Social to Sordid

According to the occasional consumer **Christian**, with the massive increase in heroin availability, users, and especially injectors, the scene started to take a new course: The subculture underwent a relative transformation from generally *social* to *sordid* standards. Rather than getting together in order to communally celebrate and share a secretive, ritualised event in a friendly context, **Christian** explains, many heavy users in particular started focussing on their personal profits and gains. The scene developed a market-oriented ‘elbow capitalist’ character; whereas in the past, the interviewee would not have spoken of a ‘scene’ as such but rather of friends meeting in order to enjoy a hobby together [10, 19–50]. **Christian** characterises the heroin use of the former times as a principally *good*, ethically desirable and socially productive behaviour. Over time, it changed into an antisocial, selfish and dishonest pursuit. In contrast to the earlier years, he asserts, the subculture developed the potential to seriously damage its members as well as society in general.

Christian (O): [...] Mainly because there’s more an’ more people tha’ that like people’s friends and family getting’ into it. An’ then there’s people startin’ to inject it an’, ah, it’s getting’ more an’ more sordid. It used to be kinna a reasonably sociable thing. But noo it’s like like really sordid. From *my* opinion anyway.

R: Can you describe that a bit more? How it used to be more sociable and

Christian: Well, it used to be, ah, poeple phonin’ up ‘Hey! Come on, let’s ge’ a bi’ of fuckin’ smack!’ - ‘Oh bloody hell! It’s been fuckin’ ages!’ A few people would turn up at this guy’s hoose who’s the seller. In tha’ respect you’re jus’ like liable: ‘Fuckin’ hell, oh, oh, oh!’ Bu’ i’ was a treat. An’, ah, it brought people together, if you want, for a be’er thing. Ah, because i’ wasn’t regular, people kinna looked forward to it. It was like, ah, ‘Fuckin’ excellent!’, ken? It, you sat aroon’ wi’ like a few close friends. Bu’ you’d never really tell

anybody. It was a completely secretive thing, ken? Bu' noo it's it's every month an' it started to turn to a market itself an' you can get it a regular day an', ah, people are also rippin' each other off an' backbitin' an' cuttin' i' up wi' shit an' takin' their own little cut an' things an' sellin' it on an' creatin' bad feelin'. An' tha' kinna, there's lo' o', yeah, bad feelin' in the scene noo, whereas before it wasn't really a scene. An' i' was every now an' again tha' somebody came across wi' smack an' it'd be a kinna o' thump thing. Bu' noo it's far from tha'. It turned pretty serious, as far as I'm concerned. [10, 30–50]

When interpreting **Christian's** account, it may be advisable to trim the sharp edges from both his descriptions of the somewhat glorified distant past and vilified recent past. Nonetheless, his statement essentially and aptly encapsulates the correlations between the expansion of the subculture and its altered mentality.

In addition to the causal conditions outlined by **Christian**, several other changing impacts on heroin-related norms and behaviours are named.

Soothmoother Influence

In Sect. 3.1, the impact of *Soothmothers* – British incomers – on the Shetland culture, including its drug culture, have been outlined. This 'Soothmoother influence' appears to constitute a stereotype-driven explanation for generally undesirable social phenomena. With respect to the island's drug scene, and in particular with regard to heroin, users from the south also seem to serve as scapegoats for problematic developments. Still, from interviews, it seems the influence of heroin users from primarily urban Britain is not entirely a myth. Incomers seem to exert noticeable effects on the Shetland heroin scene's character. Concerning the atmosphere and mentality of the Shetland heroin subculture during the commercial peak, participants frequently speak of an urban progression. To a certain degree, these tendencies may be imported by urban incomers. **Duncan (N)**, himself originating from a British city and belonging to the *old school* clique, claims that lately more and more heroin users have moved to Shetland, who previously have been incarcerated. These people, he argues, have undergone prison socialisation, which they then introduced to the island's heroin scene. He identifies this prison-based culture on the basis of a specific kind of gutter language familiar to him from his home city but not formerly common in Shetland [8, 20–28]. According to **Duncan**, these urban incomers accumulate at the Shetland drugs project [7, 18–47]. In several interviewees' eyes, the motivation of many urban heroin users to move to Shetland is to achieve a higher living standard and to obtain methadone prescriptions more easily [e.g. **Duncan, N, 7, 43–44**]. Hence, these incomers might promote the view that they are in Shetland to take the greatest possible advantage out of free social services.

R: And, but did you say that, um, like that a culture developed of people lying, I mean, going to the drugs project and lying?

Duncan (N): Look, come on, there was, as soon as the thing opened there's people goin' in like that 'Listen, I've go' this big gigantic habit', you know blablabla. Righ', they're gonna try toge' as much as they can. Certain doctors are wise enough to go like tha' 'Righ', we try out with that and see how it goes. We keep an eye on him and see, see how his eyes goes.' [...] Now there's five doctors in here [who prescribe methadone in Shetland], you know?

R: Hm-m. And can you, can you say a little bit about this, how that developed, like this, this culture of people coming into the project and lying and what it is like today?

Duncan: There's always been a bi' of i', but, you know, just because o' the nature o' the place an' tha'. Folk like tha' got like [...] [9, 12–30]

As has already been demonstrated in the previous section on the heroin scene's internal structure, the view of the spread of *junkie manners* being partly traceable to the influence wielded by urban incomers is also shared by numerous other interviewees [e.g. **Ben, N, 15, 36–16, 15; Mona, C, 4, 29–34; Robin, C, 8, 10–39**].

The 'Prison Connection'

Duncan, quoted above, continues his report concerning harmful influences from the mainland by explaining that a *prison connection* has started between Shetland and the British mainland. This prison connection developed due to increasing numbers of Shetlanders and mainlanders in Shetland being arrested for drug-related crimes and given custodial sentences in mainland jails. There they would get in contact with more criminally established urban drug users and dealers, who would provide behavioural models. Once released from prison, the islanders would return home with their newly acquired criminal knowledge and manners, which they thus 'imported' to the islands [7, 18–47; 8, 41–48].

R: No, but you were talking about those people coming in to Shetland.

Duncan: Right. There's been, i' is really been a prison connection tha' started. More an' more people ge' sent down to prison as well, from here. Locals, tha' were sent to jail for their drug offences. Aah, there's never assaults, robberies, anythin' like tha', because it's it's nae very bright. It's all drugs, it' always drugs things. [8, 41–48]

Duncan regards the prison connection as the main reason why the heroin scene 'exploded'. He explains that **Johnny** and some of the people who worked with him had adopted 'gangster' and 'hard men' demeanours during their jail sentences. Furthermore, they established business contacts with experienced dealers and developed these contacts after being released from prison. Apparently, these contacts constituted the Liverpool connection – the basis of **Johnny** and **Finn**'s supply system [10, 31–47]. According to **Duncan**'s and others' lines of argument, the prison connection was substantially involved in the spread of the *junkie mentality* introduced in the previous and seventh chapter [e.g. **Rick, C, 5, 12–15**]. This mentality involves the acceptance of, and engagement in, uninhibited heroin use as well as antisocial, deceptive, criminal and violent behaviours. **Duncan** also believes that besides providing criminal role models, the prison system increases anger and aggression that in turn impacts adversely on the Shetland drug culture [13, 23–27].

8.5.7.7 Beginning of Drugs Crime

As a result of the antisocial tendencies just described, a first incident of drug-related crime – a shop robbery – is reported to have taken place [**Kay, N, 2, 25–30; Mark, C, 3, 47–4, 4**]. Although this occurrence might constitute a rather extreme and

isolated case, many interviewees speak of a change in the overall atmosphere of the island heroin scene. According to **Kay (O)**, the almost idyllic island character of the subculture previously manifested itself in civilised norms and behaviours. Now, she claims, the scene has lost its former innocence, which is partly illustrated by the increasingly violent behaviour of certain subculture members [2, 24–30]. This loss of innocence seems to be associated with the influence of the ‘big dealers from Liverpool’ and the exponential increase in the number and diversity of people getting involved in the scene [e.g. **Christian, O, 13, 43–51; Duncan, N, 12, 42–14, 21**].

8.5.7.8 Rise in Hepatitis C

In addition to the behavioural and normative effects described above, the prison connection has also been associated with the rise in blood-borne viruses, such as hepatitis C. It has been explained that due to the impossibility of obtaining needles legally, people in prison tend to share injecting equipment. Additionally, many might prefer heroin over, for example, cannabis in order to avoid detection: The former can only be proven for a few days whereas the latter is detectable in the blood for several weeks [**Duncan, N, 13, 14–27**]. Besides the prison connection, the influx of urban drug injectors already infected with hepatitis C may be related to the spread of hepatitis C on the island. Other related factors, including risky injection behaviours, have already extensively been discussed before.

8.5.8 *The Same Trend as on the British Mainland?*

At the end of Chap. 2 on the features of the Shetland heroin scene, the changes of the subculture in the past few years were briefly sketched. The direction of the changes has already been described as commercial expansion. This spreading out and extension of the scene to youngsters has been presented and discussed comprehensively in this and the prior section on the contained commercialisation. Previously, several participants have been cited, who drew parallels between the heroin use trend in overall Britain and Shetland [**James, N, 2, 28–48; Duncan, N, 3, 6–37; Angus, N, 11, 38–44**]. Two of the quoted interviewees place the English and Scottish transitions in the mid- and late 1980s, respectively [**Angus, N, 11, 38–44; Duncan, 3, 6–37**]. Several of the interviewed users argue that British drug use trends typically reach Shetland with a time lag of about 10 or 15 years. According to the townsman **Duncan**, such trends are observable not only on a national but also on a global level [**3, 6–9**]. This argument relies on the assumption that the manifestations of the

British trend proportionally decline the farther north one goes. Thus, as the most northerly point of Britain, Shetland would be the last place to exhibit the national tendencies in heroin use. It has been demonstrated throughout the section on the commercial peak that the Shetland heroin scene experienced an obvious and pronounced commercial expansion at the beginning of the new millennium. This progression could be described as *relative urbanisation*, and is reflected in an array of similarities between the heroin scene in Shetland and scenes in British cities referred to by participants. The attribute '*relative*' refers to the location-specific limitations the Shetland heroin culture's urbanisation process was subjected to. Although many participants emphasise the advent and spread of criminal tendencies and destructive, addictive patterns of heroin use, these were never reported to ever have reached a city extent. As outlined in Chaps. 2 and 3, a great proportion of heroin users continued to finance their personal drug supply through paid work rather than social benefits and criminal conduct. The small size of the island community and the severe social stigma attached to deviant behaviours seemingly caused most users to refrain from crime other than drug dealing. Moreover, although the level of secrecy is reported to have dropped considerably with growing commercialisation, the majority of heroin consumers still attempted to conceal all heroin use and related activity from the general public. Subsequently, the island subculture was not as open and conspicuous as heavily using factions in city subcultures are described. Neither has, as demonstrated in Chaps. 2 and 3, prostitution gained a foothold on the islands beyond very minor incidents. No open sale of sex has ever been reported at the time of the interviews. Nevertheless, the age of first heroin use in Shetland appears to approach the Scottish average.

Synthesising these results, one can conclude that the global drug – and in this case heroin – use trend principally materialises in Shetland with certain delays. Still, numerous specific features of the setting also contribute to the eventual nature of a specific drug scene. The location-specific factors fundamentally influencing the heroin scene's features, structure and relationship to the mainstream culture may primarily be found in the island's geographical isolation, the small size of its population and the cultural propensity of its inhabitants towards experimental and extreme substance abuse. These extraordinary circumstances have been identified as causing physical restrictions in drug availability and both intensified stigmatisation and social care. Moreover, they also provide the potential for extreme developments regarding general patterns of substance use. Hence, deviant behaviours, such as heroin use, criminal conduct and prostitution may either largely be prevented or primarily take place in a very restricted, secretive underground style. On the one hand, the global heroin use trend – including patterns of destructive, addictive consumption – has to all appearances heavily impacted on the island heroin culture. On the other hand, Shetland's specific geographical, cultural and social characteristics may have given the scene its final shape. The significance of Shetland's setting also becomes apparent when examining the subculture's further developments after the era of the commercial peak.

8.5.9 *The Downfall of the Commercial Peak*

8.5.9.1 Causal Conditions: Loss of Control

In the context of the drastically increased heroin availability discussed above, several interviewees spoke about *loss of control* over the heroin scene.

Control – and its loss, respectively – seem to be essential for many interviewees when characterising the subculture’s features and nature at a given point in time. *Control* and unrestricted commercialisation appear to be mutually exclusive, as the latter tends to only be achievable at the expense of the former. *Control*, as defined on the basis of numerous interview accounts, entails the comprehensive secrecy of all heroin use and trade-related activities towards uninvolved people and especially the police. Furthermore, it embraces the dealers’ and distributors’ conscious curtailment of the heroin quantities they put into circulation in order to inhibit the number of users and the extent of severe addictions. Additionally, *control* concerns behavioural prescriptions directly and indirectly concerned with the intake of the drug. These include cautious and responsible using patterns and therefore the prevention of all kinds of inhibited, dangerous and conspicuous opiate consumption. Principally, all norms and rules that throughout this book have been referred to as *old school value system* are applicable in the scope of the *control* conception. Hence, to briefly refresh the central norms: no heroin should be sold to young and novice persons; injecting in front of non-injectors should be avoided; an experienced injector should not assist someone completely inexperienced and the amounts of heroin supplied should be strictly limited in order to regulate adverse consequences potentially associated with heroin use and trade. On the basis of interviews, maintaining *control* seems to be a means of protection against arrest, social stigmatisation and exclusion, and individual and social harm.

The preservation and continuation of these control norms and behaviours is frequently reported to have undergone a significant decline in the past years. The period of contained commercialisation could be regarded as a preparation phase for the subsequent commercial peak, during which the prioritisation of the formerly secretive, communal and social norms has largely been replaced by commercial values.

Virtually all interviewees maintain that the epoch of the commercial peak came to an end when **Johnny** was arrested at the beginning of 2004. Interview statements suggest that he constituted the central point of the Shetland heroin scene for a good 3 years, from approximately the end of 2000 until early 2004. Although **Finn** apparently continued to sell heroin for a while, his supplies are presented as having been rather limited and of particularly low quality [e.g. **Gordon, C, 5, 17–19**]. The supply system of the commercial peak ostensibly began to break down with **Johnny**’s departure from the scene.

Interviewees explain that the police had been monitoring the activities and movements of **Johnny**, **Finn** and their confederates for a considerable length of time before they finally managed to intervene successfully. The consequences of **Johnny**’s arrest are generally described as having been extremely far-reaching, as will be illustrated in the following.

8.6 The Current Fragmentation

8.6.1 *Conditions Associated with Change: Increased Police Intervention*

8.6.1.1 The Heroin Scene Turns Underground

Virtually all interviewees describe the arrest and imprisonment of **Johnny** as immensely influential for both the features and the internal structure of the Shetland heroin scene. Speaking in retrospect, many present his seizure as the result of an intense, target-oriented police operation. In the end, the police had sufficient evidence as well as a suitable situation that allowed them to detain their long-standing suspect.

The originally urban participant **Gerry (C)**, who has lived on the island for more than a decade, claims never to have experienced a greater exertion of influence by police on the drug scene. On one side, he explains, the police managed to arrest the main heroin dealer and thus to annihilate the commercial heroin supply system. On the other side, the interviewee argues, the police have driven the subculture *underground*, which radically reduces their control possibilities. Out of fear of being reported to or detected by the police, users were significantly more inclined than before to consume their heroin alone – a practice that carries the risk of overdosing without being discovered. To reduce the probability of being revealed as a heroin user, **Gerry** argues, people would rather accept the danger of fatally overdosing in isolation, which the participant describes as the ‘most dangerous downside’ to opiate use [6, 1–42].

Other interviewees also emphasise the underground turn the scene has taken since **Johnny**’s detention [e.g. **Angus, N, 12, 33–35; Lilly, N, 13, 27**]. The Shetlander **Angus (N)** emphasises that due to the increased police activity, the scene has adopted a very secretive nature, which is apparently necessary for the subculture to survive.

Angus (N): [...] It’s like the police are very hard on it as well up here at the moment. So that’s pushed i’ more underground, you know. It’s very kinda quiet hushed, hushed an’ everything’s kept very secret, you know. But it has to be that way. [12, 33–36]

Although the scene’s overall detectability by the police appears to have reduced significantly, interviewees’ estimates regarding the number of people continuing to consume heroin diverge. Some claim that only a few people carry on using while others suggest that there has been little impact on user numbers.

8.6.1.2 Cessation of Commercial Supply

The downfall of the big dealer **Johnny** and the associated termination of the prior commercial heroin sale were significant events with major implications and far-reaching effects. The significance of the topic will in the following be illustrated by several concise citations.

Numerous participants expound the ways in which users largely have to organise their heroin supply themselves since the disappearance of the main dealer **Johnny**. Contrasting the previous with the current supply situation, the Shetlander **Angus** points out that, whereas in commercial times kilos of heroin had been sold through a supply system of several dealers at different levels, now only the odd person sells measures of up to a few ounces [12, 51–13, 2]. As a consequence of currently nobody daring to supply heroin ‘full-time’, the quantities of the drug overall circulating on the islands are immensely reduced. Like numerous other interviewees, the young Shetlander **Patrick (C)** states that with **Johnny**’s arrest, the regular and virtually constant heroin supply of the commercial peak stopped and turned into diverse, unspecific people supplying small amounts at irregular, scattered intervals.

R: And, um, is it [heroin] difficult to get?

Patrick (C): [...] When one o’ the main guy’s been busted, [...] um,... after that guy went i’ kinda went awful quiet again. Noo i’ seems to maer... random patterns, seein’ people with small amounts just turn up fae nowhere an’ have a peerie bit for a half a week or a week an’ then nothin’. [...] [2, 16–24]

A similar point is made by the Shetland man and occasional consumer **Oliver**. He observes that after **Johnny**’s arrest, the overall subculture splintered. Instead of one or two people trading large quantities of heroin, now more people are selling smaller measures.

Oliver (O): [...] Em, the, there was this other guy [Johnny] got, ah, they lifted him just after Christmas [Christmas 2003]. [...] Ah really, it’s, I’d say it’s just become more fragmented now. There’s more people sellin’ smaller amounts rather than just one or two people selling large amounts, know I mean? [...] [5, 43–6, 42]

According to **Angus**, users can get access to very limited amounts sold on the island drug market through personal contacts and conscious social networking. Hence, without a full-time heroin dealer, someone socially less ‘well-connected’ may be significantly disadvantaged regarding the ability to obtain the drug.

Angus: [...] There’s nobody really full-time seller pure heroin, ken. There’s, there’s nobody doin’ that at the moment. That’s how you have to sor’ o’, you have your circle o’ people that you knowin’ an’ out of that circle somebody’ll know somebody that’s go’ some, so that’s how you manage to ge’ a bi’. Bu’ there’s no, not really one person that’s like sellin’ heroin full-time I would say at the moment. Ken. [13, 9–13, 13]

Angus’ view is supported by the statements of others, such as the long-term user **Lilly (N)**. Although, **Lilly** seems well acquainted with the main heroin supply structures, she claims as a mainlander to be disadvantaged by the cliquy, exclusive style of dealing common on the island [13, 19–14, 27].

On balance, all participants agree with respect to the era of the commercial peak having expired as a result of extensive and focussed police intervention. First, **Peter** had been caught, and then **Johnny**. Most accounts argue that after the police demonstrated their obvious power with two big arrests, the majority of people with potential interests in dealing avoided involving themselves seriously in the heroin trade. Those still prepared to sell the opiate would not exceed small-scale dealing in order to limit the accompanying legal and social risks.

8.6.1.3 Dogs Against Drugs

Besides the drugs squad's successful work concerning the break-up of commercial heroin supply, several participants, such as the Shetland man **Angus**, point out the significance of the two drug dogs that arrived on the island in deterring people from dealing heroin. 'Dogs Against Drugs' is a community-led project and registered Scottish charity that was founded in 2002 in response to the drug-induced death of a Shetland boy.⁴ Their impact has been discussed fairly controversially. Some interviewees believe the implementation of the project contributed notably to the heroin scene's downturn after **Johnny**'s arrest. They argue that many potential dealers are discouraged from trading heroin out of fear of detection by the dogs [**Angus, N, 12, 47–13, 13; Rick, C, 14, 14–22**]. Others articulate quite the reverse, even encouraging the trade of heroin over, for example, cannabis. Due to its intense smell and bulky appearance, cannabis would be considerably easier to detect for the dogs than heroin [**Duncan, C, 13, 34–37; Christian, O, 5, 22–48**]. To other interviewees, the charity has no critical effect on people's decision whether to deal heroin or cannabis, or whether to deal at all, since the dogs' incompetence at detecting heroin is widely known [**Duncan, C, 14, 29–31; Oliver, O, 11, 3–22; Philip, N, 12, 51–13, 17**]. Thus, to assess on the basis of the interviews whether drug dogs inhibit, further, or in any sense influence the heroin trade remains difficult. Although a deterrent effect for many users is likely, certain people still seem to decide in favour of trading heroin rather than cannabis.

8.6.2 *The Fragmentation of the Heroin Supply and Using Network*

8.6.2.1 Small-Scale Dealing

As indicated in the preceding subsection, due to police interference, the heroin supply system experienced a fundamental reorganisation and restructuring. Even though **Johnny** and **Finn** are generally presented as having operated as a team, **Johnny** apparently covered all or most direct customer contacts. According to the *old school user* **Gordon**, **Johnny**'s business partner still continues to sell heroin, but in a very small-scale and clandestine way. **Gordon** speaks about **Finn** as 'now seeming to be at the corner of the market', acting thoughtfully and cautiously from there in order to avoid attracting public and police attention. Specifying the dealer's drug selection, the interviewee adds cannabis and occasionally cocaine to his usual heroin supply [**5, 45–6, 12**]. Overall, the amounts of heroin circulating in Shetland are presented as being reduced enormously [**Angus, N, 12, 33–13, 13**].

⁴ Also see <http://www.dogsagainstdrugs.co.uk/>

8.6.2.2 Small Group Supply: Return to the Original Clique Structure?

While interviewees state that limited amounts of the heroin circulating in Shetland after **Johnny**'s detention are sold through small-scale dealing, the greater share appears to be purchased individually or by groups. During the commercial peak, most individual users and user groups tended to draw their personal heroin supply from **Johnny** and **Finn**. As demonstrated above, a shift towards centralised supply is described as having been clearly perceptible already during **Peter**'s dealing era. This seems to have been intensified decisively during the commercial peak phase. Many participants now observe a reverse development back to the original small group supply system, under which the bulk of the scene appears to have been organised until the advent of **Peter**'s, and in particular **Johnny** and **Finn**'s, business. Above, the occasional user **Oliver** has been cited applying the term 'fragmented' to characterise the scene's present state, which appears to appropriately reflect the subculture's social structure. Therefore, this recently commenced and still ongoing stage will from now on be designated 'the current fragmentation'.

From **Gerry**'s (C) interview, it becomes obvious that the mainlander has witnessed the island heroin scene throughout, at least, the era of the old school, the contained commercialisation and the commercial peak, and now observes the occurrences of the present phase. He gives extensive details of how the subculture's internal structure fragmented and shifted back to its original small group structure. He claims to know a lot of people who now arrange for their heroin by personally travelling to the urban mainland and returning with a few grams solely for themselves and their immediate user circle. He stresses the reversion to the secrecy with which the purchase and consumption of heroin had previously been handled. He argues that people once again exercise intensified concealment, to preserve their limited gains for themselves and their friends and to avoid attracting public or police attention [6, 1–42].

Other participants, such as the Shetland woman **Mona** (C), provide very similar accounts of both the fragmentation of the heroin supply and the overall scene. She describes how hard it can be to obtain small amounts of heroin nowadays, with no commercial dealer there to satisfy the demand. In line with numerous other participants – including **Gerry**, indirectly cited above – she explains that access to heroin can only be gained reliably if one either personally travels to the mainland to buy it or is socially connected with a person willing to accept the risk of bringing it back to Shetland. Other than that, the drug can only be obtained in the occasional, almost accidental event of finding people with bits to sell. Even for this social contacts are necessary.

R: And what is it like just *now*?

Mona (C): [...] But *now* it's... I 'ink it's maer like everybody's is getting' their own little bi' an' keepin' it to a small group o' people... There's nae like... it's very difficult to ge' hold of noo, unless you're doin' I' yourself or you know somebody who's willin' to take the risk go down an' get some an' share some wi' their circle o' friends.

R: [...] And is it difficult for you these days to, to get it, or...?

Mona: Maybe... maybe jus' once every now an' again, if somebody's go' a bit an' they're sellin' some of i'. Bu' there's nae... big time, there's nae one person. So i' *is* far maer difficult to ge' now. [...] [2, 49–3, 19]

Interviewees describe the structure of the Shetland heroin scene as always – and in particular before its commercialisation – having been of decisively *cliquey* nature than typical urban scenes. *Cliquey*, as already explained in the foregoing section on the subculture’s internal structure, embraces the building of relatively small social groups or cliques that to differing degrees mutually exclude each other. While excluding outsiders, members of one clique are inclined to treat each other with friendliness and care, and to share a communal spirit that has previously been designated as *community-mindedness*. The degree of friendliness, care and community-mindedness is likely to differ between cliques. As frequently reported, during the period of contained commercialisation and especially the commercial peak the majority of users tended to purchase their heroin from the main dealers and their confederates. Through the dominance of the centralised supply, the cliquey structure and general community-minded attitude ostensibly lost influence: Most people did not have to organise themselves anymore and consequently no longer depended on each other in the way they previously had. Nonetheless, an uncertain number of groups and circles are stated to have continued organising their own demands even throughout the commercial peak. In spite of the apparent continuation of an uncertain number of user circles during the commercial peak, there appears to have been a general trend away from the cliquey network. As previously mentioned, at the flat in which **Johnny** usually conducted his deals, many users would typically consume at least some of the heroin they had just bought together. It appears that gatherings of relatively random people occurred. These people seem often to have been brought together by the self-serving goal of obtaining drugs rather than by the community-based attitude common in earlier times. However, with the cessation of commercial heroin sale and the subsequent fragmentation of the scene, users appear to have adapted to the new situation by resuming the original community-minded, secretive style of heroin purchase and use, as articulated by, for example, the young Shetland man **Oscar (C)** below.

Oscar (C): [...] Bu’ it’s very hard to ge’ hold of in Shetland nowadays. So nowadays it’s more like, it’d be a group o’ people, tha’ would just ge’ for themselves, it’s not for sale, it’s just for themselves. [...] [1, 7–10]

The pragmatic nature of such cliques is exemplified by the long-term using Shetlander **Angus (N)** below, and has already been presented and discussed in detail in Sect. 3.2.

Angus (N): [...] Well, it’s certainly becomin’ more an’ more like cliquey. You know, littler groups o’ people gettin’ bits. Like a few people will chip in money, one person will go South an’ take maybe a half ounce or an ounce an’ tha’ just gets shared among small group. An’ they keep i’ very quiet. [5, 13–17]

Throughout the early days and the era of the old school, the social network of the Shetland heroin scene seems to have been primarily determined by small and smallish user groups of friends and mates. As demonstrated before, these cliques are depicted as cooperating in the acquisition of heroin. The drug would be subdivided between the clique members and often also consumed within the scope of the clique. During the period of contained commercialisation, and above all the commercial peak, a

propensity towards individualised and self-serving heroin purchase and consumption had become apparent that presumably was closely connected with the introduction of a centralised supply system. Despite the overall trend, many of the original user groups may still have consumed together, and some seemingly have carried on purchasing their heroin personally from the mainland.

To all appearances, the Shetland heroin scene underwent a major transformation and restructuring process after **Johnny**'s arrest. Interviewees state that through fear of being caught by the police, everyone using, and especially selling, heroin reacted by dramatically increasing the level of secrecy with which they engaged in heroin-related activities.

The overall fragmentation and underground shift of both heroin supply and use constitute the chief outcomes of the changes outlined by participants. In this context, most interviewed users characterise the alteration process as a return to the original small group network.

8.6.3 Availability and Accessibility

8.6.3.1 Effects on Extent of Use and Levels of Addiction

Following from the previous section, interviewees present the dramatic decline in heroin availability as the most prominent consequence of the changes within the subculture. As mentioned before, the overall quantity of heroin being brought into circulation in Shetland had dropped significantly with the cessation of large-scale commercial activity. With regard to the total number of people continuing to use the drug after the commercial peak, participants' statements differ. According to some of the interviewed users, the termination of commercial supply complicated access to the opiate, which caused a substantial proportion of consumers to stop using. Others argue that the overall fragmentation of the scene had a noticeable impact on the amount of heroin on the island rather than on the actual number of users. The former heavy user **Philip (N)** asserts that 'the people that *want* it, are sorting themselves out, are organising for themselves' and that in spite of no one supplying commercially at the moment, 'the people that are going to do it, are *doing* it'. They do so very secretively 'without anyone noticing unless they get busted by the police' [12, 20–29]. In summary, the interviewee argues that people who really want to use heroin will somehow find an unobtrusive way to do it.

Regarding addictive, destructive patterns of heroin use, most of the interviewed users agree that there has been a perceptible decline. Various participants describe the recently limited heroin availability as generally beneficial and a desirable regulator. In this respect, a difference can be observed between occasional, casual and regular, heavy users. Due to their infrequent, irregular, and therefore very limited *need* for heroin, the former might not feel the situation to have changed substantially. For the latter, however, of whom many are physically dependent, the

circumstances will have changed fundamentally. Despite expressing ambivalence, those interviewees apparently belonging to the latter group still tend to characterise the current conditions as largely advantageous. Their ambivalence appears to consist of, on the one hand, the intellectual assessment that smaller amounts of heroin being sold in a less commercial style facilitate the maintenance of a controllable and socially oriented subculture. On the other hand, they probably feel confronted with the craving to consume heroin that, by and large, cannot be satisfied, as well as withdrawal symptoms. Thus, they presumably also feel frustration and dissonance.

This predicament is exemplified by the *old school user* **Gerry (C)**. Above, the user has been cited stating that the rate of drug deaths has risen in the past few years. In his opinion, the current situation of fragmented, limited supply carries the invaluable advantage of a reduced risk probability: If smaller quantities of heroin are available under more complicated conditions, the chance of a fatal overdose is automatically reduced. He contrasts this desirable state with the emotional anxiety the market unreliability causes for him. From a reasonable point of view, he appears to prefer the ‘safer’ situation, and from an emotional, impulsive perspective, he seems to feel stressed by the paradox of ‘having to fight two battles at the one time – fighting to control your habit and fighting to maintain it’. An additional reason for preferring the current supply conditions might be the insight that keeping a habit on a controllable level becomes easier if less heroin is available. Thus, he might perceive the limited supply as helpful in assisting him to regulate his personal heroin use and simultaneously resent being controlled externally. Against the background of the past few years in particular, when he could easily and reliably obtain heroin almost whenever he wanted, the feeling of being constrained in his freedom to make decisions seems constrictive to him [4, 34–5, 6].

Similar views are articulated by other regular users who, according to their accounts, developed partly severe degrees of physical and psychological addiction during the commercial peak. All of the named interviewees express a similar ambivalence as **Gerry**. Like him they often prefer restricted to widespread availability, because of the benefits of reducing their drug intake and improving their health. Some of the regular users appear to be more annoyed and stressed by being subjected to the external regulation than others. On balance, however, the interviews show a tendency towards designating the externally imposed access limitation as salvation or, as affirmed by **Hannah (C)**, ‘saving grace’.

The young Shetland woman outlines in detail, how after the arrest of the main supplier **Johnny**, access to heroin became extremely difficult, since she does not have any contacts amongst the current small-scale heroin dealers. Consequently, she claims to have found herself in a situation whereby access to heroin was very hard or even nearly impossible. Her intention to reduce and finally stop her previously regular, heavy intravenous heroin use was greatly facilitated by these restraints. This way, she claims to have already managed to abstain for more than a month, which due to the severity of her addiction, she might not have been able to achieve during the easy availability of the commercial peak. However, in this new

situation, she claims to have been capable of overcoming the first overwhelming desire for the drug and describes herself as not urgently wanting or needing it anymore.

Hannah (C): [...] So basically fae there an' as well [Johnny] gettin' busted, it got *really* difficult for heroin to get to Shetland. Nobody wanted to do i'. [Johnny] was gone, the main supplier sort of thing was gone. Uuummm, so i' go' *really* really difficult for it to come here. So my heroin use was like *really* cut down an' cut down an' cut down an' down *really* really well. [...]

R: When did you use it the last time?

Hannah: Uuumm, the last time I used was [...] last month. Uuumm, the first week was a n-i-g-h-t-m-a-r-e. I' was like pure boredom, uuumm, an' just time seemed to last forever. An' I was like so fed up the whole time when I wanted it, but because it's *really* *really* difficult now to get heroin up here, *that* was the saving grace, otherwise I think I probably would have go'. Um, bu' i' seemed to be nearly impossible to ge' heroin up here. You *do* hear rumours that there's bits an' pieces, bu' there's really very little an' it's just about impossible to get. So that's saved me, I think, in the first week, because I think if I could have gotten I would have. But I got through that. An' then the actual, the actual cravin' seemed to start to go away now, an' I don't really crave for i', I don't really want i'. The only thing I find, I have no' go' any confidence, I've no' go' confidence to go ou' much. [...] And the availability up here became *really* *really* like, it's almost imp-, well, I would say today it's almost impossible to get heroin in Shetland. I *know* that there is people still bein' on heroin in Shetland. I don't know who they are, bu' I know people who can ge'. Um, ah, bu' bein' at the moment from wha' I can tell, it's been kept in a very small circle an' it's bein' kept between very few people. Uuum, as far as I know there's three people dealin' i' an' they're givin' to so many people. Uuumm, bu' I don't know who they are an' it's jus' like really literally impossible to get, to get heroin. Which is actually been a bonus for me, because otherwise I *might* have slipped back, I migh' have gone back, I migh' have fallen back into i', I don't know. Bu' I've really decided in my own head now, that I *do* not want, umm, I want to live a life, I want to *have* a life an' there's no life when you're takin', because your life *is* heroin. Your life is havin' to have i' to function, to do anythin' an' that's jus' to me, I couldn' handle i' anymore, I don't *want* i' anymore. An' I hate i'. [5, 39–6, 20; 6, 47–7, 13]

Numerous other, especially regular, heavy users provide similar accounts to **Hannah**. **Joanna (C)**, **Angus (N)**, **Ben (N)**, **Lilly (N)**, **Gordon (C)**, **Rick (C)**, **Patrick (C)**, **Justin (C)** and **Oscar (C)** all describe how they developed worryingly heavy and destructive patterns of heroin use while the drug was freely available, and how their consumption has reduced enormously in the past few months. Hence, it seems that many users, as described by **Ben**, 'can get themselves habited when it happens' [when heroin becomes sufficiently available in Shetland] [**N**, 14, 32–34] and will not otherwise. In other words, although a decisive proportion of heroin users in Shetland seem to be prepared to purchase the drug themselves from the British mainland, the amounts they bring back to Shetland are typically too small to develop serious heroin habits. Moreover, the effort involved in travelling to Scotland or England and the considerable risk of being caught when returning to Shetland with the opiate appear to deter a large proportion of users from engaging in this kind of endeavour. Therefore, both the extent and the intensity of heroin use taking place in Shetland seem to be significantly related to, and determined by, the extent and availability of the locally available heroin.

8.6.4 *Quality of Heroin*

Interview extracts have been presented stating that, through the fragmentation of the scene, the quantities of heroin on offer and the frequency of its availability diminished significantly. Additionally, participants mention that the quality of the drug was substantially influenced by the reorganisation of the subculture's internal structure. The young Shetlander **Oscar (C)** provides a detailed account of the contrast between heroin quality during the current fragmentation and the commercial peak. He speaks of the Shetland heroin scene 'dying', by which he presumably refers to the *commercial* side of the subculture and regards 'the people who get for themselves' as exceptions. According to **Oscar** cited below, the arrest and disappearance of the two commercial dealers was desirable and beneficial. Explaining this statement, he compares the conditions of buying from **Johnny** and his associates with purchasing directly from mainland dealers. He describes obtaining the drug in Shetland as decisively easier than having to travel to the mainland and take the risk of bringing the opiate back to the island. In terms of safety and convenience, he and the friends in his user circle had favoured the easier option at the cost of frequently poor-quality heroin. According to the accounts of **Oscar** and others, the considerable quantities of heroin commercially supplied in Shetland were usually brought up at intervals rather than on a constant basis. Apparently, the purity of the drug on sale decreased with time as the dealers repeatedly diluted it in order to maximise the financial profit. Due to the lack of alternative sources, many customers tolerated this state [e.g. **Mona, C, 2, 30–47**]. **Oscar's** account almost conveys relief at his having to organise his heroin supply again himself, since it results in significantly better drug quality overall and thus more cost-efficient deals.

Oscar (C): [...] But the drug scene in Shetland is dyin' like. Especially heroin. Apart from the people tha' like get for themselves. There's no dealers onymaer in Shetland, not for likes of heroin an' that. They're all in jail. Which is a good thing, because they jus' rip you off. Like in my group - everybody gets wha' they pay for, naebody gets done [get arrested], you get what you pay for an' it's good like that.

R: And is it good quality?

Oscar: Yeah, it's always good quality. The stuff you get in Shetland fae the dealers an' tha', before they went to jail an' that, i' was always, ken, for the first week it would be okay, i' would be good. Bu' then after the first week i' would get cut. An' then after the second i' would ge' cut again. So slowly i' would ge' worse an' worse an' worse an' worse. Like us, we ge' wha' we get an' doesnae ge' cut. You get what you pay for an' it's always good. Tha' was the thing, they just ripped you off, the dealers. That's why everybody had enough of them. So.

R: So when the dealers were up you would buy from them rather than...

Oscar: Yeah, when the dealers were here we would buy from them bu' we were constantly getting' ripped off. You were never getting' wha' you'd paid for, you were getting' underweights an' it'd be cut an', ach, i' was nae use! So really them goin' to jail an' all the rest of it, although i' makes i' maer difficult for us to ge' stuff, bu' at least if we do get stuff, it's always good, well, we get what we pay for an' ... likes of tha'. [5, 42–6, 22]

The Shetlander **Philip (N)** also asserts that when purchased by user cliques, the heroin tends to be of better quality than when sold commercially [15, 37–48].

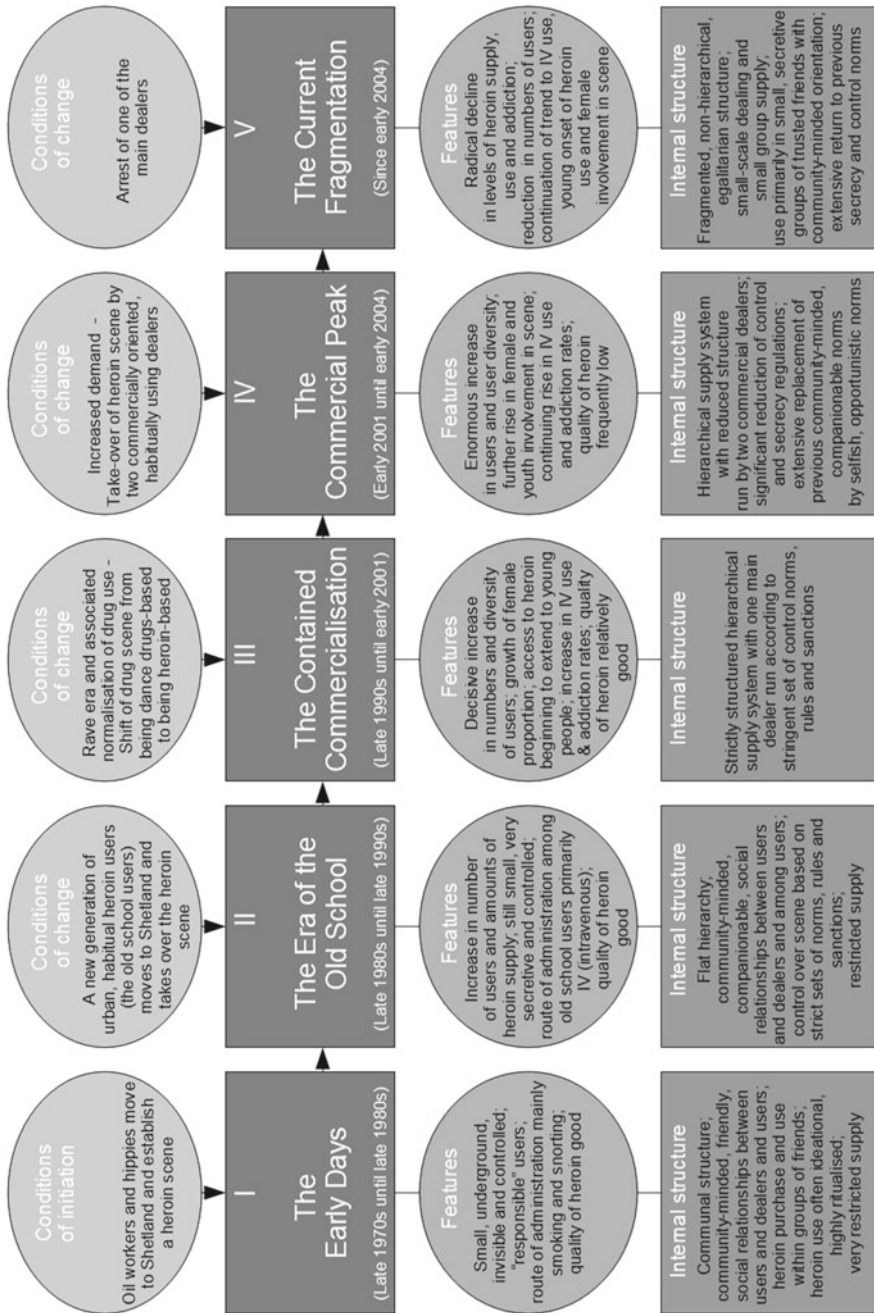


Fig. 8.1 Process model of the Shetland heroin scene

As **Oscar** describes in his interview, many people actively involved in the heroin scene acted in a way that created circumstances allowing the commercial peak with the sale of regularly weak heroin to happen. Moreover, the participant exemplifies how, with the cessation of commercial supply, users found themselves having to invest more initiative and action to obtain their private supply. As a consequence, they may now be inclined to adopt a greater degree of responsibility and awareness concerning their personal patterns of use. Other interviewees provide comparable statements with respect to the high quality of the heroin that individual user groups normally arrange for themselves.

As mentioned before, although the greater part of the heroin used on the island at present appears to be obtained through small group supply, interviewees indicate that some people continue to sell on a very restricted but still commercial basis. The heroin dispensed in this fashion is generally depicted as being of the worst quality. According to the Shetland man **Patrick (C)**, a considerable amount of heroin brought to Shetland some time ago had been of such low potency that many users he knows, including himself, decided not to use at all rather than to waste their money on something so useless [2, 34–40].

On balance, the interviews indicate that heroin being organised by user groups and circles tends to be of mostly good quality. In contrast, the generally rather small amounts of the opiate supplied by the remaining dealers are commonly described as being of low purity, having been adulterated with cheaper cutting agents. Some interviewees explain that sometimes one could be lucky and buy relatively pure heroin from a local dealer. However, the likelihood is that dealers will have noticeably diluted the drug in order to increase the financial profit of the small-scale business.

Before the current heroin trend in Shetland will be looked at closely in Chap. 6, the historical course of the island heroin scene as portrayed in Chap. 5 is presented in form of a process model shown by Fig. 8.1 above. The subculture's developments from the late 1970s until the time of the interviews in spring/summer 2004 are illustrated graphically, including the particular conditions that contributed to the initiation of the subculture and its progression from one era to the subsequent one, respectively. Moreover, the duration and the central characteristics of the descriptive features and the internal structure of each stage are depicted.

Reference

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Chapter 9

The Current Heroin-Using Trend in Shetland

9.1 No Heroin Problem at the Moment

Numerous interviewees assert that as a consequence of the dramatically reduced heroin quantities circulating in Shetland, and the necessity for many users to organise their drug supply themselves, no heroin *problem* as such exists at the moment [e.g. Joanna, C, 19, 19; Hannah, C, 10, 7–38; Philip, N, 12, 17–26; Ben, N, 14, 27–34]. This has also been implied above in the context of the reduced extent of heroin use in general and addictive use in particular. Although all interviewees effectively agree with respect to heroin use not constituting a noticeable problem at present for either the community or most individuals, opinions differ regarding potential future developments.

Hannah (C), for example, testifies that in her eyes ‘the problem with heroin is getting cancelled out’. Still, she goes on to qualify her assertion by adding ‘unless someone takes over and decides to do it in a big way again’. Although the momentary signs do not point to this being likely, she is conscious of the possibility that the situation could become problematic again [10, 7–38].

The two Shetland men **Philip (N)** and **Ben (N)** express similar perceptions of the present situation. They both assess the present condition as harmless, without anyone being seriously habituated. Nonetheless, both men stress that this state applies to *the moment*. They are aware of the possibility that things will change, perhaps back towards commercial supply and thus destructive, dependent patterns of use [Philip, 12, 17–26; Ben, 14, 27–34].

9.2 Further Spreading of Heroin Use

As has been demonstrated above, interviewees agree overall that at this time heroin use in Shetland is not cause for individual and social concern. Yet, many emphasise that their appraisal applies only to the present, and either directly or indirectly point

to the possibility of the situation turning problematic again. Besides the momentary status and tendencies of the Shetland heroin scene, several interviewees speak about a long-term, general trend relatively independent of current events and developments. This overall trend, as portrayed by interviewees, concerns a still ongoing increase in the demand for heroin, encouraging novices to start using. Against the background of the subculture's temporary condition as described by participants, the notion of a movement towards growth and spread may at first seem contradictory. However, following from the interview analysis this trend ostensibly exhibits both an overarching and underlying character. A few examples by different interviewees are given below.

The occasional user **Oliver**, for example, acknowledges the continuing existence of a considerable number of recreational heroin users in Shetland. Nonetheless, he observes, the overall proportion of addictive consuming 'junkies' is rising. He points out that in spite of heroin use continuously expanding to a growing range of people, and the number of people with dependent using patterns increasing, the general public usually only notice the existence of heroin on the island when someone has been arrested with the opiate. **Oliver** concludes his statement by once again underlining that heroin use in Shetland 'is just c-o-n-s-t-a-n-t-l-y spreading the whole time', which he assesses as 'not a good thing' [8, 7–18].

Other participants state similar opinions, which seem equally detached from the actual events and consequent user and dealer reactions perceptible within the heroin scene. These developments are presumably related to the impact of the national or even global heroin use trend as will be further illuminated below.

9.3 Further Spreading of Intravenous Use

In addition to the general trend to heroin use, an inclination towards injecting as a preferred route of administration is illustrated depicted by interviewees.

The Shetland occasional consumer **Christian** confirms that he has never noticed as many people injecting as now. With the current restriction of heroin availability and the low quality, he explains, numerous users inject to enhance the potency of the drug and stretch the supply. Like **Oliver** above, he points to the secrecy with which intravenous drug use is frequently treated, especially since the arrest of **Johnny** [2, 48–3, 9]. It has already been suggested that most people resumed the curtailment of heroin use and trade-related behaviours.

The Shetland woman **Hannah (C)**, who claims to have personally engaged in heavy, intravenous heroin use until recently, expresses a similar view to her predecessor with respect to the further expansion of intravenous drug use. She claims that injecting continues to take place to the same or even a greater extent as before, in spite of the significant decline in the overall heroin consumed on the island. According to **Hannah**, numerous 'heroin addicts or ex-heroin addicts *at the moment*' have now started consuming speed, which, in contrast to heroin, remains easily available and accessible. The general propensity to replace the opiate with amphetamines in times

of heroin drought has already been mentioned in the foregoing section [29–30, 32]. Like several other previously cited participants, she expresses her surprise about the willingness of many heroin users to substitute a sedative with a stimulant. This apparent paradox leads her to the conclusion that a wide range of people injecting heroin might be as attached to the intravenous route of administration as to the opiate itself [9, 29–40].

The interview statements just cited or referred to suggest that two forces have an effect on the features and character of the Shetland heroin scene: the national, or possibly even global, drug trend and the local drug trend. The former seems to be relatively detached from local occurrences, while the latter appears to be explicitly determined by them. Accordingly, the drug culture's general movement towards heroin use on the one hand and injecting on the other could be ascribed to the national or global trend. The current fragmentation as a consequence, in particular, of **Johnny's** arrest could be viewed as an example of the local trend. The concrete and exact form at a given time resulting from the combination of both trends seems to manifest itself in the location-specific peculiarities and characteristics of the Shetland heroin scene.

9.4 Internal Structure: Impact of the Drug Use Trend on User Circles and Groups

As has previously been mentioned, distinct individuals and user groups and circles are very differently affected by the historical changes the Shetland heroin scene has undergone. Some are portrayed as profoundly influenced in their patterns of heroin use, whereas others appear largely independent. It seems that more regular, heavy consumers in particular – including those who tend to develop addicted states – adapt their styles of use and heroin-related activities to the subcultural circumstances at a specific time. People with an infrequent, casual demand for heroin presumably rely significantly less on the conditions of the heroin market, since their patterns of consumption are unlikely to be motivated by habit or addiction but rather occasional desire for the pleasurable sensation of heroin intoxication. They might adapt to the circumstances and buy when the drug becomes available in Shetland, or otherwise obtain their heroin supply directly from the mainland. In this case, they would be completely self-sufficient and independent of the local heroin market. However, people with frequent and severe patterns of use tend to be deeply involved in the island heroin scene and to predominantly rely on the local drug market. The organisation of personal heroin supply by either travelling to the mainland or arranging for the drug to be delivered to the island seem feasible only to relatively limited degrees. Hence, heavier consumers exhibit a strong inclination to involve themselves in the island heroin scene and market. If they do not hold the position of a significant dealer, changes within the subculture will more or less automatically have a noticeable effect on them and their using routines.

9.4.1 *The Original Crew*

In the preceding section, the circle of *original heroin users* in Shetland was introduced. Members of this group are reported to have come to the island predominantly in the mid to late 1970s and early 1980s as oil workers or hippies. Moreover, they are portrayed as always having adhered to social, moderate, and responsible patterns of snorting and smoking use. It seems that this user group tends to organise its heroin supply relatively independently from the general drug market. According to **Rick (C)**, a Shetland man in his mid-30s, members of the original clique still maintain their typical rituals and patterns of occasional heroin use. Some or even many might not be organised in the same group structure as in the early days anymore, but seem nonetheless to have retained their conscientious heroin-using values, norms, and behaviours. **Rick** assumes that these older people primarily live in the countryside, away from the happenings of the mainstream drug culture in Lerwick.

Rick (C): [...] Bu', um, ..., ken, you've still go' that up here, I think, like oot in the countries an' places like that wi' older people, tha' were maybe doin' it in the 80s, ken? Ken, when i' was *really* really kept quiet an' Sullom Voe was goin' along an' stuff like tha' an' lo' o' people travellin' up here an' workin', ken? A lo' o' that people are *still*, ken, will ge' little bits up an' just keep it among very small amounts of people. An' an' it's just gonna be like really small amounts between two or three people, that's it. [1, 20–28]

By and large, the *original users* are presented as practically immune to the status of the heroin market. Since throughout the various stages of the heroin scene they have apparently tended to organise their heroin supply by themselves, they might only marginally have been affected by the diverse movements and changes in the subculture. Therefore, it may be assumed that the *original users* are, in their style and customs of use, comparatively insensitive to both the local and the national trend. However, none of the old hippies or former oil workers described by participants has been interviewed personally, and all information about them has been provided by third parties. Therefore, one cannot be sure to what degree the *original users* might have adapted their intensity and frequency of heroin consumption to the changing conditions. At times of heroin affluence, they might have bought additionally from the local dealers, which could have led to their use temporarily increasing. Nonetheless, in comparison with other user circles they seem relatively detached from the actual heroin *scene*.

9.4.2 *The Old School Users*

It seems that in contrast to the *original users*, the associates of the *old school user* clique are relatively impressionable in their patterns of heroin use and that they adapt these according to the conditions of the heroin scene and market. During the commercial peak, most of the interviewed *old school users* apparently increased and intensified their mainly intravenous heroin consumption more or less

significantly. After the end of this era, they all seem to have modified their use, and particularly their intravenous use, significantly. Furthermore, the *old school users* appear to adapt their behavioural norms somewhat to their using style at any given time. It might be that the more intensive, frequent, and habitual their use becomes, the more their priorities shift towards heroin-use-related personal profits. Hence, the clearly defined and socially oriented *old school* value system repeatedly outlined and referred to above might in certain respects be overruled by self-serving motivations resulting from heavy, habitual heroin consumption. An example of this is **Gordon's** revelation that when he became addicted himself during the commercial peak, he started to sell indiscriminately, which he would not have done before [2, 39–40]. In addition, **Gerry (C)** affirms to have temporarily relaxed his personal rule about assisting novices with injecting [17, 40–49]. Both users present themselves as having more or less returned to their previously upheld social norms when their heroin use reduced.

Hence, **Gordon's** and **Gerry's** accounts seem to exemplify the general inclination to adapt heroin-use-related norms and behaviours to the heroin scene's and market's circumstances.

The two contrasting user circles of the *original* and the *old school users* have been employed to exemplify the effects the changing Shetland heroin trend can have on using styles and customs of local heroin users. It becomes apparent that these effects can seemingly range from minor to very strong. The interview analysis gives rise to the interpretation that between and beyond the two groups just pictured, further nuances exist regarding the way people tend to adapt their fashion of heroin consumption to their circumstances.

9.4.3 *User Circles in General*

In general, occasional and recreational users exhibit similar tendencies to the *original users* in terms of their relative independence from the state of the island heroin scene and market. Notwithstanding, it has been demonstrated that people who introduce themselves as casual consumers still report sporadically having gone through phases of more intense use at times when heroin was easily available. This inclination appears to have become especially prevalent when interviewees underwent difficult times in their lives, such as periods of personal hardship and emotional stress (e.g. specifically described by **Kay** but also **Oliver**). It seems likely that occasional users also slightly increase their use when heroin is abundant or otherwise particularly pure.

The same seems to apply to people consuming rather heavily in total. However, their using patterns appear to be more susceptible not only to the respective changes in the island drug market but also to a great variety of other influences, and could therefore be regarded as relatively unstable over time.

Numerous interviewees affirm that during the commercial peak, many novices who had no prior experience of the opiate started consuming heroin. When again the

drug stopped being easily and freely available, many people ceased using. The cessation might, however, be a temporary one, given the national movement towards heroin use repeatedly pointed out before. On the basis of the interview data, this movement might have an underlying, trendsetting nature that overarches the current decline in heroin use.

9.5 Continuing Urbanisation?

Besides the persistent trend towards heroin use and intravenous drug consumption, albeit restrained by the current fragmentation, interviewees describe ongoing alterations of the local drug scene. The use of recreational drugs, such as cannabis, ecstasy, and amphetamines, is claimed to have reached a relatively normalised status amongst large parts of the Shetland community [e.g. Christian, O, 23, 1–3]. This normalisation may also have increased the overall social acceptability of heroin and hence decreased the inhibition threshold of recreational drug users to try out the opiate.

The recreational drugs trade had seemingly undergone a commercialisation process from which heroin had initially been excluded. However, participants affirm that with the growing acceptability of and demand for heroin, the opiate eventually became subject to a similarly commercialised course. Some interviewees argue that this naturally evolving development was further enforced by intensified police intervention. Cannabis tended to be more difficult to be brought into Shetland than heroin: Due to its bulky appearance and strong odour, it was easier for police and drug dogs to detect. Consequently, certain dealers were prone to trade in heroin instead, since the opiate would not only be less easily traceable but it would also bear the greater financial potential [e.g. Isaac, O, 14, 8–40]. From this perspective, the implementation of the drug dogs and the police activity targeted at cannabis traffic could be viewed as supporting the local drug scene's movement towards heroin and, furthermore, the commercialisation of its trade.

As outlined before, this commercialisation is depicted as being accompanied or followed by changes in overall heroin use and the trade-related value system, respectively. Such changes include prioritising self-oriented over charitable values as well as the pursuit of mercantile over social principles. These tendencies also appear to be closely related to the underlying national trend just outlined. Thus, the much reported return to the socially oriented small group structure after **Johnny's** arrest possibly merely puts these tendencies on temporary hold rather than stopping them altogether. Among the ethical shifts also seems to be the expansion of a *junkie mentality*, including a strikingly selfish and partly dishonest and antisocial attitude and, consequently, way of acting towards fellow users and the general public. In this context, direct causal influences from criminal heroin scenes in urban Britain are mentioned. Associations between local dealers and city suppliers, for instance the Liverpool connection, are cited as promoting the importing of violent, criminal manners into the island heroin scene [e.g. Christian, O, 13, 43–51]. The 'importing of urban manners into Shetland' has been thoroughly scrutinised in Sect. 8.5.

The just mentioned ethical and behavioural transformations within the Shetland heroin scene appear to have begun during the period of contained commercialisation, and progressed during the commercial peak. Strictly speaking, one could already regard the era of the old school as quasi-preparatory for the subsequent contained commercialisation and commercial peak. During this period, the organisation of the heroin scene seems to have experienced its first supply regularisation and structuring as an organised subculture. The *old school* circle is stated as having had the experience of heavy, addicted, and intravenous patterns of heroin use before moving to Shetland. Many appear to have occasionally resumed these styles of use at times when the conditions of the heroin market allowed. Several fully returned to them during the period of affluent availability, and intravenous use is reported to have always constituted the main route of administration in this group. Hence, the *old school users* may be regarded as having initialised the subsequent course of the changes. The progressing alterations in the heroin scene's general mentality and underlying value system have already previously been referred to as *urbanisation process*.

9.6 Future Prognosis: Cessation of Commercial Supply or Recurrent Commercial Loops?

When presenting interviewees' views regarding the current conditions of the Shetland heroin scene, virtually everyone talking about this matter assessed the situation as fairly unproblematic. Although in this respect participants by and large agree, estimations concerning future developments diverge. In the following, the main stances outlined by interviewees on this subject will be introduced and exemplified by directly and indirectly presenting particularly substantial and expressive interview extracts.

According to the townsman **Robin (C)**, a long-term injector in his mid-30s, the island heroin scene's commercial heyday came to an abrupt and presumably irreversible end after **Johnny's** capture. He does not regard **Johnny's** partner **Finn** to be tough and courageous enough to continue the previous joint venture on his own. People interviewed later than **Robin** report that **Finn** had just been caught by the police, even though he had recently reduced his dealing activity to a minimum. He had apparently been monitored by the drugs squad for a considerable period of time, which provided the police with enough information to finally arrest him. In the face of the intensified police activity, **Robin** doubts anybody will be sufficiently reckless and adventurous to re-establish a 'constant supply of heroin' again. Instead, he pictures the heroin subculture as progressively readopting its prior structure of small group supply.

Robin (C): [...] There's a lo' o' people up here who grow their own hash. It's go' larger an' larger in fact since theese dogs have appeared. Bu' I don't think *heroin* will hit the island as hard as wha' i' has done in the past there since tha' boy [Johnny] go' to jail.'Cos although there was two o' them, the other one [Finn] is no, no! I don't think he could do a day in a police station, never mind four years in, ah, prison system. So I really don't think there'll be a constant supply o' heroin, on the island again. I think it'll go back to the way i' used to be – little

cliques, you know, there's maybe four or five o' them an' they're puttin' their money in together an' somebody'll go doon on the boat an' they'll bring enough up for tha' four or five people. But I don't think, unless somebody new'll come onto the island, bu' I don't think there's anyone up here tha' will be willin' to run the heroin the way i' was run in the past. So even at the moment everyone noticed the large increase in the CID an' the drug squad that's on the island.

R: CID, what's that?

Robin: Aaah, criminal investigation division.

R: Yeah.

Robin: And, ah, the drug squad, ah, when I first moved onto the island I never noticed them, but now it's every time I step onto the street they're there. They really enforce i' at the moment. Because they'd go' the boy there who was the main heroin dealer they're tryin' to make sure, they're puttin' ou' a message tha' they'll gonna be on top wi' anybody that thinks to follow in his shoes. [11, 7–37]

Robin presents **Johnny's** imprisonment not only as the factual cessation of commercial heroin supply, but also as an example the police wanted to set by arresting Shetland's biggest dealer. He suggests that they wanted to demonstrate their power in order to prevent people from resuming heroin dealing in a grand style. According to his estimation, the deterrent effect will be strong enough to serve the function intended by the police.

While some interviewees share **Robin's** views, others are more doubtful about the permanence of the deterrence following **Johnny's** seizure. For example, the Shetland man **Angus (N)**, about the same age and with a similar drug-using history as **Robin**, defends a contrary view. He argues that the current heroin drought will not last long. After a while, he asserts, the heroin market will recover and return to its previous size and commercial nature. He portrays the Shetland drug scene as generally being characterised by arrest-induced interruptions and subsequent recoveries. Heroin, he maintains, does not constitute an exception. He explains that in spite of the frequent arrests of people dealing different sorts of illicit substances, the overall drug supply in Shetland has never been as great as at present. Although the police manage to catch MDMA and amphetamine dealers on a fairly regular basis, these two drugs are available in abundance at least every weekend. He expects a similar development regarding heroin: Like all other drugs, 'it'll come and it'll go'. He regards the cliquey small group network of the drug subculture as permanently coexisting alongside other styles of dealing that vary in their impact on the heroin scene [13, 15–45].

The Shetland woman **Mona (C)**, who claims to have been using heroin for a comparable period of time, formulates a similar view as **Angus**. She breaks the interacting coherences down to the market principle of demand and supply. She explains that due to the obvious demand for heroin in Shetland, someone will eventually replace **Johnny** and begin selling the opiate on a large, commercial scale again.

Mona (C): [...] Bu' supply an' demand, somebody'll end up takin', the last person who got jailed replaced the person beforehand an' the person beforehand, well, supply an' demand – somebody'll start doin' i' again. [2, 49–3, 19]

The *old school user* **Gordon (C)** argues along the same lines as **Mona**. In addition, he illustrates the concrete relationship between the events surrounding

Johnny's capture and the reactions of the heroin scene. He expresses the view that the people involved in the subculture as users or dealers maintained low profiles before **Johnny's** court case, since over the course of the trial they perceived an increased risk of being caught themselves. **Gordon** affirms emphatically that after the dealer's incarceration ends, people will regain their confidence and within a short time re-establish a commercial heroin supply network. He reckons that within a year the heroin scene will 'end up at square one again', as it did, for example, when **Peter** was arrested [5, 28–40].

It has been demonstrated that predictions about future developments in the Shetland heroin scene are fairly wide-ranging, from the belief that 'the heroin problem has now been cancelled out' [**Hannah, C, 10, 7–38**] to the expectation of a return to commercial heroin supply on as large a scale as before within a few months [**Gordon, C, 5, 28–40**]. Despite the obvious variety in assessments of the present situation, interview accounts on the whole show a tendency to predicting a comeback of profit-oriented heroin business, which would suggest a dynamic pattern of *recurrent commercial loops*.

9.7 Conclusions Regarding the Future Course of the Heroin-Using Trend in Shetland

In spite of the current downturn of the overall heroin scene, a long-term, general trend perceptible beyond and almost independent of the topical concrete events and developments seems likely. As portrayed by interviewees, this apparently overarching trend is characterised by an ongoing increase in the demand for heroin, and a growth of user numbers. A similar continuing increase and spread is reported with respect to intravenous drug use.

Two categories of forces seem to impinge on the nature and character of the Shetland heroin scene: the national/global drug use trend and the local occurrences. The drug culture's overall movement towards heroin use on the one hand, and injecting on the other hand, could be attributed to the national/global trend. The current fragmentation of the scene as a result, in particular, of the young dealer's arrest could be viewed as an example of the local happenings. The concrete and exact state of the scene resulting from the combination of the national and global drug trends and the local incidents manifests itself in the location-specific peculiarities and characteristics of the Shetland heroin scene at a given time.

Besides the continuing trend towards heroin use and intravenous drug consumption, an ongoing urbanisation of the local drug scene apparently took place. Along with a relative normalisation, the increasingly acceptable recreational drug scene had seemingly undergone a general commercialisation process. To all appearances, both normalisation and commercialisation have extended at a later stage to the heroin scene. Furthermore, the urbanisation process also seems to embrace changes within the overall heroin use and trade-related value system, manifested in a tendency towards prioritising self-serving over charitable values, and mercantile over

social principles. Extreme manifestations of the urbanised mentality are represented by the newly noticeable *junkie tendencies*.

Despite the current situation generally being assessed as unproblematic, a return to big-scale commercial heroin supply might occur within a short period of time. The heroin culture, as all drug cultures in Shetland, may thus be subject to dynamical patterns of recurrent commercial loops. In any case, further expansions of both heroin and intravenous use seem probable and, according to the national drug use trend, relatively predictable. This course could be further propelled by the incipient economic recession in Shetland mentioned by several interviewees.

Chapter 10

The Community-Minded Spirit of the Shetland Heroin Scene

10.1 Strength and Position of Community-Mindedness

The foregoing section on the internal organisation of the Shetland heroin scene concludes with a summary of the scene mentality. The mentality of both the overall Shetland community and the heroin scene appears to be determined and shaped to a decisive extent by a general community-minded spirit. Throughout Part II, the concept of *community-mindedness* progressively gained in theoretical depth and expressiveness. This collective idea represents the central and superordinate category of this study to which all other essential categories and concepts are directly or indirectly related. Therefore, community-mindedness constitutes the core category that, in grounded theory, forms the centre point and heart of the emerged, developed theory (Glaser and Strauss 1967; Strauss and Corbin 1998).

The strength and position of the community-mindedness spirit relies on a multi-layered complexity of many mutually interacting, location-specific social, cultural, economic, and geographic circumstances operating on the level of the community (macro-social) and of the subculture (micro-social). These circumstances can be referred to as the macro- and micro-social (cf. Cornejo 2007; Sect. 3.4.2, pp. 92–93) structural particularities (Strauss and Corbin 1998; Sect. 3.4) of the Shetland heroin scene and constitute a category that is closely connected to the core category of community-mindedness. Crucial particularities on the macro-social level include the geographical isolation, the small size of the island and the population, the relative overall wealth, and the low levels of unemployment and crime. These conditions seem to foster the development and preservation of the community-minded spirit on the macro-social level of the Shetland community, which in turn impacts on the micro-social level of the island heroin subculture. Central structural particularities operating specifically on the micro-social level of the scene are drug use-related norms, rules, and manners, which again are closely related to the type of users, and especially dealers, actively involved in the scene. The level of community-mindedness depends on and manifests itself in the prevailing drug use-related values and

behavioural norms, which depend on the social structure of the subculture. The social structure again is fundamentally influenced by the macro-social particularities. Hence, the *macro-* and *micro-social particularities* determine the degree of community-mindedness that ultimately shapes the nature of both the features and the internal structure of the island heroin subculture. These coherences have been illustrated in Sects. 8.3 and 8.4 and graphically depicted by the structural model displayed by Fig. 7.1.

Apart from being location-specific – in this case Shetland-specific – the macro- and micro-social particularities are also time-specific and thereby subject to constant historical change. Consequently, the subculture's character, including its degree of community-mindedness, and the respective values, norms, and manners are also subject to continuous alteration, as presented in Sect. 8.5 and exemplified by the process model presented by Fig. 8.1. Changes regarding the latter are primarily initiated by behavioural norms and conduct imported to the Shetland Islands from the British mainland. Such socio-ethical imports typically occur through Shetland users who travel to and users who arrive from the mainland. From a historical perspective, the reciprocally interactive subcultural changes become apparent as the local *drug trend*. The Shetland drug (heroin) trend is hereby largely influenced by the national (British and Scottish) and the global drug trend. Self-evidently, the global and the national trends, again, depend on specific structural particularities on the micro- and the macro-social level that are again subject to permanent historical mutation. However, these causal entanglements are only touched upon here as belonging to the broader framework within which the Shetland drug trend is embedded. A detailed and analytic presentation and discussion the exact interrelations would go beyond the focus and scope of this book.

In the following section, the position and strength of the subcultural community-minded spirit, the nature of the closely related, micro-social particularities, that is, the heroin use- and trade-related values, norms, and rules, and their respective associations with the prevailing social structures within the five eras of the subculture are depicted and discussed.

10.2 Community-Mindedness, the Overall Scene Mentality, and the Supply Structures During the Five Eras of the Shetland Heroin Scene

As thoroughly demonstrated and comprehensively discussed throughout Part II, the idiosyncrasies of the Shetland heroin scene seem to be fundamentally associated with its strong sense of community-mindedness in contrast to 'typical urban heroin scenes'. Although powerfully influential throughout most of the five phases of the subculture, the degree to which this mentality characterises the outward appearance and internal structure of the scene varies greatly from phase to phase. In this section, the respective conditions of the community-minded spirit and of the most prevalent

micro-social particularities, that is, heroin using norms and rules, will be sketched. Moreover, the position of both community-mindedness and particularities within the general social and supply structures and the mentality of the subculture are illuminated.

10.2.1 *The Early Days*

During the era of the early days, the social graces amongst heroin users are presented as having principally been led by a communal and thus community-minded orientation. As has been pointed out in interview citations, ‘the good old days’ of the heroin subculture are likely to be tinted with a ‘golden shimmer’, that is, a certain glamorisation (cf. Sect. 8.2.5, pp. 204–205). Notwithstanding, from approximately the late 1970s until the late 1980s, norms of social care and respect seem to have dominated the style in which heroin users and dealers in Shetland treated each other. Many people using heroin during the early days apparently tended to prioritise the communal partaking in an ideational, ritualised experience. User groups and circles of that time are described as having been chiefly based on warm social togetherness and having consisted of an exclusive selection of friends or acquaintances as exemplified by the scene’s founding fathers, also known as the ‘*original crew*’. However, variations are described regarding the specific atmosphere and superordinate ideals aspired to by individual cliques during the occasionally held get-togethers. The exclusiveness and specialness of these ceremony-like gatherings appear to have been intensified or even determined by their infrequent occurrences.

The descriptions that *Kay (O)* gives of her group, which she participated in for circa 20 years, convey an ambience of both playfulness and spirituality (e.g. ‘Christmas magic for adults’ or ‘Santa Claus project, p. 153). In contrast, the group, which *Oliver (O)* apparently belonged to for an even longer period than *Kay* and possibly still belongs to, is construed as being more focussed on philosophical and intellectual endeavours (e.g. ‘ontological experiment, p. 154). These and also other user cliques and circles started in the early days of the scene subsisted throughout all specified scene stages and still subsist to the present day. Thus, the impression is created that during the early days, the overall heroin subculture was pervaded by a community-minded spirit that continues to live on in groups such as *Oliver*’s, which, according to him, still exists, and *Kay*’s that she assumes disintegrated shortly before her interview. Hence, within such groups of older users, the social and caring attitude has apparently persisted throughout all of the five phases and lives on virtually unchanged until today (i.e. the point in time of the interviews).

Additionally to the insider depictions by *Kay* and *Oliver*, second-hand and hearsay accounts of other participants are provided about the *original crew* and other user cliques of older socially well-integrated users that have existed for a long time. On the whole, these interview passages suggest an array of values, behavioural norms, and rules fundamental amongst these long-standing user groups

(cf. Sect. 8.2). The most central norms and rules for the majority of groups include the association of heroin use with special, occasional, partly reoccurring events (e.g. *Kay*: midsummer, birthdays, or Christmas). During these events, the use of heroin was/is ritualistically celebrated as something extraordinary, highly valued, highly bonding, and sometimes almost spiritual. Furthermore, these users all seem to reject injecting as an acceptable route of administration, regular, habitual patterns of use, or using in order to cope with personal problems. Apart from the community-minded attitude and a shared ideational group spirit, a carefully maintained secrecy regarding all heroin-related activities has seemingly always been maintained by consumers. Through the combination of these fundamental norms, the preservation of the social, sophisticated, and controlled nature of the cliques, and the relaxed, unproblematic style in which their members conducted the use of heroin, is apparently facilitated.

10.2.2 *The Era of the Old School*

What happened to the community-minded spirit when the second significant generation of heroin users in Shetland, the so-called *old school users*, took over the organisation and ‘management’ of the heroin subculture at some point between the late 1980s and the early 1990s? The values, norms, and rules of the ‘*old school*’ are presented as essentially aimed at protecting the secretive and controlled nature of the island heroin subculture in order to avoid public and especially police attention and the associated risk of social stigmatisation and arrest. In connection with these guidelines, participants describe relatively stringent prescriptions in terms of restricting the amounts of heroin brought to the island and carefully selecting the people being supplied. Youngsters, novices, unknown, and irresponsibly using people were largely excluded.

The *old school users* seem to have organised and managed the subculture consistently with social (albeit strictly regulated) principles, while commercial concerns, such as abolishing the amount and user restrictions, were largely dismissed as putting secrecy and control at risk. While injecting was seemingly an accepted and common route of ingesting heroin, excessive, risky, and ‘irresponsible’ using styles were generally rejected and sanctioned with supply exclusion and a bad reputation within the user community. During the early days, the heroin subculture apparently existed in a fragmented, loosely structured, largely unhierarchical form. Secretive, infrequent, and non-injecting heroin use seems to have been the norm. During the era of the old school by contrast, a certain hierarchy of dealers and users was apparently established, and both the internal homeostasis and integration into the wider culture were strictly reinforced, primarily by those who sold heroin.

The prioritisation of social, that is, community-minded over commercial and selfish manners between dealers and users and amongst users, is repeatedly outlined and stressed by several of the interviewed *old school users*. The conscious adherence to the social, control, and regulative guiding principles seems to have been necessary

in order to uphold the equilibrium of the scene's ordered, structured, and contained nature and the subculture's non-intrusive existence in a niche of the Shetland society. Hence, whereas during the early days community-mindedness seems to have represented a natural by-product of the scene's disposition, it became a consciously treasured and carefully protected mentality feature throughout the era of the old school until a new epoch began in the late 1990s.

10.2.3 The Contained Commercialisation

The phase of contained commercialisation which followed the era of the old school was apparently characterised by a significant steepening of the heroin subculture's hierarchy and a centralisation of heroin supply towards one main dealer. Additionally, the supply network became structured in a considerably stricter manner than before (cf. Sect. 8.4.4).

Although, according to interviewees, the supply of heroin in Shetland became truly commercialised for the first time, the principles of strict control and secrecy of the preceding era seemed to continue. The dealer's underlying commercial intention of buying and selling heroin becomes particularly obvious when considering that, also for the first time, someone in Shetland engaged in heroin dealing without being a user. Thus, the dealer's goals were not emotionally driven, but exclusively or chiefly profit-oriented.

Interviewees explain that the dealer's way of ensuring secrecy and social inconspicuousness, despite the increased supply and subsequent multiplication of users, focussed primarily on a strict set of rules. A stringently structured and hierarchical supply network and control and secrecy maintaining manners constituted secondary measures. These rules embraced regular supply restrictions and interruptions as well as all apparent norms and prescriptions of the *old school*, except for the rule proscribing commercialised dealing. Ultimately, the dealer's actions are described to have been characterised by a community-minded, socially responsible attitude, oriented towards the preservation of the Shetland community's safety. During this stage, injecting as a means of administration is reported to have grown substantially in acceptability and thus spread amongst heroin consumers.

Inferring from interview accounts, the 'heroin explosion' at the beginning of the new millennium was combined with a specific arrangement of conditions (cf. Sect. 8.5). This instigated the end of the contained commercialisation period and the beginning of the commercial peak phase.

10.2.4 The Commercial Peak

The two main dealers of the commercial peak largely prioritised a relatively uncompromising striving for supply and profit maximisation over the previously common

responsible dealing manners. Consequently, they probably contributed substantially to the broad spread of selfishness and the decline of social norms amongst many users. Additionally, and in contrast to the main dealer of the preceding era, at least one of the two dealers of the commercial peak used heroin in a heavy and addicted way themselves. Therefore, the endeavours to capitalise on heroin trade to the extent described under Sect. 8.5 were probably not only money oriented but also emotionally driven by the urge to satisfy the dealer(s) own heroin demands. Interviewees repeatedly present the commercial peak as being characterised by the complete discontinuation of all social values including the superordinate community-mindedness. Participants outline that since countless heroin deals have been conducted in one dealer's flat, most of these deals were clearly noticeable for outsiders such as neighbours. This was contrary to the previously secretive supply and the customer restrictions. This way, the scene apparently lost its controlled and manageable nature. The corresponding interviews suggest that as a consequence of continuously increasing rates of heavy use and heroin addiction, the influence of the priorly common community-minded spirit of the scene was apparently further counteracted and inhibited. Participants portray a gradual shift from social and caring manners to egoistic, opportunistic norms and behaviours. The extreme end of the observable behavioural continuum in this epoch even extended to mildly violent and criminal tendencies. Furthermore, intravenous heroin consumption is described as having increased in acceptability and application amongst users including youngsters. This trend might have been intensified by the role model position of one of the dealers, generally known for his heavy, regular, partly excessive injecting drug use.

As concluded from the interviews, the impact of community-mindedness on the overall Shetland heroin scene with regard to the style of dealing perceivably declined over the contained commercialisation and especially the commercial peak eras. Even if the overall scene's character changed from the previous community-minded orientation, high levels of family-like, warm, and social caring seemingly lived on unaffected within the scope of many individual user circles. Examples include long-standing and newer crowds of occasional consumers but also of habitual and heavier users. While exclusive user cliques bonded by friendship and comradeship appear to often largely maintain immunity from the value changes taking place within the general subculture, other circles, primarily of heavier, habitual users, seem decisively more affected by the topically dominating value system.

10.2.5 The Current Fragmentation

After the 'loss of control' over the heroin scene and the subsequent downfall of the commercial peak following the arrest of one of the main dealers (cf. Sect. 8.5.9), the subculture apparently underwent a fragmentation of its supply network and user circles. As stated by participants, the cliquy social structures resumed at least temporarily their earlier dominance (cf. Sect. 8.6.2). Within these cliques, interview accounts suggest a widespread reconsideration and readoption of the community-

mindful spirit that had bonded befriended and acquainted users in former times took place. Many groups of especially occasional consumers seem to have had community-minded attitudes and manners throughout all scene stages and to have continuously acted accordingly in natural, spontaneous ways. In contrast, many circles and cliques of heavier, habitual consumers appear to have resorted rather out of neediness to social and companionable styles of interaction. Rather than upholding social and communal values out of the desire to share a bonding experience, as tends to be the case for casual users, their prioritised interest may have been arranging easy access to heroin. In this context, communally performed small group supply, relying on a set of social norms including a community-minded orientation, was presumably helpful.

Due to invasive police intervention, the heroin subculture seemingly reverted to its formerly prevailing 'safe modus' of secrecy, community-minded orientation, and companionable, non-hierarchical, and fragmented structures. The main underlying force driving this drastic transformation seems explicable in terms of users' and dealers' endeavours to regain control over the subculture and thus their own subcultural existence. 'Control' in this context can be understood in terms of calculable risks regarding public and police attention.

Roughly speaking, circles of regular, heavier users tend to mirror the general scene atmosphere at a given point in time to a significantly more obvious degree than stable occasional users. The reason seems to be that regular users are much more likely to develop addictive and potentially excessive using patterns when sufficient amounts of heroin are accessible. Heavy users in Shetland appear to adapt their frequency and strength of use to the external circumstances of the local heroin market significantly more than occasional users, who tend to consume much less than they *could* attain, if they tried. Thus, regarding amounts and frequency of use, occasional users tend to be oriented towards an internally controlled regulation system, whereas heavy users exhibit a tendency to be oriented towards a system of external regulation. The historical perspective of the Shetland heroin scene has demonstrated that the extent of heroin use and addiction depends strongly on the respective, era-bound circumstances of the overall subculture and especially the market.

10.2.6 The Dichotomy of Community-Mindedness: Social Care and Social Exclusion

As emphasised throughout Part II and briefly recalled here, the definition of community-mindedness, as used throughout this book, contains – apart from the caring, social component also a reverse side – a strong sense of exclusion concerning those collectively perceived as belonging to the out-group (cf. Sects. 5.2.4 and 7.3, specifically 7.3.5.1). Such people tend to commonly be met with prejudice, stigmatisation, and rejection. Besides specific persons and groups per se, an array of manners and behavioural styles is regarded negatively and treated dismissively. In this

respect, variation is described across the five scene stages. As cited in the Part II, McCallion refers to this variability as an ongoing process of change regarding the permeability and impermeability of in- and out-groups (cf. Sect. 5.2.4, p. 98). The specifics of in- and out-groups, their degree of permeability, and the acceptability of conduct seem to be decisively determined by the dominant dealer(s) at a given time, similar to the work atmosphere in a company being largely dependent on the manager.

During the early days, only chosen, known, and befriended people appear to have belonged to the general in-group. The impression is conveyed that egoistical, antisocial, as well as non-secretive behaviours, injecting, hazardous, excessive patterns of use, and physical or psychological dependence were disclaimed by the majority of heroin consumers. During the subsequent era of the old school, both the boundaries encompassing the in-group and behaviours considered acceptable seem to have become more permeable. This trend appears to have persisted and further strengthened during the contained commercialisation and especially the commercial peak period. Due to the intensified fear of police and public detection during the current fragmentation, the subcultural in-group/out-group definitions became largely refined to people's own immediate circle of user friends. The resumption of small and smallish user groups appears to have been accompanied by an, at least temporary, all-embracing recommencement of community-mindedness and secrecy manners common in the early days. However, habitual and intravenous patterns of use, disregarded in the first era, apparently remain acceptable.

As indicated above, which groups tended to be rejected and to which degree depended on the collective trend of a specific era. Participants outline not only the occurrence of *inter*-group and -personal variation *at a certain point in time* but also *intra*-group and -personal variation *across time* (cf. Sect. 7.3, specifically 7.3.5.1). Many people who previously objected to heroin use or injecting tended to adapt their attitudes when becoming heroin users or injectors themselves. This shift in attitude seems explicable in terms of accommodating and integrating the previously frowned upon behaviour with one's own self-image by generating a positive attitude towards it (cf. Fishbein and Ajzen 1975).

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Chapter 11

Summary of Part II

11.1 Summary

The preceding Part II provides a comprehensive, thorough, and profound representation of the heroin scene in Shetland from the perspectives of the 24 interviewed local heroin users. The second chapter of Part II describes the general alcohol and recreational drug using scene in order to create a context in which the reconstruction of the heroin scene could be embedded.

The third chapter illustrates the nature and outward appearance of the scene in terms of quantifiable characteristics, and the fourth chapter deals with the internal structure and the organisation of the heroin subculture.

The fifth chapter depicts the outward and internal features throughout a period of approximately 25 years, beginning with the initiation of the scene in the late 1970s and ending with the point in time of the interviews in early summer 2004. This period was found to comprise five distinct phases that have been specified as ‘the early days’, ‘the era of the old school’, ‘the contained commercialisation’, ‘the commercial peak’, and ‘the current fragmentation’.

11.2 Shetland and Substance Use

11.2.1 *The Alcohol Culture*

Overall, interviewees agree that the consumption of alcohol has been ingrained in the Shetland culture for a long time. Regular and excessive using patterns, which are typically associated with the island population’s Viking ancestors, seem to be widely accepted and often even desired. Alcohol abstinence, on the other hand, tends to be regarded as almost socially deviant, especially within the general party and pub scene. Although not every single person in Shetland drinks on a regular and heavy

basis, large parts of the Shetland community seem to embrace alcohol use, including both genders, teenagers from an early age, and people from all socio-economic backgrounds.

11.2.2 The Overall Drug Scene

Interviewees associate the establishment of both the general drug and the heroin scene in Shetland with a considerable influx of hippie drop-outs and of oil workers, when the oil terminal Sullom Voe was built in the late 1970s. Although drugs seem to have been obtainable in Shetland beforehand, through the advent of the oil workers and hippies a proper scene was apparently established and illicit drugs became available.

Together with alcohol, recreational drugs such as cannabis, ecstasy, and amphetamines are nowadays used by large parts of the island population, particularly in party contexts.

11.2.2.1 The Problem-Reduced Nature of the Shetland Drug Scene

Interviewees generally present the Shetland drug subculture as being significantly less determined by socio-economic problems than subcultures on the urban mainland. Nonetheless, besides the increase in injecting, interviewees also describe a recent rise in addiction rates within the heroin and amphetamine scenes in particular.

11.2.2.2 Availability and Acceptability of Illicit Drugs in Shetland

Regarding the purchasability of all illicit drugs, many participants explain that due to Shetland's geographic isolation, every illegal psychoactive substance experiences regular phases of unavailability. Droughts of one drug are typically compensated with the substitution of other drugs obtainable at that time.

Recreational drugs including ecstasy, speed, cannabis, and cocaine appear to enjoy a far-reaching social acceptability amongst large parts of the younger and, to a lesser degree, the middle-aged Shetland population. In contrast, most participants describe heroin as generally stigmatised and acceptable only in specific groups and social circles.

11.2.2.3 Quality of Drugs in Shetland

As a rule, the drugs sold on the Shetland market seem to be of considerably poorer quality and higher price than usually in urban areas on the British mainland, which is typically associated with the difficulties involved in bringing illegal drugs to the remote island.

11.2.2.4 Spread of Excessive and Intravenous Drug Use

While excessive alcohol use is reported to date back far into the islands' past, styles of extreme recreational drug consumption seem to have become common approximately a decade ago. Patterns of very heavy heroin use apparently began to occur even more recently.

According to participant accounts, the intravenous intake of drugs – referring mainly to heroin and amphetamines, and to a lesser degree to ecstasy – has risen noticeably in recent years, suggesting that this route of administration has generally become more acceptable amongst certain groups of illicit drug users.

11.3 The Features and Descriptive Characteristics of the Heroin Scene on the Shetland Islands

11.3.1 The Shetland Heroin Scene: Problem-Reduced and Socially Unobtrusive

In contrast to the relatively open recreational drug culture, the heroin scene is described as much more secretive, separated from the general social pub and party culture, and therefore far less perceptible. Interviewees explain that this is the result of the comprehensive secrecy in which heroin use and trade-related activities are usually embedded due to the strong social stigma attached to the drug. The effect of the stigma is presented as particularly intense in the small, close-knit, remote community of Shetland.

Problems typically associated by interviewees with drug, and especially heroin use comprise socio-economic marginalisation, crime, violence, prostitution, an open drug scene, and physical morbidity. These are described as largely non-existent or imperceptible in Shetland. Interviewees attribute the comparatively unproblematic conditions of the island heroin scene to the prosperous socio-economic Shetland situation. Hence, a great proportion of heroin users seem to finance their drug demand through paid work. Besides, as a result of the fear of the thorough social control within the Shetland community and of police detection, the occurrence of acquisitive drugs crime seems, apart from dealing, to be largely prevented.

However, general concern is expressed regarding the relatively high levels of hepatitis C infections amongst Shetland heroin injectors.

11.3.1.1 Availability, Quality, and Price

Interviewees also trace the relatively low levels of heroin use-related problems back to the frequently and regularly occurring droughts and shortages and often low

quality of the heroin sold in Shetland. In this context, the intermittent availability and low quality are typically depicted as external safeguards against high rates of heroin addiction and associated adverse effects. However, the risk of overdoses on occasions of unexpectedly pure heroin is increased. During heroin droughts, noticeable upsurges in intravenous amphetamine use and methadone prescriptions are reported as common compensatory strategies. As a consequence of the regularly interrupted availability and accessibility of the drug for most of the island users, interviewees evaluate rates of heavy, addictive heroin use as low compared to urban environments. Only bigger dealers and their social circles apparently can have consistent access to the opiate and thus tend to exhibit the greatest prevalence of addictive use.

11.3.1.2 Community-Mindedness: Caring for One's Own

Interviewees explain that helping each other out is very common during periods of financial or drug dearth, since the overall Shetland mentality is strongly influenced by a *community-minded* spirit.

11.3.1.3 Size and Location of the Heroin Scene

Participants' estimations regarding the size of the island heroin scene vary between a 100 and 500 people, embracing regular, heavy, and occasional users.

Interviewees almost unanimously locate the centre point of the heroin scene, and especially market, in the capital and biggest town Lerwick. Nonetheless, heroin use and, to some degree, heroin trade also seem to occur in remote and rural places.

11.3.1.4 Age Range and Gender Distribution of Users

Generally, participants agree with respect to people in Shetland starting to use heroin at an older average age than mainlanders would, although a recent trend towards a younger age of initial heroin use is reported. One user suggests that the age ranges from 16 or younger to 60.

Most interviewees state an evident male dominance amongst users and especially dealers. Some participants assert that there are almost equal proportions of men and women, however, with the former on a whole tending towards heavier, riskier, and more excessive styles of use as well as more active and prominent roles within the overall subculture.

11.3.1.5 Patterns of Use

Overall, interviewees agree about an enormous increase in injecting amongst heroin and amphetamine users since approximately the turn of the millennium. Before then,

heroin was apparently mainly smoked and sometimes snorted, and speed was typically snorted. Only small groups injected either drug. Connections are described between the expansion of overall drug use, including heroin, and injecting. Interviewees suggest that these developments in Shetland correspond to earlier developments on the urban mainland of Britain. Thus, patterns of drug use in Shetland may mirror the urban British trend. Additionally, the beginning recession in Shetland is mentioned as causing some heroin smokers to inject in order to save money.

On the whole, interviewees affirm a strong tendency amongst Shetland drug users to consume more than a single substance at one using occasion, which might be explicable with the purportedly typical Shetland propensity to aim for experiences of extreme intoxication. A readiness to interchange psychoactive substances according to availability is stated by numerous participants. Nonetheless, the generally restricted availability of most drugs also seems to externally restrict unlimited, excessive multiple drug use.

11.3.2 Recent Changes of the Heroin Scene in Shetland

Abundant differences are pointed out when comparing the heroin subculture in Shetland with subcultures in urban Britain. Nonetheless, participants suggest a recent adjustment in some features of the Shetland scene to ‘typical’ urban scenes since approximately 1999, 5 years before the interviews. This trend, as explicated in the interviews, becomes manifest in an expansion of overall heroin use and injecting, an increase of diverse users of both genders and from all social backgrounds, an age span now expanding to the young end, and a rise in addiction and hepatitis C rates.

11.4 The Internal Structure of the Shetland Heroin Scene

11.4.1 A Subculture of Diverse User Types and Groups

Inferring from the interviews, it seems the Shetland heroin scene consists of a wide range of diverse user types and user circles. These are differentiated according to user characteristics such as hidden versus obvious heroin use, socio-economically integration versus marginalisation, and categories such as male versus female, users from Shetland versus users from the British mainland, and people living in Lerwick versus people living in the countryside. Furthermore, details are provided about groups of heavy employed, unemployed, and extreme consumers, as well as about recreational, occasional groups. The overall population of Shetland heroin users seems to embrace a wide spectrum of consumers, with socially integrated,

well-educated people in high-status employment who possess their own houses at one end, and unemployed persons in temporary accommodation with a social environment of mainly other heroin users at the other end.

The population of heavy and addicted heroin users is reported to embrace both socially well-integrated and less well-integrated Shetlanders. The most differentiating characteristic between the two groups might be employment status. Within the circle of heavy users, a subgroup is presented to exist comprising young men who live an extreme lifestyle of alternating between hard, risky work and drug use. This way of 'living life on the edge' is traced back to the original Viking mentality in Shetland.

The often socially well-integrated occasional users seemingly tend to ingest the opiate by smoking or snorting, and only rarely by injecting. Using intensity seems to be generally regulated by certain control norms, rules, and rituals.

Groups of female heroin users are generally portrayed as characterised by greater secretiveness, caution, and control than male crowds. Moreover, female users seem to be less actively involved in the heroin scene and more rarely seek professional help. Groups of heroin users living in the Shetland countryside appear to have similar features to female user circles.

11.4.1.1 Contact Between Groups and Circles

Contact between different groups appears to vary greatly. Some circles seem to mix readily while others strictly exclude each other. A user clique tends to include people of equal or similar socio-economic backgrounds, using patterns, motivations, and levels of scene involvement. In some cases, age or gender also appears decisive in belonging to certain circles and groups. Interviewees describe a tendency to build exclusive user cliques, which they explain in terms of the small size of the island community, the strong effect of the stigma attached to heroin, and the general heroin scarcity.

11.4.1.2 Scene Position and Access to Heroin

People engaging with heroin use and trade in Shetland seem to be involved in the heroin subculture to very differing degrees, ranging from passive, peripheral to active, central positions. Interviewees differentiate between the 'hard core', the 'peripheral edge', and 'in between'. The hard core embraces people who use with regularity, mainly heavily, addictively, and intravenously and frequently deal, whereas the peripheral edge embraces rarely consuming recreational users, most of whom who solely smoke or snort. The interview analysis suggests that access to heroin is determined by the level of scene involvement, the scene position, and the general social contacts of a user.

11.4.2 Supply Structures

Although heroin dealing mainly takes place in Shetland's biggest town, Lerwick, interviewees affirm it to also occur in other parts of Shetland, predominantly towns and villages relatively well connected to Lerwick by public transport. In the past few years, in particular, the heroin market seems to have expanded further to rural and remote districts of the islands, with the supply in these regions nonetheless remaining very restricted and erratic.

11.4.2.1 The Shetland Way of Dealing and Supplying

On balance, the interviewed users describe the atmosphere and mentality of the heroin scene as determined by the island-typical community-minded spirit and attitude that also includes the usual style of dealing. Explanations in this context refer to the fact that criminal and violent behaviours are regarded as unacceptable by most Shetlanders and tend to be sanctioned by the community and/or the police.

In large part, heroin dealing in Shetland apparently relies on *small group supply* with one group member travelling to the British mainland, often the nearest city, Aberdeen, to purchase heroin for the whole clique. Quantities are typically sufficient to last for a while, but are still restricted to keep the risk of detection and arrest when returning to Shetland at a minimum.

Furthermore, this community-minded style of heroin supply is presented as embracing a companionable exchange of heroin amongst many consumers when money or heroin is scarce. Thus, a system is entertained of giving and owing each other drugs/money in turns.

Accumulating debts that are paid whenever manageable for the borrower also appears to be an acceptable scheme to finance heroin use at times when the necessary money is not disposable.

Generally, the Shetland style of heroin dealing and supplying, largely enacted without violent pressure and force, is depicted as notably more relaxed and 'softer' than common in cities. Notwithstanding, a few interviewees allude to recent violent incidents involving urban suppliers.

11.4.2.2 Dealers

Dealing is said to take place in different forms and on varying levels, with distributing heroin for bigger dealers representing a kind of small-scale dealing.

The numbers of persons dealing party drugs and heroin in Shetland has been assessed to amount to 30 and between one and at most four, respectively. The comparatively small proportion of heroin sellers, on average aged older than party drug dealers, is said to result from the stronger fear of stigmatisation and arrest associated with heroin dealing.

Heroin users dealing on a large scale are pictured as having access to decisively greater heroin quantities than other people and thus are typically the users with the severest addictions.

11.4.3 Heroin Scene Mentality: Community-Mindedness and Cliqeyness

Community-mindedness – a strong tendency to care for and trust each other, on the one hand, and to stigmatise and exclude people acting in ways regarded as deviant, on the other – appears to constitute a central mentality feature not only of the Shetland community but also its social scenes, including the drug subcultures. Interviewees associate this mentality aspect with the small size and geographic isolation of the islands, which encourages the island community to form a close-knit social network within which everyone knows each other and social acts have a high visibility. This mentality phenomenon apparently manifests itself as a propensity to create *in-* and *out-*groups and, consequently, highly selective, exclusive, and elitist cliques. Users regarded as belonging to an *out-*group can seemingly experience substantial difficulties in obtaining heroin on the island, especially in phases of general scarcity.

The diminishing but widely evident community-minded attitude amongst Shetland heroin users is also often associated with the comparatively relaxed and ‘soft’ style of supplying and dealing heroin that largely occurs without violent pressure and force.

11.4.4 Beginning Spread of Mainland Mentality: ‘Junkie Tendencies’

According to participants, an intensified inclination to *grass* on, that is, backstab, other users and dealers constitutes a further mentality feature that appears to be promoted by the tight social network and might thus be less common within urban heroin scenes. However, until recently, *grassing* seemingly had no major impact on the island subculture, since to all appearances, community-oriented demeanours outweighed deceitful, perfidious, and selfish motives. This notwithstanding, participants depict *grassing* as having become more prevalent in recent times. This development is attributed to an overall augmentation and spread of *junkie tendencies* within certain factions of the heroin scene. Such tendencies also embrace an intensification of self-oriented and antisocial behaviours in contrast to communal behaviours. Besides a preparedness to take advantage of other people, including fellow users, some consumers might be willing to act deceptively, criminally, or violently in connection with heroin use and trade.

11.5 The Shetland Heroin Scene from a Historical Perspective: Five Distinct Eras

During the interview analysis, a pattern of the changes the Shetland heroin scene had undergone since its early days in the 1970s emerged, suggesting the succession of five distinct phases. On this basis, the historical creation and growth of the islands' heroin subculture has been reconstructed as outlined below.

11.5.1 The Early Days of the Shetland Heroin Scene

11.5.1.1 The Beginnings of the Shetland Heroin Scene: Hippies and Oil Workers

Interviewees explain that, for both the establishing and extending of the illegal drug and the heroin scene, oil workers and hippies played founding father roles. According to interview descriptions, this *original crew* of heroin users typically smoked restricted amounts of heroin on an occasional basis, stringently avoiding the genesis of addiction and other adverse physical and psychological effects. It seems the use of heroin tended to be regarded and handled as a specific treat, consumed only with specific people on exclusive occasions.

11.5.1.2 Using Heroin in the Shetland in the 1980s: 'Same as Having a Drink or a Joint'

Participants portray the use of heroin in these former days as a rare, highly appreciated, and ritualised phenomenon performed solely by a limited number of select people. Apparently, the suppliers strictly restricted the quantities of heroin they made available in Shetland to an average of approximately a gram per month, and heroin measures were usually sold in individual snorting lines or smoking doses. Generally, both suppliers and users appear to have pursued a communally shared, particular drug using experience far from commercial goals.

11.5.1.3 A Small Scene of Responsible Older Users

Apart from *responsible*, attributes such as *small*, *social*, *not noticeable*, *exclusive*, *civilised*, *controlled*, *older*, and *mature* are provided to characterise the early heroin users. No interviewee associates incidences of chaotic, hazardous, or intravenous use with this period, which, according to participants, lasted from the late 1970s/early 1980s until the late 1980s/early 1990s.

11.5.1.4 Ideational Heroin Use Within the Framework of Small, Secretive, and Select Groups

A particular emphasis seems to have been laid on maintaining the commonly shared *ideational* foundation of the using occasions. Someone describes this foundation as determined by a world view of 'love and peace'. The ideational base seems to play a crucial role in the long maintenance of the two groups and their original standards.

11.5.1.5 The Golden Light of the Good Old Days

Representations of this distant past might to certain degrees be tainted with subjectivity and glamorisation. Hence, the golden light of such accounts should be somewhat relativised.

11.5.1.6 Conditions of Change: A Second-Generation Taking Over

While probably not perceptible from the outside, the scene's internal network is stated to have been subjected to fundamental reorganisations and changes over the years. Both suppliers and users centrally involved in the subculture apparently shifted decisively.

According to interviewees, a considerable number of heavy heroin users, who had been engaged in heroin scenes in diverse British cities, moved to Shetland between the mid-1980s and the mid-1990s to regain control over their addicted heroin use and their overall lives. These *old school* introduced users apparently reactivated and further established the heroin culture in Shetland after the bulk of the oil workers had left the island.

11.5.2 The Era of the Old School

11.5.2.1 Regulating the Scene

Although the *old school users* from the urban mainland had in their previous urban contexts used heavily, intravenously, and were often engaged in acquisitive crime, the scene they established in Shetland was characterised by careful control and regulation of supply and use. While not as exclusive as the *original crew* any more, the *old school users* are still depicted as having upheld a stringent moral code and a strict set of norms and rules. These include protecting young and inexperienced people from contact with heroin and intravenous drug use and dealing heroin according to controlled, non-commercial, community-oriented guidelines. This way, the heroin scene seemingly could be maintained in its relatively small and unproblematic, exclusive state involving predominantly men in their late 20s and older.

11.5.2.2 Properties and Conditions of the Heroin Market Throughout the 1990s

Until the late 1980s, the heroin supply may have been organised in a large part by the *original crew*. However, being socially ‘well-connected’ with the relevant people apparently increased the probability of obtaining access to heroin. Before the heroin supply in Shetland was subjected to the first commercial transformations, access seems to have largely depended on social relations.

Overall, interview accounts suggest that through the *old school*, heroin became available to a greater number of less exclusive people from the early or mid-1990s. Nonetheless, users were still carefully monitored, and supply frequency and amounts continued to be controlled. Therefore, access presumably was possible, but for many only with concerted efforts and only in small quantities.

On a Shetland-specific level, interviewees relate the greater availability of heroin to the advent of the *old school*, and on an superordinate level to the general British trend towards heroin consumption: The opiate had first become more available in metropolitan England, some years later in Scotland, and later again in the most northerly major Scottish city, Aberdeen, before it could finally be bought in Shetland.

Throughout the first two phases of the heroin scene, the quality of the opiate was seemingly often relatively pure, which is generally associated with the restricted numbers of users and the small quantities supplied non-commercially.

11.5.2.3 Police Turning a Blind Eye?

A few interviewees affirm that for a long period of time, the police virtually ‘turned a blind eye’ to the small, secretive, and inconspicuous heroin scene on the islands. Besides by the unproblematic nature of the scene, this ignoring is also linked to the Shetland mentality of ‘sticking the head in the sand’ concerning uncomfortable and undesirable phenomena.

11.5.2.4 A Changing Trend: A Gradual Growing and Opening of the Heroin Scene

The interviews imply that the Shetland heroin scene had existed for approximately two decades from the mid-/late 1970s in a small, undercover, and socially unobtrusive form. Around the mid-1990s, heroin apparently started slowly to become more available in Shetland outside the strict limits of small exclusive user groups and circles. Participants outline how a growing number of people started using heroin, including previous party drug users, ‘boozers’, and ‘dope smokers’. Both the numbers of occasional, recreational smokers and of heavy, addicted injectors are stated to have increased since, and many previously uninterested people seized the opportunity to avail themselves of the facilitated accessibility.

Besides a surge in the number of people using heroin, a rise in injecting rates amongst heroin and amphetamine users is reported.

The expansion of the heroin scene had apparently been preceded by a considerable increase in party drug use, specifically amphetamines and MDMA.

Together with a relative opening of the heroin scene and the spread and facilitation of heroin availability, the demand for drug intervention also amplified when more people consumed in an addictive and risky, intravenous styles fashion.

11.5.3 The Contained Commercialisation

11.5.3.1 Conditions of Change: A Beginning Commercialisation of Heroin Use as an Aftermath of the Rave Era?

According to interviews, someone recognised the developing heroin demand in Shetland in the late 1990s and consequently began selling large amounts of the opiate on a regular, albeit intermittent basis. To all appearances, he was Shetland's first commercially oriented heroin dealer.

On the subject of the superordinate socio-historical conditions initialising the spread and growth of the heroin subculture, the 'explosion' of the rave culture in Shetland in the early 1990s is mentioned. The wide-reaching rave and party culture is presented as having set the course for the following expansion of the heroin culture. Apparently, the rave era caused party drugs, such as ecstasy and speed, to become more normalised and commercialised. With a delay, and to a lesser degree, a similar development and consequent growing acceptance is described regarding heroin. Participants explain that after the availability and the use of drugs in general had increased, an outright shift from party drugs to heroin was observable within the overall scene of drug users. As a promoter of this shift, interviewees name the Shetland-specific cultural inclination to experiment readily with new things, including drugs.

11.5.3.2 Drug Use in a Globalised World: The British Heroin Trend Finally Reaching Shetland?

Interview accounts suggest that Shetland basically echoes, with a delay of 10–15 years, what had previously happened across Scotland and Britain, or possibly even Europe: After the heyday of the rave era, a significant increase in heroin use was observable. The farther North and the more rural and remote regions are, the greater appears the delay with which the heroin trend becomes noticeable. Thus, Shetland was presumably one of the last places.

11.5.3.3 Availability and Quality

According to participants, between 1998 and 1999, the hitherto stringent restrictions on heroin availability began to loosen. Interviewees explain that, whereas in former

times hardly any young person below the age 25 was able to access heroin, this started to change from the late 1990s. More women and more young people began using heroin.

Interview accounts suggest heroin quality was on average lower than during the preceding era of the old school, but still 'reasonable'.

11.5.3.4 Internal Structure: From Small Group Supply to One Main Dealer

Participant accounts suggest a major transformation with respect to the organisation of the heroin supply network around the year 1998.

Previously, heroin supply seems in large part to have taken place in the form of *small group supply* and small-scale dealing by some of the more regular heroin users. By the year 1998, the 'small group supply system' was apparently largely replaced by supply through one main dealer, a mainlander in his late 30s. According to participant accounts, between 1998 and the end of 2000/beginning of 2001, the man supplied a major part of the island's heroin-using population. Despite the centralised supply scheme, small user groups still seem to have continued purchasing and consuming together.

Apparently, the dealer represented the head of a carefully calculated and organised supply system based on controls and restrictions of heroin amounts supplied and customers. Furthermore, interviewees explain that he deliberately arranged for heroin droughts of up to 8 weeks to keep the scene 'contained'. Moreover, he seems to have tried to maintain a maximal level of heroin trade-related secrecy to prevent a 'heroin epidemic' and his loss of control over the scene.

Even with his obvious commercial motivation, the dealer seems to have continued to uphold the values, norms, and rules of the *old school*, such as the non-acceptance of supply to young people as one of numerous behavioural rules.

On the whole, his style of dealing and distributing could be called 'contained commercialisation'.

11.5.3.5 Once Again at the Verge of Change: The Explosion

The personal, communal character of the heroin subculture is stated to have changed significantly when 'heroin exploded onto the scene' and a volcano-like outburst of heroin use seemingly happened almost unexpectedly at the end of 2000. With its 'explosion into a major scene', the subculture apparently changed its internal organisation and the small user-group structure lost significantly in influence. The dynamics underlying the *explosion* are presented as related to the rave era's aftermath. The *explosion* seems to implicate a progression from *contained* to *uncontained* commercialisation, during which the numbers of heroin users of all ages and social backgrounds increased 'exponentially'.

11.5.4 The Commercial Peak

11.5.4.1 Expansion and Noticeability

In association with the immense spread of heroin use, seemingly countless Shetlanders began consuming the opiate in partly regular, heavy, and hazardous styles. With the newly facilitated accessibility of the opiate to a wide range of different people, even completely uninvolved outsiders and foreigners could obtain the drug during this era suitably designated commercial peak.

11.5.4.2 Conditions Associated with the Expansion of the Heroin Scene

On a concrete level, interviewees explain that the arrival on the scene of another dealer in 2001 contributed decisively to the ending of the balanced and socially unobtrusive state of heroin scene. Together, the original older dealer and the new younger dealer, a Shetlander in his mid-20s, are reported to have established a regular and extensive heroin supply, strongly furthering the spread of heroin addiction across the islands and gradually supplanting the original social and control norms with commercial principles. In addition, the safeguarding, close-knit small group structure was seemingly step by step substituted by an undifferentiated, big, commercially oriented crowd of self-serving users.

An even more commercial and less social course is described after the original dealer was caught and incarcerated and the young man took over the heroin market, together with another older Shetlander. The two dealers apparently began a co-operation with a significant dealing and supply network in Liverpool – the *Liverpool connection*. Consequently, the island was ‘flooded’ with heroin that was sold freely and without much differentiation or restriction.

11.5.4.3 Availability of Heroin: Wholesale Supply

This commercial peak is characterised by respondents as ‘commercial’ dealing of ‘heroin in bulk’ in a ‘wholesale supply’ style. The phase presumably started around the beginning of 2001 and ended at the beginning of 2004.

On balance, the era of the commercial peak is explained as resulting from a combination of Shetland’s general cultural make-up in terms of its tendency towards patterns of extreme and excessive substance use, the national/global drug trend, and the concrete conditions of the scene’s internal structure at the given time.

Interviews suggest that at the heyday of the commercial peak between 2002 and 2004, virtually everyone could access heroin, including adolescents. As a consequence, interviewees state a significant diversification of the user population and an overall rise in addiction rates amongst older, young, and even teenage users.

11.5.4.4 Quality and Price

Interviewed users describe a significant decline in heroin quality alongside the increased availability at 100 pounds per gram, a price that is reported to have remained stable throughout all five phases of the Shetland heroin scene.

11.5.4.5 Changes in the Nature of the Heroin Scene: Increasing Physical Morbidity

As a consequence of the rise in addiction levels and the overall worsening of individuals' health, interviewees describe a greater visibility of physical morbidity in heavy, regular users.

Besides a commonly affirmed increase in intravenous heroin use, very risky and dangerous injecting patterns are said to have expanded perceptibly. Consequences seemingly included a rise in drug use-related fatal emergencies from none to up to one per year and a spread of hepatitis C.

11.5.4.6 Transformations Within the Heroin Use-Related Value System: Urban Tendencies?

Overall, interviews suggest a close connection between the expansion of the Shetland heroin scene and far-reaching changes within the heroin use-related value system. Regarding intravenous drug use, the view of injecting as a cool and cost-effective means of taking heroin appears to partly have replaced the previously prevailing declining attitude. Besides this, the *old school* edict of avoiding introducing intravenous use to novices and young people appears to have lost ground. Furthermore, patterns of irresponsible, especially hazardous intravenous heroin use and selfish, egotistical behaviour have apparently become relatively tolerable amongst heavy heroin users. Causally involved in the changing of values and norms seem to be Shetlanders and mainlanders who had had previous contact with heroin scenes in British cities or had served time in prison ('prison connection'). The latter is reported to have grown in influence as, due to the vast upsurge in heroin supply and general loss of secrecy, more dealers are getting arrested. Both contact to urban scenes and the 'prison connection' seem to promote the awareness and adoption of criminal and antisocial – or *junkie* – manners and behaviours that are imported to the island. Altogether, these changes appear to indicate a certain trend towards commercialisation and urbanisation within the Shetland heroin scene.

11.5.4.7 The Mainland Heroin Trend Manifesting Itself in Shetland

Concerning the transitions and developments of the heroin culture during the commercial peak, interviews again suggest a time-delayed manifestation of the British/global

heroin use trend in Shetland. Interviewees state a similar course having been observable in England and Scotland in the mid- and late 1980s. On the one hand, the global heroin use trend has to all appearances heavily impacted on the island heroin culture. On the other hand, rather than adopting one to one the characteristics participants regard as typical in urban heroin subcultures, the manifestation of the Shetland trend seems strongly influenced by the peculiarities of Shetland. The island's geographic isolation, its small size and population, its relative prosperity, and low crime quota may have given the scene its final shape, accounting for criminal and violent conduct hitherto having largely been absent.

11.5.4.8 The Downfall of the Commercial Peak

Due to the general loosening of the original *old school* control norms regarding both supply restrictions and concealment of heroin-related activities, the two main dealers are claimed to finally have lost control over the heroin scene. Apparently, the police had monitored their activities for a long time before finally managing to arrest the younger one and thereby putting the commercial heroin market on hold in early 2004. The remaining dealer, despite curtailing his heroin trade activities immediately, is stated to have been caught several months later.

11.5.5 The Current Fragmentation

11.5.5.1 Disruption of Commercial Supply and Underground Turn of the Heroin Scene

Different interviewees explain how with the young dealer's arrest the police exerted a major influence on the heroin scene. They annihilated the commercial supply and drove the subculture far underground, thereby radically reducing their power to influence it.

As a consequence, the secrecy in which heroin use and trade were originally embedded was apparently reactivated, and many users began consuming on their own or with solely a few select friends they trusted.

Furthermore, the heroin supply is claimed to have returned to the previously prevailing cliquy structure of small group supply supplemented by limited amounts of heroin dealt commercially by several different people. Overall, the subculture experienced a fragmentation regarding its internal organisation of dealers and users.

While participants agree that the scene's general perceptibility and detectability by the police and the public have subsided significantly, estimations regarding the number of people continuing to use heroin diverge. Some claim there has been a return to only a few persons using, while others suggest little reduction in the actual user numbers, although the momentary extent of use.

11.5.5.2 Availability, Accessibility, and Quality: Reductions in Levels of Addiction and Overall Use

Interviewees present the radical reduction in heroin availability and accessibility as the most significant consequence of the cessation of commercial sale. Almost all participants agree that the extent of use has declined immensely. Similar agreement is found concerning the notable reduction in the levels of addictive heroin use patterns. Many people seemingly regained control over the sometimes severe physical and psychological dependence and infirmity they developed during the commercial peak. The externally imposed access limitation seems to function as a safeguard against the prevalence of heavy, addictive using styles. This effect seems further strengthened by the overall fear of police and public attention.

11.5.5.3 Quality of Heroin

With respect to the quality of the heroin supplied during the current fragmentation in contrast with that of the commercial peak, participants tend to state an obvious improvement when purchased through small group supply. When obtained from the local small-scale dealers, however, a general change for the worse is reported due to the heroin being even more adulterated with cutting agents than beforehand.

11.6 The Current Heroin Using Trend in Shetland

11.6.1 Impact of the Heroin Scene's Momentary State on User Circles and Groups

Interviews suggest that diverse users and user circles have been very differently affected by historical changes in the Shetland heroin scene. Heavy and especially addicted users appear significantly more affected than occasional consumers by the state of the heroin scene and, in particular, the market. Moreover, whether someone relies on the island supply or arranges their heroin demand personally seems crucial in this context. The *original crew* apparently provides an example of a largely self-sufficient user circle relatively independent of the local market. Occasional consumers probably increase their using frequency slightly in times when more heroin is available. In contrast, the style of heroin use adopted by members of the *old school user* clique seems fairly impressionable by occurrences within the local heroin scene and market. Many report themselves to have developed more or less severe heroin addictions during the commercial peak that ended with the supply restrictions of the current fragmentation.

11.6.2 Continuing Commercialisation and Urbanisation?

Generally, participants state that during the commercial peak, many people began consuming heroin and that possibly just as many ceased using again when the drug stopped being easily and freely available. Considering the national movement towards heroin, however, the current decline may just be temporary. Hence, the scene might be subject to recurring commercial loops, whose patterns depend on various local, national, and global occurrences and developments, respectively. This assumption seems particularly likely when considering the continuing movement towards heroin use, injecting as well as commercial and urban-style norms and conduct seemingly persisting to underlie the subculture's topical state.

11.7 The Community-Minded Spirit of the Shetland Heroin Scene

The general mentality and hence value system of the island heroin scene prevailing at a certain time apparently changed significantly throughout the five eras the subculture traversed. The interview analysis demonstrated that influence and weight of the scene's community-mindedness and norms and manners related to this spirit varied strongly between the individual stages. The central aspects of the respective overall tendencies are sketched briefly in the following.

During the early days, users seem to have been bonded by an ideational using philosophy. For this reason, the communal project of sharing an extraordinary social experience seemingly constituted the superordinate intention that determined motivations and patterns of use and supply. Interviewees agree about the scene having consequently been very small, exclusive, and principally problem-free in this period.

Throughout the era of the old school, community-minded principles are stated to have remained a very central mentality feature within the scene. However, with users, who previously had been using primarily in addicted, intravenous styles, the subculture now needed to be consciously controlled to maintain its unproblematic, undercover state. For this purpose, community-minded values and associated pro-social using and dealing behaviours were now reinforced intentionally with the aid of strict norms and rules enacted by the dealers.

In the subsequent era of contained commercialisation, with a centralised, commercial supply system, a significantly larger using population, and greater numbers of people with addicted use, the necessity of stringently followed control rules became even more essential. Now pro-social, community-minded manners seemingly fulfilled the function to stabilise the commercial market system. Nonetheless, the internal balance of the scene and its relatively unobtrusive integration in the Shetland society could still be maintained.

To all appearances, this changed during the commercial peak. Social inclinations amongst dealers and users appear to largely have made way to commercial, self-interested motivations. Now, the main intention of the dealers' seemingly was to make as much profit as possible and of many users to gain maximum amounts of heroin for their personal use. With rising addiction levels and the loss of the previous control norms, the overall community-minded spirit of the subculture was virtually undermined. Consequently, the scene started to develop problematic tendencies and became noticeable to the public.

As a result, the two main dealers were eventually arrested and the scene took on a fragmented structure of many different user groups and circles organising their own heroin supply. Although, the scene did not resume its previous overall community-minded spirit, the atmosphere within the individual user groups is described as determined by a decisively greater level of community-mindedness than during the prior era. However, as opposed to the early days, the motivation to resume pro-social manners might at this time be the need of others to assist in arranging for one's own heroin supply rather than the desire for a communally shared social experience.

Part III
Community-Mindedness and
Self-regulation in Drug Cultures

Chapter 12

Community-Mindedness and Self-regulation in Heroin Scenes in the Scientific Literature

12.1 Community-Minded Orientation

When assuming that the differences between the Shetland heroin scene and ‘typical urban heroin scenes’ are above all explicable in terms of its prominent *community-minded* orientation, urban heroin scenes should consequently exhibit a significantly lower degree of community-mindedness. In order to investigate this matter, the scientific literature regarding heroin use and heroin-using subcultures was examined thoroughly for the general degree of community-mindedness. Degree is understood in terms of a range with a strong sense of community-mindedness at one end and principally none at the other. The literal term ‘community-mindedness’, or otherwise an expression corresponding to the concept as understood in this book, does not occur in the drug use-related literature. Hence, normative and behavioural aspects *indicating* this mentality feature have been searched for. As it became obvious, the phenomenon had hitherto neither been clearly conceptualised, nor was the relationship between pro-social, caring and exclusive, controlling behaviours explicitly addressed. Alfred Adler, who contends that a strong community spirit typically leads to a high degree of social control, has already been cited in Part II, Sect. 7.3. The dichotomous definition, as employed in the present book, embraces this causal relation as the two sides of the same concept that are interdependent. As pointed out by a Shetland policeman, every location-specific aspect of the Shetland Islands has its two sides, and the other side of community-mindedness is social control (Stallwitz 2007). When discussing the outcomes of the literature examination below, community-mindedness is identified by mention of one or more of its defining aspects.

Within the scope of the comprehensive literature review, three qualitative investigations concerned with heroin subcultures in urban areas struck as being particularly relevant. All of the three studies, which have already been introduced briefly in Sect. 2.6 of Part I, elaborate crucial aspects of community-mindedness in a detail that allows comparisons with the present Shetland study. They were conducted in different countries and at sites of very diverse nature, namely, in the harbour city of

Rotterdam, the Netherlands (Grund 1993), the small industrial town of Norrköping, Sweden (Lalander 2003), and the business and banker city of Frankfurt, Germany (Kemmesies 2004). With approximately 587,939 (Centraal Bureau voor de Statistiek 2009), 122,000 (Lalander 2003), and 659,021 inhabitants (Statistische Ämter des Bundes und der Länder 2007), respectively, Norrköping is by far the smallest place. Whereas Grund and Lalander examine primarily habitual heavy heroin consumers from varying socio-economic backgrounds, Kemmesies' study is exclusively concerned with controlled, socially integrated drug users from bourgeois milieus. The dissimilarity of countries and places, the inclusion of heavy and controlled heroin users, as well as the disparate date of conduction regarding Grund's research, increases the validity and expressiveness of conclusions. This case is further strengthened by the reports of all three studies being presented in very detailed and elaborate book formats.

The manifestation of the community-minded mentality aspect within the Shetland heroin subculture becomes apparent when applied to concrete behavioural and structural concepts. Hence, its extent, appearance, role, and function within the scope of the heroin-using subcultures investigated by Grund, Lalander, and Kemmesies cannot be explained in isolation but need to be discussed in relation to the respective subcultural nature and structure. As far as inferences are feasible on the basis of the provided information, the three studies are therefore presented with regard to the most relevant similarities and differences in their micro-social particularities, that is, their features, social network, and general mentality including the prevailing norms and rules. These aspects are subsequently compared to those of the Shetland heroin scene. Of the three, Grund's research bears the greatest resemblance regarding the density and theoretical abstraction of the data analysis and interpretation and the integration of the analysed and interpreted data into an explanatory theoretical model of drug use. Therefore, the relevant aspects of his ethnographic investigation will be employed as a starting point.

12.2 Grund (1993): Drug Use as a Social Ritual – Functionality, Symbolism, and Determinants of Self-regulation

On the basis of ethnographic interviews with, and observations of heroin users in Rotterdam, Grund details several themes centrally involved in the formation and development of the social structures within heroin subcultures. The majority of his study participants stated daily and habitual use, but only 23% declared injection to be their main route of administration; 77% reported primarily smoking the drug. Von Aarburg has emphasised the great differences in ingestion modes amongst habitual heroin users across countries. For example, he compares the Netherlands, where the relationship between heroin smokers and injectors in 1998 was 3–1, to Switzerland, where the relationship in the same year was vice versa; 1–3.96% of Grund's sample also reported consuming cocaine. Interviewees were aged between 25 and 36 and most were male (86%).

Grund contends that the universal, human desideratum for social relations in terms of warmth, interaction, solidarity, and (group) identity represents a fundamental drive in the emergence of heroin subcultures. He explains that situations of social drug use provide the potential to generate feelings of togetherness, solidarity, and identity and thus to gratify such needs. Thereby, the communal consumption of the drug functions as a 'social lubricant' (cf. Kay: 'glue' in Part II, Sect. 8.2.4, p. 204) or 'ritual binding mechanism'. The prerequisite for satisfying a need fulfilment constitutes a substantial harmony in interests and 'an agreement upon certain recognized values' (Radcliffe-Brown 1952), which Grund regards as given amongst most heroin users. Through the common interest of drug use, the endeavour to gratify the basic social needs, and a shared set of values, which include a positive attitude towards heroin and specific styles of use, a heroin-using community, that is, subculture, is formed. Due to the illegal, stigmatised status of the shared activity, comprehensive secrecy of the subculture is required since it is fundamentally important for its survival. However, the upholding of far-reaching secrecy will partly conflict with the goals of attaining and using drugs, particularly amongst habitual and dependent users.

The motivation to fulfil the basic human desire for social interaction and solidarity on one side and the want for drug use on the other urge consumers to harmonise their conflicting needs and aspirations. These needs and aspirations are therefore integrated into normatively regulated social behaviour. Consequently, drug use is integrated in a subcultural set of rules and rituals that ultimately aim at the preservation of the subculture. In line with Grund's account, the majority of such rules, rituals, and values is implicitly enacted and seldom explicitly spoken about.

Amongst his study participants, Grund found that the majority purchased their heroin (and other drugs) at so-called house addresses, partly inhabited, partly vacant flats. House addresses are described to function not only as locations for drug business but also as 'pub-like' socialising places where drugs can be used and friends can be met and made. Typically, house addresses are organised and run in accordance with 'house rules' that ensure undisturbed and harmonious drug trade and intake. Restricting the number of people present is reported to be a common rule to increase the dealer's ability to control the situation, to maintain a low profile and to facilitate a harmonious, friendly atmosphere. Although users known to the dealers seem to enjoy general access advantages, unknown users are also reported to be in a position to purchase drugs. By restricting the number of users per dealing occasion while permitting basically everyone who is interested and willing to comply with the given rules to partake, the regulations seem similar to those of the commercial peak phase.

At the time of the study, the Rotterdam police were apparently well aware and informed of many house addresses and related activities. However, according to Grund's report, they tolerated their existence as long as they remained unobtrusive and did not attract public attention. The relative tolerance on the part of the police towards the existence of a low profile heroin scene is reminiscent of the way the Shetland police apparently 'turned a blind eye' to the existence of the small, secretive, and socially non-disruptive heroin subculture between the 1980s and mid-1990s

(cf. Part II, Sect. 8.3.3). Interestingly, Spunt asserts similar police tolerance concerning the contained, street-level heroin markets in New York throughout the 1970s (2003). He states that during this period, very little police intervention interrupted the functioning of the markets.

According to Grund, the most explicit social ritual within the subculture represents the sharing of drugs, which is fundamentally based on the rule of 'share what you have' and could be designated as a 'natural ritual' (Collins 1989). The sharing rule serves to provide mutual assistance and counteracts the occurrence of withdrawal symptoms in physically dependent users when drugs or money are scarce. It also creates a special bond, fosters trust, and smothers conflicts between users, which again reinforces the group identity and the stability of the subcultural social structures (Sandoval 1977). Simultaneously, in- and out-groups are defined (Becker 1963), and adverse side effects of drug use are counterbalanced (Young 1971; Zinberg 1984). Although Grund also speaks of *in-* and *out-groups*, these labels seem to imply less strict exclusiveness than they do in the Shetland study. He maintains that drug sharing represents a universal feature of drug subcultures including both occasional and heavy users (cf. Sandoval 1977). The description of the sharing ritual is very much reminiscent of the Shetland-typical 'bouncing off each other' (cf. Part II, Sect. 7.3.3.2, p. 167): Users take turns giving and taking in relation to their respective drug or money situation whereby an ultimately equalised balance is aimed at.

As a further manifestation of the sharing rule, Grund describes the common ritual of getting together in groups of two and more friends or sometimes acquaintances in order to obtain the maximum amount of drugs possible, since quantity and price are inversely related. He refers to this practice as 'pooling money' (p. 118). This ritual exhibits a similarity to the 'small group supply' described with regard to the present study (cf. Part II, Sect. 7.3.3.2).

By breaching the sharing rule, by denying access despite the possession of sufficient amounts of drugs, or by repeatedly asking for drugs without returning the favour, users can lose status and obtain a bad reputation within the subcultural network. Severe breaches or irregularities Grund refers to as 'junkie behaviour'. Similar dynamics are also reported by the participants of the Shetland study with regard to island users behaving in an antisocial or sordid way. The historical perspective of the Shetland scene shows that the exact definitions of breaches are determined by the respective era and its associated values, norms, and rules. Moreover, norms and rules vary across the sub-scenes and groups of one era.

Consistent with Grund, the sharing balance between users is determined considerably by the overall availability of a drug and an individual's access to it. In accordance with the author's argument, scarcity fosters selfishness. Therefore, the users who tend to exhibit the highest ethical standards are those whose lives show a stable structure and who have easy access to drugs. With respect to the Shetland situation, this hypothesis needs to be modified. This assumption seems to apply to times when heroin was in general widely available, many people were using and addiction rates were high. However, in eras when only a few, exclusive groups were consuming heroin and supply usually took place in a non-commercial

fashion, the limited availability seems instead to have contributed to high levels of community-mindedness and the scene's overall stability.

Apart from restricted access to heroin, Grund presents severe addiction, intrusive police intervention, and a lack of a structured life as factors that can impair social coherence and the realisation of mutual care (pp. 247–251). The first two aspects also seem to have affected the degree of overall community-mindedness in the Shetland heroin scene during the commercial peak and the current fragmentation. The third seems to apply to the Shetland situation only to a minor degree, as will be illustrated later on.

Shetland and Rotterdam heroin users equally mention the option to buy drugs 'on tick'. In both studies, such privileges appear particularly prevalent amongst users with special trusted relationships to dealers, a phenomenon also found in interviews with incarcerated drug dealers and users (Coomber 2003). 'Being special' or 'belonging to the golden people' has been reported to significantly increase a user's accessibility to heroin in Shetland (cf. Part II, Sect. 7.3.2.3, pp. 164–165). Grund points out that some users 'do almost everything' to gain privileges such as drugs on credit or for free. This reflects the attitude of the 'skag slags' as described by one Shetland interviewee (cf. Part II, Sect. 6.7.4).

Similar to Shetland heroin users and in contradiction to conventional wisdom (cf. Harding and Zinberg 1977), Grund asserts that apart from a small minority, Rotterdam heroin users hardly tend to engage in criminal conduct with the exception of drug dealing (pp. 242–243). He explains this to be related to the 'Dutch conditions': The police often tolerate drug business transactions whereas they largely prevent other types of acquisitive crime by measures such as intensified property protection. As also relevant in this context, he views the general decline of bodily fitness gradually becoming more noticeable in the ageing heroin-using population.

Grund's notion of social contact, warmth, and solidarity being exemplified by the sharing ritual seems to correspond largely to the pro-social side of the community-mindedness concept. His accounts of in- and out-groups and the sanctioning of behaviour that is incompatible with the subcultural norms and rules indicate a sense of social control and exclusion. Thereby evidence is provided also for the social control side of the concept. Hence, Grund's results suggest the existence of community-minded attitudes and behavioural styles amongst urban, heavy drug users.

12.3 Lalander (2003): Hooked on Heroin: Drugs and Drifters in a Globalised World

Ten years after Grund (1993), Philip Lalander published his investigation that is likewise based on ethnographic interviews and observations within a heroin-using subculture. He describes the aim of his study as exploring the logic and rules of the subcultural world surrounding a drug that is characterised by both stigmatisation and life-threatening properties. His 25 participants – all referring to themselves as being addicted to heroin – are aged between 17 and 30 and include 18 men and seven

women. Most interviewees report injecting as their main route of administration and thereby differ from Grund's sample.

What does Lalander say with respect to the role and function of community-minded attitudes and demeanours as well as related norms, rules, and rituals within the subculture of his sample? Lalander determines from his interviews, that the secrecy concerning the social world of the subculture and all associated activities plays a central role. Similar to Grund, he points out that due to the illegal and stigmatised status of heroin, the encompassing scene has to be concealed carefully in order to ensure its survival and to avert stigmatisation of its members. Hence, subcultural members need to remain 'invisible' (p. 100), that is, behave unobtrusively and avoid perceivable signs of physical deterioration. States of severe addiction should therefore be prevented. The fear of social stigmatisation and arrest by the police and the consequent importance of secrecy are of central importance not only amongst the participants of the Rotterdam but also of the Shetland study. Here, it needs to be born in mind that the degree of secrecy maintained by users and dealers varied between eras.

Apart from this basic functional component, secrecy also holds a fundamental meaning for the subculture's social structure, mentality, and atmosphere. Lalander compares the subculture to a societal cave accessible only to members of the collective. This exclusiveness creates a strong in- and out-group effect, and the feeling of togetherness amongst the in-group is enhanced (cf. Goffman 1959/1974). Inside the cave, the option is given to jointly create a problem-free existence of a harmonious family without conflicts and expectations from each other.

According to Lalander, this secretive condition promotes a strong tendency to ritualise subcultural activity: On a functional level, rituals aim to control drug use regarding adverse effects (cf. Jackson-Jacob 2001) and the development of addiction. On a symbolic level, rituals strengthen the bonding aspect of the collective experience. This experience is further intensified by the scarcity and exclusiveness of the mythologized good 'heroin'.

For a subculture to operate successfully, it needs internal order, coherence, and structure (cf. Douglas 1970), which are achieved and maintained by its members' adherence to what Lalander calls a 'grid' of values, norms, and rules (pp. 58–59). The grid serves to ensure trust in each other and the system, to govern interaction between users, and to regulate social relationships and the subcultural hierarchy. The combination of norms, rules, and rituals promotes smooth and warm togetherness, which Lalander designates as 'the cosiness of heroin use' (pp. 49–50; pp. 52–53; p.56). This spirit can be created through, for example, 'flat sitting': The ritualised consumption of heroin, performed collectively and exclusively in the flat of a subcultural (in-group) member provides the opportunity to take off one's 'mask' and be oneself. Through using drugs together, users show each other more of their true, naked selves (p. 50). This allows them to feel very close to each other. Lalander underlines that drug users are not different from any other human beings in the sense of 'liking to get cosy' with each other (p. 50). This statement is reminiscent of Grund's supposition of the universal human need for social warmth, solidarity, and interaction described above. The commonly described ritual of 'collecting money'

for group orders also bears similarities to Grund's and thus the Shetland observations (cf. 'pooling money' and 'small group supply', respectively). Typically, the collectively obtained heroin is consumed on group occasions, such as during sessions of 'flat sitting'.

Besides protecting the survival, the social structure, and the functioning of the subculture, the grid also preserves a friendly, social atmosphere. This atmosphere permits the generation of the desirable 'cosy' feeling between user mates, which seems to correspond to the pro-social aspects of the community-minded spirit.

The tendency to create mythologies around the 'exclusive commodity heroin' as well as the 'cosiness of using heroin' both remind of the ideational heroin consumption within many user groups in Shetland throughout the 1980s, the '*original crew*', as well as other occasionally using groups at the present time. In this respect, the impression is given that an ideational and persistently warm social underpinning of group heroin use is most likely to occur when using patterns remain casual and controlled. When, however, addiction becomes an issue within a user group, the playfulness often tends to be smothered, as heroin use starts becoming a 'serious business'. Nonetheless, the preservation of social norms, such as solidarity and care for each other – that is, community-mindedness – and the overall collective spirit, is frequently upheld. These values only seem to decrease when heroin becomes a 'serious *individual* business', and users begin to prioritise selfishness over social norms. This becomes more likely when addiction rates begin to escalate.

Rules explicitly outlined by Lalander include 'not fixing a virgin', that is, assisting a novice in their first heroin use, not selling to underage persons, not informing on other members of the subculture, and antisocial behaviour in general (p. 92). Some Norrköping heroin dealers apparently stick to dealing exclusively to addicts, thus radically minimising the risk 'of fixing a virgin'. Moreover, if a member's drug use becomes too heavy, the person is sanctioned by exclusion from the subculture, as the secrecy and internal balance of the collective are threatened. Lalander explains that for 'doing drugs with honour and style' (pp. 85–110), that is, adhering to norms and rules of the grid and thereby living up to the code of honour of the subculture, users are rewarded with a high subcultural status and consequently a positive self-image. As long as the individual interests and goals do not prevent the enactment of the 'grid' or the set of social rules, norms, and sanctions, then the overriding group goals will have priority and the subculture can maintain its internal order and function as a whole.

The central significance of upholding a sophisticated set of values, norms, rules, rituals, and sanctions in regulating social relationships, preserving the smooth operation and ultimately homeostasis of the subculture can be found in all three studies. The norms and rules outlined by Lalander partly show a striking similarity to the values and regulations of the '*old school users*', which radically lost influence during the commercial peak era.

The functioning of the grid and thus the maintenance of a companionable, social, and friendly spirit within the heroin scene is threatened, Lalander asserts, when many subcultural members simultaneously increase their heroin consumption and develop an addiction (cf. Young 1971). For many, the costs of drug use start exceeding

their incomes and heroin becomes an extremely limited commodity. The consequently unsatisfied demand starts challenging the subculture's social bonds, the solidarity attitude, the social order, and thus the subculture's homeostasis. According to Grund's hypothesis, the restriction in availability of heroin is the actual cause of the threat to the subcultural homeostasis. Lalander, on the contrary, regards the situation as more complex. He contends that when the rule system that serves the regulation of using patterns and social relationships is abandoned, the trust, essential for the preservation of the grid, is affected or even destroyed. When the grid is weakened, users begin to follow their own rules and selfish impulses while interacting with each other. The combination of the addiction-related strong urge for heroin in many members, the generally disproportionate scarcity of heroin, and the overall weakening of the grid, induce an overriding selfish and dishonourable spirit in the subculture. This trend is further reinforced by a shift from smoking to injecting, since a syringe cannot be shared in the same way as a foil. On the one hand, injecting is associated with the risk of hepatitis or HIV infections and, on the other hand, equitable sharing becomes difficult. The 'social pastime becomes serious individual business' (p. 66) or, as expressed by Svensson, the collective project turns into an individual one (1996, 2000). Consequently, the 'group's intersubjective transcendence' is threatened, the social bonds lost and life within the subculture, with its original aim to provide a space of freedom, becomes socially unpleasant (p. 67).

In the Shetland study, this internal order has been referred to as 'internal balance'. Its maintenance can be regarded as having lasted throughout the first three eras – the early days, the era of the old school, and the period of contained commercialisation – before it disintegrated in the commercial peak and was apparently regained in parts during the current fragmentation.

All in all, Lalander's study results provide many repetitions of what has already been outlined by Grund and in the context of the Shetland study. Grund allocates the motivation for treating each other in a community-minded style primarily to the universal human need for social closeness. Similarly, Lalander attributes importance and relevance to the human desire to get 'cosy'. However, he presents the enactment of community-minded manners to the universal and ultimately essential need for a congruent and honourable self-image. A means to this end constitutes following the grid.

12.4 Kemmesies (2004): Between Intoxication and Reality – Drug Use in the Bourgeois Context¹

In contrast to his two predecessors, Uwe Kemmesies' investigation predominantly relies on semi-structured interviews with 11 occasional, controlled heroin users, who all report bourgeois living situations and above-average levels of education.

¹Translated by author, original title: Zwischen Rausch und Realität – Drogenkonsum im bürgerlichen Milieu.

Participants are aged between 21 and 50 with an average age of 30. Two-thirds are male and one-third female. Some interviewees describe restricted phases of heavier, less controlled using patterns, but never complete loss of control over their lives. Apart from a few limited periods in some interviewees' accounts, no one states having ever *needed* heroin psychologically or physically. Quite the reverse, the descriptions of typical using patterns exhibit a high adaptability regarding financial costs and risks in general.

From the interview accounts, Kemmesies infers that amongst groups of socially and economically well-established, well-integrated, and controlled heroin users, the consumption of heroin tends to carry the meaning of dissociating oneself from the mainstream culture. Such occasional heroin users he allocates to the 'self-actualisation milieu' ('Selbstverwirklichungsmilieu', p. 273), which is characterised by lifestyles that oscillate between different 'spheres of everyday aesthetics'. These spheres embrace, for example, domains of classical, rock, and other music, art, philosophy, and different types of action, such as the use of an illegal, deviant, and stigmatised drug-like heroin. Typically, everyday life of individuals belonging to this milieu involves swings back and forth between conventional and unconventional social worlds, whereby the sufficient and satisfying fulfilment of conventional roles is principally prioritised. Conventional roles refer to areas of life such as job or education, family, friends, and hobbies. Kemmesies asserts that within the subcultures of the bourgeois, controlled heroin users interviewed for his study, drug consumption represented an expression of intensive social interaction determined by a respectful, warm, social, that is, community-minded atmosphere.

Kemmesies' elegantly cultivated illustrations and explanations of a bourgeois-bohemian heroin subculture seem to be comparable to the user circles of the two older occasional heroin users of the Shetland study. To refer to the use of heroin as an 'ontological experiment' (cf. Part II, Sect. 7.2.5.1, p. 154) would also match the context illustrated by Kemmesies. The impression is conveyed that amongst bourgeois heroin users, to which group the two older occasional users could also be allocated, the consumption of heroin constitutes a carefully planned, very consciously enacted, and stylish social activity.

Kemmesies asserts that the conscientious integration of heroin use into their lives while preventing clashes with other areas of life principally suffices as a measure to maintain controlled and occasional using patterns. Hence, explicit control rules, such as those described by Grund, Lalander, and the author of the present study would not be necessary. If the most implicitly adhered rule would be formulated explicitly it would read: Only use heroin in your leisure time and in such a way that it does not interfere with any other aspects of your life. Other more *im-* than explicitly followed rules refer to an optimal using setting or the achievement of the maximum possible pleasure gained from the heroin-induced intoxication. Accordingly, caution is taken regarding suitable consumption doses and adequate conditions regarding set and setting (cf. Zinberg 1984).

Generally, the using frequencies within the sample remained below the risk of developing physical addiction or losing control over using patterns. However, a few of the participants affirm for a limited period to have used more intensely than they

felt they should have to maintain order in their lives. Still, after some time, these users regained mastery over their heroin use without the aid of treatment, and they could avoid an actual loss of control over their lives. Characteristically, patterns of consumption showed a high 'elasticity' with the risk of being detected, spending too much money, or impacting negatively on one's life always considered (pp. 266–267).

For some interviewees, phases of abstinence or even complete abstinence resulted from a variety of different factors or a combination of these: The just mentioned deterrents could become too great and outweigh the benefits, loss of interest in the heroin high or loss of touch with heroin-using people could occur. Moreover, Kemmesies asserts that many heroin users reduce or stop the use of the opiate and of illegal drugs in general as they become older. Climbing the career ladder, starting a family, or having to live up to other increased responsibilities can be decisive in this context (cf. Winick 1962; Chen and Kandel 1995; Sifaneck and Kaplan 1995; Bachmann et al. 1997; Golub et al. 2004; Parker 2005). They begin to 'settle into their transformed lives' and 'arrange their drug use with' the changed responsibilities.

By and large, these regulations apply to all of the four occasional Shetland users. Variations exist across users as well as individual lives with respect to rules being ex- and implicitly abided by: The oldest man describes a phase in his life when he used more frequently than he typically did throughout his using career. During this time, he had to take conscious care not to develop a physical or psychological dependence. This period resembles the 'temporarily losing and subsequently regaining control' described by some of Kemmesies' participants. For the two younger men, the situation always seemed to be that friends would occasionally invite them, and 'not looking for heroin' was a sufficient rule that prevented them from using more than they could easily control. Like some of Kemmesies' interviewees, one of the two younger men lost touch with the subcultural context in which heroin and other drugs were used and consequently stopped using. The woman ceased and did not resume her use after an aversive, deterring experience.

Although amongst the Shetland users the most and greatest congruencies and intersections with Kemmesies' study participants are clearly found in the occasional users, the accounts of the socially well-integrated and employed heavy users also show many parallels. All of them state having gone through phases when they felt they could not continue consuming heroin habitually while fulfilling the responsibilities of their job, education, and social and family life. Whereas two men state having regained control over their heroin use and lives on their own initiative, the others sought help at the Shetland drugs project.

With respect to secrecy measures, the participants of Kemmesies' study are depicted as taking very similar precautions to the bulk of users in Grund's, Lalander's, and the author's study. Kemmesies points out that the social visibility of drug use generally depends on the degree of stigmatisation and illegality of the substance. Hence, the actually observable and anticipated reactions of the social environment strongly determine the style of handling heroin use, purchase, and sale: The more a person has to lose in terms of job and status, social relationships, and other important areas in life, the more secretive they will handle their heroin involvement. The same proposition has been made by the author in Sect. 7.2 of Part II.

Another parallel to the Shetland and therefore the Rotterdam and Norrköping study is found with respect to ‘small group supply’ and ‘small-scale dealers’. Kemmesies’ asserts that the occasional users of his study largely engage in these types of heroin transactions. Amongst Grund’s and Lalander’s participants, small group supply and small-scale dealing constitute common but not the only kinds of drug transactions. Similarly, this applies to the Shetland interviewees, whereby during the first and the last documented era – the early days and the current fragmentation – these business styles *were* seemingly the only trade styles. Kemmesies explains that amongst his interviewees, heroin trade and use is confined to small circles of trusted friends and acquaintances and performed in secretive, hidden, and private societal niches in order to minimise the social visibility and the risk of detection. He describes the non-commercial collective orders of the small groups that have also been described in similar ways by Grund, Lalander, and the author of the Shetland study. In addition, he underlines that the heroin dealers within the bourgeois milieu are, apart from selling drugs, law abiding, socially integrated individuals. Interestingly, Grund provides comparable illustrations concerning the hardly criminally involved members of the semi-open heroin subculture he investigated, although most used daily and habitually. With their heavy using styles and their affiliation with a semi-open heroin scene that partly functioned as a community of purpose rather than of ideational social objectives, this subculture corresponds to the stereotype of a criminally associated, urban heroin scene.

In contrast to the other three investigations, Kemmesies’ focus lies more on user circles and individual users than on the overall subculture. This might be explicable in terms of the micro-social activities within scenes of occasional heroin users occurring more on a small group level than on a subcultural level. The reason seems to be that, apart from purchasing heroin, many occasional, socially integrated heroin users distance themselves from the overall scene in order to avoid contact with less controlled or criminally active consumers. Motivations are typically protecting both their own using control and the stability of their social integration. Hence, they tend to be more active at the ‘peripheral edge of the scene’ (cf. occasional user **Christian** cited in Sect. 7.3.2.1 of Part II, pp. 162–163).

12.5 Self-regulation of Heroin Use and Heroin-Using Subcultures

12.5.1 Scenes of Occasional Users

As has been described, the occasional heroin users in Kemmesies’ examination controlled their opiate use by abiding to the partly implicit, partly explicit rule of using heroin only during leisure time and in a way that does not interfere with any other areas of life. Relative to the person’s overall life priorities, heroin use is usually given a subordinate position. Since these consumers largely avoid developing

addictive patterns of use and consequentially, self-oriented, egoistical styles of interaction, community-minded manners can usually be preserved without significant problems. Therefore, the internal order and homeostasis of the sub-scene tend to be relatively immune to threats from 'within' (cf. Lalander 2003, p. 58). External threats, such as detection by the social environment or the police are minimised by consciously and carefully maintained secrecy. Since all drug business is usually hidden and takes place only on an occasional and quantity-restricted basis, the visibility of the scene is typically reduced to an unnoticeable minimum. These guidelines correspond to the accounts given by the four occasional users of the present study (cf. Part II, Sect. 7.2.5).

12.5.2 Scenes of Heavy, Habitual Users

The internal equilibrium of subcultures of heavy, habitual heroin consumers, as presented by Grund and Lalander and the author of the present study concerning, for example, groups during the contained commercialisation and particularly the commercial peak, appears considerably more fragile. Grund developed a feedback model of a circular reinforcement chain, explaining under which conditions the self-regulation of drug use can successfully be achieved: Drugs need to be available in sufficient amounts to satisfy users' demands; otherwise, users will become 'fixated on obtaining drugs'. This fixation inhibits the formation of norms, rules, rituals, and sanctions related to community-mindedness and control, hence causing subcultural members to adopt selfish 'junkie manners' (cf. Sect. 8.5.7.6, Part II). Thus, self-regulation requires the maintenance of, in social terms, high ethical standards that depend on the relative stability of a user's life structure. According to Grund, the adherence to pro-social rules and rituals, the availability of sufficient amounts of drugs, and a stable life structure are the three elementary components permitting control over the use of heroin and all other illicit drugs. The homeostasis of the surrounding subculture depends on the degree to which its members successfully self-regulate their drug use. That a user is forced to engage with criminalised social structures through which he (involuntarily) comes into contact with uncontrolled users is considered by Grund to be a fundamental problem with the illegal status of heroin. Furthermore, consumers have to deal with stigmatisation and ostracism, which also affect the stability of their life structure.

With respect to the necessity of a stable life structure, the cultural norms should be taken into account. According to a Shetland drugs worker, the 'extreme contrast of mad and uncontrolled partying and organised, together working life' is a characteristic of the lifestyle of many Shetlanders. To a certain extent, 'living life on the edge' with excessive poly-substance use seems to constitute a Shetland norm (Stallwitz 2007, p. 261). Such a lifestyle may therefore destabilise a Shetlander considerably less than it would destabilise someone in a more abstinence-oriented culture. Hence, the level of life structure stability required for self-regulated, controlled heroin use seems to be influenced by the norms of the wider culture.

Furthermore, it has been shown that in Shetland, during the eras of the early days, the *old school users*, and the contained commercialisation, the externally restricted heroin availability contributed significantly to the overall control of the island heroin subculture. If in an open, commercial market system, such as the heroin market in Rotterdam at the time of Grund's study, a temporary heroin shortage occurs, the effect may negatively affect the stability of the surrounding subculture. However, in a relatively closed, planned economy, such as the first three heroin eras in Shetland, the effect of limited heroin availability appears to have a stabilising effect.

Lalander refers to the feeling of a 'harmonious family life' (see above), exemplifying a community-minded spirit, as an illusionary notion. This view might be created through the fact that the nature of the specific subculture, within which most of his participants apparently lived and acted, progressed from initially cosy, social, and honourable (community-minded) to largely self-oriented and antisocial. For the majority of his interviewees, the gradual moral degradation concerning behaviours related to the subcultural social network seems to have represented the norm. However, such a progression cannot be seen as universally valid, as shown by various groups of Shetland heroin users including the *original crew*, certain crowds of employed, heavy users, and many cliques of occasional users. To all appearances, numerous members of such groups have significantly contributed to maintaining the subcultural equilibrium over a period as long as two decades. Whereas the balance was upheld during the eras of the early days, the *old school users*, and the contained commercialisation, it clearly broke down during the commercial peak. The destabilisation of this equilibrium is thought to have begun as early as during the era of contained commercialisation. From Grund's specific perspective, such equilibrium tends to exist only within subcultural *factions* rather than in the overall heroin subculture. Moreover, he pictures its nature as relatively fragile and susceptible to external disturbances and ruptures, such as police intervention, heroin scarcity, or the accumulation of many users with greatly unstructured lives.

12.5.3 *The Role of Rituals*

The performance of rituals further strengthens not only the community-minded ethos but also the regulation of the subculture and individual heroin use. Rituals play an important role in the social interaction of subcultural members, especially during drug use and trade. The significance of rituals in controlling drug use situations has been demonstrated empirically and is well documented in the scientific literature (Zinberg 1984; Grund 1993; Strieder 2001; Weber et al. 1997). In their study on young people, the rave culture, and the associated use of drugs (primarily ecstasy, amphetamines, cocaine, and cannabis), Moore and Miles give drug use rituals an even greater significance (2004). Like other authors, they present drug use rituals as essential in regulating patterns of drug consumption. Additionally, Moore and Miles conclude on the basis of their qualitative findings, that young people can counterbalance

the multifaceted requirements of everyday life through the systematically structured dynamic of drug use rituals in the pre-club, club, and post-club setting. Moreover, they can create an arena for themselves in which they can experience stability in an ever changing, undependable world. In the context of religious research, the regulating function of rituals also seems to apply. McCullough and Willoughby found that treating certain goals as 'holy', significantly increases self-control and self-discipline. It also regulates impulses in general and alcohol and drug use in particular (2009). The internalisation of specific rules of conduct plays a crucial role. Therefore, engagement in organisations that adhere to certain ideals presumably also strengthens the self-control of atheists and agnostics. This proposition can also be transferred to the Shetland study demonstrated by the respective rituals of various user groups that have been outlined in Part II. Particularly detailed accounts are provided concerning the ideational settings in relation to the cliques of the two older occasional users (cf. Part II, Sect. 7.2.5) and the early heroin users in the 1970s and 1980s (cf. Part II, Sect. 8.2).

12.5.4 Conclusions on the Role of Community-Mindedness in the Self-regulation of Heroin Use and Scenes

As has become obvious through the comparison of the four studies, community-mindedness and homeostasis within drug subcultures seem to entertain a mutually dependent relationship: The community-minded spirit constitutes both a prerequisite for maintaining the internal equilibrium and is a consequence of heroin users interacting within an internally balanced subculture. Without a superordinate collective ideal, control over a subculture becomes very difficult or even unachievable. However, within an internally balanced scene regulated by a sense of community, members tend to naturally treat each other in pro-social, caring ways. This behavioural style and the corresponding attitude result from abiding by the relevant implicit or explicit social rules that are aimed at preserving the social foundation and thereby the overall subculture. An internally balanced heroin scene can exist in a socially integrated, unobtrusive way.

Thus, a causal chain can be determined: Internal homeostasis and societal integration of a heroin subculture depend largely on the existence of an overarching community-minded ethos. This ethos again relies on two other fundamental components: the carefully maintained and thorough secrecy regarding all heroin-associated activities of users and dealers and restrictions on customers and supply amounts enforced by dealers. The more closed the market of a heroin culture is, the more exclusive and controlled its nature and memberships will be. Consequently, the higher the levels of community-minded interaction between users, and users and dealers are, the more likely internal order and societal integration will be maintained.

Young has pointed out that the social structure of a heroin subculture, if socially cohesive and fed the necessary information, has the potential to control and counteract

the risks and undesirable effects of drug use (1971). Therefore, the socialisation of novices according to the 'lore of drug use' by experienced, typically older users is necessary (p. 33). The transmission of the lore of drug use, that is, the norms and rules related to safe and enjoyable drug use, from older to younger generations of users can be disturbed or even prevented by a rapid increase in heroin users. Consequently, the morality of the community-minded spirit can be subverted creating a state of anomie. Anomie refers to the lack or ineffectiveness of normative social regulations (Deflem 2007) that escalates to lawlessness and is characterised by deficient societal integration within the superordinate social structure. In accordance with Young's argument, anomic drug using situations can also occur when an individual is isolated from the subculture, a drug is newly introduced and no adequate norms and rules have yet been developed, or when a harsh social reaction disintegrates the originally viable subculture. With respect to the Shetland situation, an enormous increase in heroin users during the profit-oriented market system of the commercial peak seems to have interrupted the transmission and maintenance of norms and rules of social cohesion, control, and secrecy. After the repressive enforcement by the police, the overall heroin scene disintegrated into the current fragmentation, which lacks social cohesion and a superordinate spirit of togetherness and community-mindedness. Lucchini already emphasised these coherences in 1985. He points out that the fragmentation of a drug scene resulting from legal intervention or the massive influx of addicted users leads to a significant increase in drug use and addiction and aggravates individual and social problems. He provides the example of the fragmentation of the heroin scene in Zurich in 1983 after which the number of deaths caused by overdose rose spectacularly. The aggravation of heroin use-related problems after fragmentation the author attributes to the discontinuation of drug use-related social norms and rules previously practised within the scene.

By analysing the social organisation of drug markets and the dynamics involved in their emergence, the formation of the nature and internal structure of a heroin subculture can be further clarified. In this context, the theoretical analysis of UK drug markets and distribution systems, and their respectively different nature and internal structures are highly informative (cf. May et al. 2007; May and Hough 2004; McSweeney et al. 2008).

In a review of the literature concerned with the study of illicit drug markets, Ritter found that the definition of drug market varied according to the theoretical approach taken (2006). Within the scope of this book, 'drug market' refers to the social structures within which drug trade-related activities are performed. 'Drug scene' or 'subculture' embraces both the market structures and any drug use-related social structures, including associated behaviours and actions.

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Chapter 13

Explaining Drug Markets and Distribution Systems

13.1 Open and Closed Drug Markets

Based on a series of empirical studies concerned with ‘hard’ drug markets in the UK, May and Hough developed approaches to theoretically explain the nature and structure of drug markets as well as the trigger circumstances leading to changes and transitions (2004). Their findings and explanations are largely supported by the findings of similar British and US American research, as will be demonstrated below. Moreover, the empirical findings and the theoretical explanations will be related to the outcomes of the Shetland study. According to May and Hough (2004), the most prominent differentiator between illicit drug markets is their level of ‘openness’ (also see Duffy et al. 2007; McSweeney et al. 2008). ‘Open markets’ are defined as being ‘open to any buyer, with no requirement for prior introduction to the seller, and few barriers to access’. Closed markets, by contrast, are defined by the norm that ‘sellers and buyers will only do business together if they know and trust each other, or if a third party vouches for them’ (2004, pp. 550–551). The degree of market openness can be understood on a continuum with ‘open’ at one pole, ‘closed’ at the other, and numerous forms of gradations in between poles.

Corresponding with these definitions, the heroin supply system during the Shetland era of the early days can be typified as clearly closed, during the era of the old school as broadly closed, during the contained commercialisation as semi-open, during the commercial peak as open, and during the current fragmentation as closed again.

May and Hough explain that the transition from an open to a closed market system usually happens as a result of invasive police intervention, a proposition also supported by other British (e.g. May et al. 2000; McSweeney et al. 2008) as well as American drugs researchers (e.g. Curtis 2003; Spunt 2003; Brownstein and Taylor 2007). As a consequence of pressure exerted by the police, open markets typically transform into closed markets. The degree to which a market closes largely depends on the extent of the threat born by the police. Johnson, Dunlap, and Tourigny describe the evolution of the New York crack markets that changed from

open to closed systems after intensive police intervention (2000). An early example concerning the sudden visible expansion of a heroin scene in a Dublin neighbourhood between 1979 and 1981 is provided by O'Kelly et al. (1988). O'Kelly et al. trace the decisive fall in local heroin consumption rates after 1981 to the combined effect of intensive police intervention, increased public awareness, and expanded treatment options in the area. An alternative explanation is that the market (scene) went underground or shifted to another neighbourhood rather than vanishing (cf. Curtis 2003). Numerous authors have pointed out that ordinary police interventions can transform but never fully eradicate illicit drug markets (Curtis and Wendel 2000; Curtis 2003; May and Hough 2004; McSweeney et al. 2008). The markets generally tend to become closed, underground, and hidden to increase the level of internal control and hence become safer and more stable.

Similar transformations have been depicted regarding British drug markets (e.g. Hamid 1998; Edmunds et al. 1999; May et al. 2001a, b). This dynamic also applies to the Shetland heroin market that transformed from an open system during the commercial peak to the closed system of the current fragmentation after the capture of one of the major dealers.

A central stabilising characteristic of closed drug markets is that the seller and buyer know and trust each other (Curtis 2003; Spunt 2003; May and Hough 2004; McSweeney et al. 2008). The downside to this system for dealers can be the inability to maximise profits. For users, the downside is limited access to limited products, although these are usually of good quality. Nonetheless, empirical evidence suggests that a great number of both sellers and buyers prefer closed markets due to the significantly reduced risk of detection (May et al. 1999) and the generally very low levels of violence (cf. Spunt 2003). Mutual trust and the secretive, underground existence provide closed markets with considerably greater stability than visible, commercial, and anonymous open markets. However, dependent users tend to push for the accessibility of drugs '24/7' in order to satisfy their cravings, an option not feasible within the scope of closed markets (May and Hough 2004). This desire has also been stated by some of the originally urban participants in the Shetland study (cf. Part II, Sect. 6.8.1, p. 127). May and Hough claim that although dependent users represent a very small percentage of the overall drug using population, the extent of their use is so high, that they account for a very significant proportion of all illicit drug sales (cf. 'prop the whole thing up', Part II, Sect. 7.3, p. 160).

The assumption that party and dance drugs, such as ecstasy, tend to be sold in pubs and clubs where most of the illicit drug buying in the UK supposedly takes place (Ruggiero and South 1995) is also supported by the Shetland findings (cf. Part II, Sect. 5.2.4).

13.1.1 Social Network Markets

Closed markets have frequently been found to be organised as social network markets, which are based on privately performed drug transactions between friends or

fellows and might constitute the most popular kind of drug supply (May and Hough 2004; McSweeney et al. 2008). This supposition is exemplified by a report from the Office of National Drug Control Policy in Washington, DC. According to this report, heroin dealers are often older, heroin-using students, who sell to fellow students they know (ONDCP 1997).

The above model of social networking markets corresponds to the commonly described ‘small group supply’ structure amongst Shetland heroin users (cf. Part II, Sect. 7.3.3.2). Across the different eras of the Shetland heroin scene, the prevalence of this type of drug distribution differs. Presumably, its relative frequency was highest during the early days and the current fragmentation, although an estimate of the absolute numbers remains inconclusive.

13.2 Recent Developments Within Drug Markets

Consistent with May and Hough, the capacity of illicit drug markets to adapt rapidly has increased enormously due to the increase in mobile phone use since the 1990s. Therefore, the authors view the findings of ethnographic drug market research conducted before the mid-1990s to be limited in their validity regarding the functioning of today’s markets. This assumption is limited to street-based, open, or semi-open urban markets. With respect to the Shetland heroin market, the rise in mobile phone usage in dealing did not bring about such a significant change. The island heroin market is described as always having been focussed on private, personal indoor locations, such as dealers’ or users’ flats, and to have depended on phones that were later replaced by mobile phones. May and Hough explain that the buyer now tends to phone the seller according to which a meeting point is arranged (cf. Chatterton et al. 1995; Edmunds et al. 1996; Hamid 1998; Curtis and Wendel 2000). Otherwise, drugs are delivered to a private flat or another place by a ‘runner’ (distributor), a delivery system outlined by a Shetland participant with regard to the era of the contained commercialisation and the commercial peak (cf. the client *Gerry* in Part II, Sect. 8.4.4.3, p. 221).

The terms used in the cited literature and the Shetland study are clarified here: In the literature, the retail level corresponds to the level of the respective mainland suppliers (e.g. the Liverpool connection during the commercial peak). The distribution level corresponds to the level of the main dealers or dealer groups, and ‘runners’ are the equivalent of the Shetland distributors. The distribution level is also often referred to as the ‘middle level’ (cf. May et al. 2001a, b; May and Hough 2004; Pearson and Hobbs 2004; McSweeney et al. 2008) or ‘mid-level’ (Curtis 2003).

With regard to the crack, cocaine, and heroin markets in New York, the use of home deliveries is presented as a relatively recent development (Curtis 2003), hence possibly co-occurring with the emergence of this practice in Shetland.

13.3 Different Market Systems

On the basis of different studies on UK drug markets, the existence of two major types of drug distribution systems at the middle level with various gradations in between have been suggested (May et al. 2001a, b; May and Hough 2004; McSweeney et al. 2008):

- A highly structured pyramidal system (as during the contained commercialisation phase)
- A fragmented, non-hierarchical entrepreneurial market with minimal structure (as during the current fragmentation period)

Corresponding to May and Hough (2004), in the early 1980s, many inner city drug markets in the UK operated as closed, pyramidal markets with a top-down hierarchy and several suppliers acting as a consortium. Control over the internal order of the distribution structure was typically achieved with the threat of violence. Uncertainty exists regarding the prevalence of the second model in the UK in the past and both models at the present time (McSweeney et al. 2008). Notwithstanding, some evidence implies a relatively recent shift to more open and entrepreneurial networks of individuals without the traditional formal connections, norms, and values (cf. Zhang and Chin 2003). Correspondingly, current drug markets have been referred to as disjointed and fragmented, with the active players at all levels only having a restricted overview of the wider market operations (Matrix Knowledge Group 2007).

The fragmented, free market system is characterised by several dealers working independently. Violence may occur due to the lack of social cohesiveness and commitment, rather than as a means of control. Apart from being caused by police intervention, the transformation of markets can also be triggered by different geographic, social, and economic changes and developments on the local, regional, national, and global level (Curtis 2003; also see the ‘conditional matrix’ (Strauss and Corbin 1998) presented in Sect. 3.4 of Part I).

13.3.1 *Different Styles of Dealing Within a Market System*

With regard to the actual style of drug trade at the middle level, Natarajan and Belanger have distinguished four types of dealing systems (1998):

- Freelancers: small, non-hierarchical, entrepreneurial groups
- Family businesses: cohesive, clearly structured, groups with strong family or social (added by the author) ties
- Communal businesses: flexible groups bound by a common tie
- Corporations: large, formal hierarchies with well-defined divisions of labour

According to these classifications, the supply structure during the early days appears to have been that of a communal business and during the subsequent era of the old school a combination existed of a family (without blood relationships) and a communal business. The contained commercialisation period could be classified

as a socially oriented, relatively controlled corporation and the commercial peak as a corporation, although how far the division of labour during the latter era could be regarded as ‘well defined’ remains unclear. The freelancers seem comparable to the small groups organising their own supply that apparently existed throughout all five eras of the Shetland heroin scene and prevailed during the current fragmentation period.

13.3.2 Organisational Structure and Social Cohesion of Drug Markets

May and Hough classify the organisation of drug markets in terms of the ‘twin dimensions’ structure (degree of autonomy and hierarchy) and group (degree of cohesion and communication) often applied in anthropological research (Douglas 1982; Rayner 1992; Tansey and O’Riordan 1999). Accordingly, strong group ties with little structure tend to lead to communal or egalitarian markets (corresponding with ‘communal businesses’ as during the era of the early days). Groups with a pronounced structure lead to hierarchical groups (corresponding with ‘family businesses’ as during the era of the old school). Weak group ties with little structure lead to individualist or entrepreneurial markets (corresponding with ‘freelancers’ as during the current fragmentation), and finally, groups with structure lead to hierarchical markets (corresponding with ‘(large) corporations’ as during the contained commercialisation and the commercial peak) and well-organised ‘family businesses’. The market organisation in compliance with these dimensions is shown in Table 13.1. The five eras of the Shetland heroin scene are classified accordingly.

It has been emphasised that friendship ties can be influential on both the retail (Pearson and Hobbs 2004) and the distribution level (Akhtar and South 2000). Scientific evidence suggests that hierarchical and entrepreneurial market structures with weaker friendship ties bear a greater risk tolerance than communal structures (cf. Dorn et al. 1998). This argument is also supported by the Shetland findings when comparing the extreme control, caution, and secrecy exercised during the eras of the early days and the old school with the big-scale dealing of the contained commercialisation and especially the uncompromising wholesale supply of the commercial peak. During the two eras of corporate market systems, risk management tended to be organised top-down by the main dealers.

13.3.3 Community-Minded Norms According to Organisational Structure

As can be inferred from the table above, the greatest degree of a scene-overarching community-minded ethos in terms of social care, control, and exclusiveness within a heroin scene is possible when the underlying market system is one of high group cohesion and low hierarchical structure. Such conditions existed during the early

Table 13.1 Typologies of market organisation (Based on Schwartz and Thompson (1990), complemented by the author)

	Low group cohesion	High group cohesion
High structure	Isolated-opportunistic systems No strategic or tactical control over risks (commercial peak)	Hierarchical systems Acceptance of risks if under tactical control (contained commercialisation)
Low structure	Individual-entrepreneurial systems Acceptance of risks if they offer opportunities (current fragmentation)	Communal-egalitarian systems Avoiding of risks which tend to be shared (early days)

days in Shetland. The lowest level exists when the subculture relies on a system characterised by low group cohesion and high structure, such as during the commercial peak era. Under such circumstances, users tend to focus on their own interests, and space is created for the development of selfish norms (cf. Grund 1993; Lalander 2003 discussed above). The extent of a superordinate community-minded spirit is likely to be comparably low under the conditions of low structure and low group cohesion, as during the current fragmentation. However, the level of group cohesion and community-mindedness within the individual-entrepreneurial systems ('small groups') can (at least partly) be as high, as the interviews with the Shetland heroin users suggest.

13.4 Trajectories of Illicit Drug Markets

In contrast to the widespread belief that illicit drug markets are supply-led, several British studies suggest they might rather be demand-led (cf. Parker et al. 1998). An interactive, dynamic relationship between supply and demand seems most likely (May and Hough 2004). Therefore, endeavours to reduce the supply often do not lead to the intended aim of reducing the prevalence of drug use. Furthermore, different authors have emphasised that drug markets and associated problems can never be controlled effectively by police enforcement alone since they are very flexible in adapting as described above (e.g. Coomber 2004; May and Hough 2004). Apart from law enforcement, various other complexly interwoven socio-cultural, economic, and geographic factors cause their continuous change, as has been demonstrated in the preceding sections as well as in Part II when portraying the empirical findings of the present study. Therefore, May and Hough emphasise that the course an illegal drug market will take in the next 5 or 10 years cannot be predicted reliably (2004). Coomber points out that with the currently widespread scientific methods of mapping drug markets only restricted knowledge can be gained regarding the future trend of a specific drug market. Furthermore, he stresses the necessity to overcome our common stereotypes regarding drug use, users, markets, and their interactions (2004). Agar points out that no one quantitative or qualitative approach can be

sufficient when researching trends of heroin markets and scenes but that a variety of many different sources needs to be consulted in order to obtain a comprehensive picture (1999).

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Chapter 14

Historical Transitions of Urban Drug Markets and Scenes

14.1 New York Heroin Culture

New York is the only place in the world where detailed ethnographic work exists on the nature and historical developments of local heroin scenes (cf. Curtis 2003; Spunt 2003; Preble and Casey 1969; Feldman 1968). Although the empirical and theoretical work on British drug markets presented and discussed above provides important and applicable information on the organisation of drug markets as well as the dynamics involved in transitional processes, it lacks a comprehensive historical perspective. Further, it only touches upon a local, regional, national, and global analysis of the cultural, geographic, and socio-economic circumstances in which drug markets are embedded. The existing British literature allows only partial understanding of the overall markets researched, as also pointed out by Ross Coomber (2004). Furthermore, the exclusive focus on ‘market’ omits the social structures of the scene, that is, all social activity beyond pure drug business as illustrated by, for example, Curtis (2003), Spunt (2003), Preble and Casey (1969), and Feldman (1968). The historical perspective of the Shetland study, illustrated in Part II, Chap. 8, attempts to compensate for these shortcomings of the British drug literature.

In the following section, the progression of the New York heroin market and scenes (as exemplified by different ethnographic investigations) will be described in the relevant detail. Several reasons account for the importance attributed to the New York research. On the one hand, the cited ethnography of heroin scenes in New York represents basically the only research comparable in style and technique to the historical outline of the Shetland heroin scene as presented in Chap. 8. On the other hand, New York is frequently reported as the city with the earliest and, for a long time, the biggest open and illicit heroin subcultures (cf. Preble and Casey 1969; Young 1971; Curtis 2003; Spunt 2003). In comparison, Shetland constitutes a location where heroin use and trade – especially in a widespread, notable form – started relatively late and were always performed indoors. Regarding the geographic, cultural, and socio-economic particularities, the huge metropolis of New York

embodies a location that could hardly be more removed from the remote, small island community of Shetland. New York is often referred to as trendsetting with respect to cultural and subcultural developments, including drug subcultural innovations. Comparing the heroin scenes of these two extremely contrasting places has the potential to arrive at far-reaching and generalisable conclusions about the nature, structure, and historical transitions of heroin subcultures.

14.2 Heroin Markets and Scenes in New York

During the 1920s, New York was apparently the first location in which illicit heroin markets and scenes formed (Spunt 2003). The typical American heroin user of that time is described as being a young, white, male living in a New York slum neighbourhood (Musto 1987). World War II apparently put the New York heroin markets on hold before extensive use was resumed in the 1950s (Spunt 2003).

In most parts of New York, heroin trade and use took place in a private, personal, and often amicable manner throughout the 1950s and 1960s (Curtis 2003) that are reminiscent of the family and communal businesses described above. In many areas, drug use was restrained by social controls and a strong sense of community-mindedness, and heroin users apparently tended to be well dressed, educated, and employed. Hence, the structure and nature of the market might be suggestive of the era of the early days in Shetland and thereby of a global heroin trend that reaches different locations at different times, as suggested by interviewees cited throughout the empirical Part II (also see Bean 1994; The Royal College of Psychiatrists 2000). According to other ethnographic studies, throughout the 1950s, heroin use was also common amongst white teenage gang members and individuals involved in organised crime (Cohen 1955; Preble and Casey 1969). The manifestation of the trend obviously depends on the respective macro- and micro-social particularities given in each case.

The 1960s and early 1970s are depicted as a period of widespread and increasing heroin use and availability determined, amongst other factors, by the growing involvement of diverse ethnic groupings (Spunt 2003). However, the extent of heroin consumption appears to have remained relatively stable throughout the 1970s and 1980s (Curtis and Wendel 2000).

In the 'heroin project', a 5-year ethnographic study of the New York heroin scene, Barry Spunt illustrates the transformation of the heroin market from a relatively closed, contained market in the 1970s to an open, anonymous, profit-oriented corporate supply system in the 1980s when a new type of heroin dealer emerged (2003). As a result of the emergence of yet another new generation of young, mainly socially integrated middle class, employed heroin users and the result of intensified police intervention, the bulk of the market became closed again in the 1990s. Since the 1990s, much of the supply is apparently performed through relatively small social units with dealers and users who know each other and entertain companionable, trusting relationships, as in the 'social network markets' described by May and

Hough (2004). Use is often performed non-intravenously, occasionally, and casually. More traditional clusters of homeless, nomadic users, who, in contrast to the new young scene members, tend to be involved in petty acquisitive crime and prostitution are reported to coexist within different ethnic groupings. The historical course of the New York heroin scene described by Spunt shows certain resemblances to the developments of the Shetland scene in relation to the transition from a contained, social, and closed market to an open, self-servingly oriented, commercial market and the eventual shift to a fragmented social network market system.

In contrast to the relatively general sketch of the developments of the overall New York heroin markets given above, Ric Curtis (2003) provides a detailed, thorough reconstruction of the historical trajectories and also contexts of the heroin, cocaine, and crack scenes and markets in Williamsburg, a neighbourhood in Brooklyn, New York (cf. Cornejo cited in Part I, Sect. 3.4.2, pp. 71–72).

Based on the findings of 20 years of ethnographic observations and in-depth interviews with drug users, dealers, and neighbourhood residents, he meticulously describes how political, economic, cultural, and subcultural changes at the local level determined and changed the heroin and cocaine scenes between the 1950s and the late 1990s, and the crack scene between the late 1980s and the late 1990s. Aside from local influences, he stresses the crucial impact of regional, national, and global forces and the intertwining relationships of other drug scenes on the local heroin scene (cf. conditional matrix by Strauss and Corbin cited in Part I, Sect. 3.4, p. 70).

Curtis claims that similar to most New York drug markets, the Williamsburg heroin markets had been characterised by a closed socially and communally oriented and controlled structure throughout the 1950s and 1960s. Transgressions against the widespread social community norms were sanctioned by both the community and scene members, thereby controlling and containing drug use (cf. the era of the early days between the late 1970s and late 1980s).

As a result of various socio-economic changes, the community-minded sense, both within the neighbourhood and the drug scenes, eroded and without the former constraints, open street-level heroin and cocaine markets emerged in the area. The previous community-minded spirit, social cohesion, and mutual concern as well as the social sanctioning of deviant behaviour diminished, notably giving way to the flourishing of commercially organised drug markets.

Following the ‘pivotal event’ of an extensive heroin shortage in New York in 1961, not only the heroin business but also using was shifted to the streets. Besides, the consumption of heroin had gained a cool image amongst certain groupings. This further discouraged the previous secrecy and promoted the spread of heroin. Through the erosion of traditional control norms and the increase in commercial greed on the part of the suppliers and dealers, the markets lost their former status of being virtually invisibly integrated into the local communities, and the police started to intervene heavily.

The early 1960s were characterised by fragmented distribution systems consisting of freelancers and small group and family businesses (cf. the era of the current fragmentation). An enormous increase in the demand for heroin eventually led to the emergence of large corporate models of heroin and cocaine distribution (cf. the

era of the contained commercialisation), which grew practically undisturbed by the police, who concentrated on the retail rather than the distribution level at that time (Spunt 2003). The 1970s and 1980s were shaped by the development and spread of harshly capitalist, commercial drug business systems without concern for the community, the consumer, or the dealers (cf. the era of the commercial peak). Crime and violence rose, and community-minded ideals practically disappeared, a trend that was also reflected in the change of customers. Benett, Dilulio, and Walters speak of a breeding ground for a new generation of ‘super-predators’ (1996). On this foundation, crack markets emerged in the late 1980s that were characterised by an even fiercer commercial and antisocial orientation as well as the abandonment of principally all control and regulation norms and rules. Curtis explains that after the popularity of crack had peaked in 1988, the new generation of youth was ‘fed up’ with violence and ill health and turned away from crack. Furthermore, police interventions and gentrification had increased decisively in the area. Consequently, the end of the large corporate heroin, crack, and cocaine businesses was heralded, and the drug markets became, once again, largely closed, controlled, indoor, invisible, and fragmented. Furthermore, Curtis suggests that supply and consumption rates declined perceptibly (cf. the era of the current fragmentation).

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Chapter 15

The British, Scottish, and Shetland Heroin Trends in Numbers

15.1 The British Heroin Trend

In contrast to the USA, the first illicit heroin subculture in Great Britain is reported to have formed only in the late 1960s in London with most users of that time being male, skilled workers, aged between 20 and 34 (Young 1971; Stimson and Oppenheimer 1982). Prior to this, heroin use and addiction had virtually exclusively existed within the middle-aged upper society, such as doctors, who had effortless access to heroin through their profession. Throughout the 1960s, the British heroin scenes remained centred in London (Seddon 2008). The ‘heroin problem’, referred to as a ‘mini-epidemic’, caused little concern (Seddon 2007, p. 64) and was in its scope not comparable to the heroin outbreaks in some US cities from the 1940s (Chein et al. 1964). Extent and risky intravenous patterns of use are described as having stayed relatively stable. After the opiate had hitherto been consumed intravenously, in the late 1970s, the first cheap smokable heroin became available in many towns and cities in England and Scotland. For the first time, heroin use spread beyond the limits of London (Seddon 2007).

In the early 1980s, the first serious heroin outbreaks are documented for cities such as Manchester, Liverpool, and Glasgow (Ditton and Speirits 1982; Seddon 2008). A novelty was the concentration on socio-economically deprived areas and the serious involvement in acquisitive crime and dealing of many users, reflecting earlier developments in the USA (cf. Chein et al. 1964). In Merseyside, the new heroin users were mainly aged between 16 and 24 (Parker et al. 1987), 1% is reported to have been below 16 (Seddon 2007). The new heroin users were younger than those of the preceding generation. However, the age distribution apparently showed great regional variations (Hartnoll et al. 1985; Parker et al. 1987, 1988).

A second wave of significant rises in heroin use is documented to have taken place in the mid-1990s, extending to new places of diverse sizes (Parker et al. 1998).

Some scientific evidence suggests that the average age of initiation had declined to 15 (Egginton and Parker 2000) and that most users began between the ages of 14 and 17 (Parker et al. 1998). From the mid-1990s, the appearance of crack alongside heroin is also documented (Brain et al. 1998), leading policymakers to become seriously concerned about the heroin and the crack problem by the late 1990s (Seddon 2007). This second wave of substantially increased heroin use has been associated with the foregone rave era that effected a relative ‘normalisation’ of illicit drug use (cf. Parker et al. 1998; Parker 2005), a hypothesis also put forward by different interviewees of the present study (cf. Part II, Sect. 8.4.1.1, p. 212). An association between the global rave era and a subsequent increase in general heroin consumption has also been discussed by other authors with regard to the UK (e.g. Shiner and Newburn 1997, 1999; Pearson 2001; Hughes et al. 2006) and other parts of the world, such as Sweden (Lalander 2003), China (Cheung and Cheung 2006), Russia (Pilkington 2006) Australia (Duff 2003), and the USA (Moloney et al. 2008).

Both local professionals and interviewed heroin users suggest that Scottish drug trends typically reach Shetland with delays of 3–6 (Stallwitz 2007, p. 265) or even 10–15 years, respectively (e.g. Part II, Sect. 6.10, p. 137 also see rural and location-specific drugs research, Part I, Sect. 2.8). Seddon (2007) speaks of a ‘second wave of heroin outbreaks’ in the mid-1990s that had reached a serious extent by the late 1990s (p. 239). Thus, Shetland was presumably affected only by the second wave with, compared to the rest of Britain, a delay of effectively about 5–8 years.

The British Crime Survey, a private household survey conducted in England and Wales that since 1996 includes drug use, implies a relatively stable heroin and crack/cocaine trend between 1996 and 2006 (cf. Roe and Man 2006). In this 10-year period, the prevalence rate amongst 16–24-year-olds amounted to 0.2% for crack and 0.4% for heroin in 1996. The rate peaked for crack in 2000 at 0.9% and for heroin in 1998 and 2000 with each time 0.8%. It fell again to 0.4% for crack and 0.2% for heroin in 2005/2006. Concerning both crack and heroin use amongst 11–15-year-olds, National School surveys found even more stable prevalence rates of approximately 1% for each year between 2001 and 2006 (NatCen/NFER 2007). At 0.9%, the peak percentage for heroin was reached in 2003 and 2005. Seddon emphasises the low percentages giving rise to only slight concern regarding the overall drug problem amongst youth (2007). He points out that youthful consumption of both crack and heroin tend to reach concerning levels and to become visible only in socio-economically deprived areas (cf. Pearson 2001).

15.2 Statistical Information on Drug Trends in Shetland Compared to Glasgow and Overall Scotland

An extensive and thorough review of the numbers and statistics on drug use in Shetland has been carried out in order to quantitatively complement the developments of the heroin trend sketched on the basis of the qualitative user interviews. Data sources include amongst others the Drug Misuse Statistics Scotland yearly

published by ISD Scotland (Information Services Division Scotland), the annual reports of CDT (Shetland Community Drug Team) 2003–2007, and the Scottish School Adolescent Lifestyle and Substance Use Study (SALSUS) published every 2 years on the ISD Scotland website (http://www.drugmisuse.isdscotland.org/publications/abstracts/salsus_national.htm). So far, national SALSUS reports have been published for the years 2002, 2004, 2006, and 2008. A local report for the Shetland Islands solely exists for the year 2002. As already mentioned in Sect. 2.9 of Part I, CDT and the Shetland Alcohol Support Services fused into the Community Alcohol & Drugs Services Shetland (CADSS). The annual report of CADSS for 2007/2008, however, provides significantly less detailed information on drug use than the previous CDT reports. The results are compared to the corresponding numbers and statistics of Scotland overall, and Scotland's biggest city Glasgow, renowned for its longstanding, extensive heroin use (cf. Seddon 2008). The review covers a time span of 10 years in order to work with a period long enough to allow the observation of potential trends. 1998 was chosen as the starting point, since according to the user interviews heroin consumption began to spread significantly from 1999. 2008 constitutes the last year for which information is available. Several profound problems were encountered while conducting the review:

1. As indicated in Sect. 2.9 of Part I, the existing numbers are principally not only too small but also too unreliable to expressively map a trend.
2. Percentages and numbers provided by CDT and ISD Scotland frequently do not correspond. This might be caused by ISD Scotland exclusively reporting those clients who completed the standardised SMR-23 form for new clients (see Sect. 2.9, Part I), whereas CDT also collects information about new clients, who do not complete the form. In the year 2007/2008, for example, CADSS counted 88 new clients to the drugs services of whom only 46 filled in an SMR-23 form. In order to allow comparability between overall Scotland, Glasgow, and Shetland, only the numbers of those with completed SMR-23 forms are considered.
3. The information provided by CDT and ISD Scotland does not refer to exactly the same individual variables each year. For example, 1-year CDT provides information on all illicit drugs used in Shetland and sometimes only on the main drug. In some years, ISD Scotland provides numbers and percentages and sometimes only percentages without the numerical base data. Sometimes, ISD Scotland supplies information on the number of heroin users solely injecting *and* other modes of ingestion and in other years *only* on the overall number of heroin injectors.
4. For the years 1998–2002 as well as for 2008, ISD Scotland hardly considers Shetland individually and, concerning most items, provides summarised numbers for Shetland, Orkney, and the Western Isles. For these years, documentation was probably too poor for meaningful individual numbers. However, summarised information of this sort does not allow any conclusions regarding the developments at the individual locations.
5. In cases where ISD Scotland provides individual information for Shetland, the reader often finds 'z' instead of a number. 'Z' indicates that the number is below

five and therefore considered too small to be shown. Such small numbers are often the result of poor documentation or low service attendance rather than of a changed trend in drug use.

The data related to the most central aspects of heroin use published by ISD Scotland are discussed below, including the numbers of new clients, prevalence rates of heroin and amphetamine use, injecting, sharing of injecting equipment, and hepatitis C. Additional information is provided on levels of drug deaths and ages of the onset of heroin use and of injecting. Where appropriate, the numerical and percentage data are supplemented with the qualitative information derived from the previous study based on qualitative in-depth interviews with local professionals and practitioners (Stallwitz 2007) introduced in Sect. 2.9 of Part I and information from other sources. Furthermore, details of the European trend in heroin use and injecting derived from the EMCDDA database are sometimes supplied.

15.2.1 New Clients

The number of new clients in Scotland overall peaked in 2005 at 14,332 and began to fall again in subsequent years. In Glasgow, the number peaked a year earlier at 3,193. After having been relatively stable for 9 years between 1998 and 2006, they began to descend again and reached 1,839 in 2008 (ISD 2010). The number of new clients in Shetland in 1998 amounted to 43, experienced extreme variations over the next decade, and at 45 in 2007 almost reached the starting point of 1998 again. As mentioned in Sect. 2.9 of Part I, the strong variance between years, CDT attributes to changes in services offered and levels of client confidence in local services rather than to actual changes in the Shetland drug use trend (cf. Taylor 2006). A clear increase is shown in total contacts to CDT services from 4,054 in 2004 over 9,675 in 2006 (CDT 2006) to 10,486 in 2007 (CDT 2007).

Since heroin constitutes the main drug of choice for most new clients, these numbers provide evidence for the increase in heroin use broadly stated by interviewees of the present study. Moreover, CDT suggests a trend amongst particularly young heroin users to seek help earlier, (CDT 2007; CADSS 2008) as well as the gradual expansion of a state-dependent mentality amongst certain groups of Shetlanders. The acceptability of surrendering responsibility for parts of one's own life to social welfare services has generally increased (Stallwitz 2007).

15.2.2 Prevalence of Heroin Use

According to the EMCDDA, time trends in the prevalence of opioid use across Europe are difficult to estimate due to the limited numbers of repeated estimates and the uncertainty surrounding individual estimates (EMCDDA 2009). In many

European countries, including the UK, prevalence seems relatively stable, whereas in other countries, such as Austria, slight increases are recorded. Compared to the overall UK estimate of 10.19 per 1,000 population, the Scottish estimate of 15.39 is significantly higher (Eaton et al. 2008).

The number of Scottish clients reporting heroin peaked in the year 2002 at 8,134 and subsequently fell to 7,047 in 2008. For Glasgow, the numbers showed a different trend. Within the 10-year reporting period, the highest number is recorded for 1998 with relative stability following until 2005 and from then a sudden decline down to 888 in 2008. The Shetland numbers of clients reporting heroin use was at 3 at its lowest in 2000, and at 36 at its highest in 2007 with many increases and decreases in between, which again will largely be explicable in terms of the above-mentioned factors independent of the actual local drug trend. Irrespective of such factors, the numbers clearly suggest a growth in the number of clients reporting heroin consumption throughout the 10-year phase, which corresponds to the overall results of the present study.

According to the local SALSUS report 2002 for Shetland, the prevalence rate of heroin use in the total Shetland population of 23,090 was estimated to amount to 1% or 231 individuals and 1% or 2 individuals amongst the 232 15-year-olds in the year 2000/2001 (Currie et al. 2003).

The widely stated rise in overall drug and especially heroin use (Taylor 2006; CADSS 2008; Northern Joint Police Board 2008; Shetland Islands Council 2009) is explained by many local practitioners in terms of an adaptation of the Shetland drug trend to the opiate-based Scottish drug trend (Stallwitz 2007). Moreover, it is argued that Shetland is being purposefully targeted by drug suppliers who see a captive, geographically isolated market (The Times 18 August 2007). Heroin use and dependency amongst youngsters have been observed to have increased and cannabis use to have decreased (Shetland Islands Council 2007; ISD 2007). Associations are suggested between this trend and the current police focus of identifying possession of drugs. This is thought to contribute to a 'shortage of "softer" drugs', such as cannabis – due to odour and size relatively easy to detect – and the minimisation of harm reduction options (Stallwitz 2007; CADSS 2008, 2009). This proposition has also been put forward by several interviewees of the present Shetland study.

15.2.3 Age of Onset of Heroin Use

Of all Scottish clients reporting heroin use in the years 2006/2007 and 2007/2008, 1.2% and 1%, respectively, were under the age of 15 (ISD Scotland 2010). Most heroin users were aged between 20 and 40 and over, with the 25–29-year-olds reaching the highest percentage (25% in both years). For Shetland, ISD Scotland does not provide comparable figures. However, according to SALSUS 2002, 0% of Shetland pupils aged 13 and 1% of pupils aged 15 state to have used heroin in the year 2002, which compares to 1% of 13-year-old pupils and 0% of 15-year-old pupils in Scotland overall in the same year (Currie et al. 2003). In correspondence with

SALSUS 2006, the Scottish percentages amounted to 1% and 2%, respectively, in 2005 and to 1% and 1%, respectively, in 2006 (Maxwell et al. 2007) with no information explicitly on juvenile heroin use in Shetland being available in each case. Again, the small Shetland numbers reduce the validity of comparisons between Scottish and Shetland figures. Nonetheless, youngsters in Shetland presumably start using heroin at a similar age as those from Scotland overall.

Of new clients in Shetland under the age of 25 in 2006/2007, 80% reported heroin use, 63% in 2007/2008, and 94% in 2008/2009. These percentages compare to 58%, 56%, and 51% in overall Scotland (ISD Scotland 2010).

According to the ‘Young People’s Alcohol and Drugs Service Needs Assessment Report’ of February 2009, a small number of 16–18-year-old Shetlanders are using heroin (SATAT 2009). A quick progression from initial smoking to injecting is reported for most. A strong influence of older drug-using peers is described, and young women are thought to be particularly vulnerable if their partners are older men with a history of heroin use. Problems also arise in the tendency of young people to use drugs chaotically. A rise in heroin use amongst young people, including teenagers, has been reported by interviewees of the present study as well. The initiation of heroin use amongst women through their male partners has also been mentioned; however, no details regarding the ages of both women and partners were given.

15.2.4 *Amphetamine Use*

At 1,002 (12%) and 1,000 (11%), the Scottish numbers of amphetamine use amongst new clients were highest in 1998 and 1999, respectively. The numbers fell in the following years and amounted to 511 (4%) in 2008 (ISD 2009). Amphetamine use amongst new clients in Glasgow basically corresponds to this trend. Amounting to percentages between 36 and 47 in the years for which information is provided (2004–2007), the Shetland figures suggest a much higher proportion of amphetamine use new amongst clients. Numbers vary between 12 in 2004 and 17 in 2007 (CADSS 2009).

Several interviewees of the present study have also stated notably high levels of amphetamine use, especially amongst habituated heroin users. Along these lines, Young (1971) reports the consumption of large quantities of stimulants by individuals with strong heroin habits in London, which he explains as a strategy to counterbalance the depressant effects of the opiate. As has also been affirmed by the interviewed heroin users, local practitioners contend that Shetland drug users replace one drug with another in times of unavailability (Stallwitz 2007). Thus, many heroin injectors shift to using amphetamines intravenously during periods of heroin shortages. Moreover, the widespread injection of amphetamines on the Shetland Islands is likely to be encouraged by a similar British trend (DrugScope 2009) as well as the geographical proximity to Scandinavia, where this particular pattern of drug use is the most common in Europe (Day 1999; EMCDDA 2001).

15.2.5 Intravenous Drug Use in the Previous Month

The EMCDDA reports a general trend away from injecting amongst new clients entering outpatient treatment with some national and regional variations (2009). Particularly in Eastern Europe, rates of drug injection remain high amongst predominantly heroin users.

National estimates of injecting drug use in the UK suggest a rate of 3.95 whereas the rate for Scotland has been estimated at 5.29, thus being significantly higher than the national rate. In recent years, levels of injecting in the UK seem to have been relatively stable (cf. Gemmell et al. 2004; Hay and Gannon 2006; Hay et al. 2009).

Percentages of injecting amongst new Scottish clients fell from 52% in 1993 to 33% in 1996 and rose again to 42% in 1999 (ISD Scotland 1999). After having peaked in 2000 at 49%, levels of intravenous drug use dropped continuously to 29% in 2008. An even more extreme drop is recorded for Glasgow where injection rates fell from 49% in 1998 to 22% in 2008.

The absolute numbers of clients in Shetland reporting injecting in the previous month were highest in 2002 and 2004 with 29 and 27, respectively. The other years show great variations, such as 18 in 1998, 5 in 1999, 13 in 2000, and 22 in 2007. Percentage-wise, the proportion of injectors developed from 41% in 2002/2003 over 47% in 2004/2005, 48% in 2006/2007, and 42% in 2007/2008 to 59% in 2008/2009. However, this information can only be interpreted adequately with the additional aid of contextual information. The validity of the numbers and percentages also reduces with their small sizes. The necessity of complementary qualitative data to understand the context and consequently the developments becomes obvious.

15.2.6 Age of Onset of Injecting

According to ISD Scotland, in the year 2008, 3% of Scottish drug users started injecting under the age of 15. The median starting age amounts to 21, which corresponds to the Shetland figure (ISD 2008). The youngest age in Glasgow, some other Scottish areas, and Shetland was 12. Although interviewed heroin users had affirmed a decrease in the initiation age of injecting, no concrete information had been provided. The interviews were conducted in 2004, while 2006 was the first year for which ISD Scotland documented injectors under the age of 15. Still, this phenomenon might have occurred earlier as especially very young persons are often not in touch with any services.

15.2.6.1 Intravenous Heroin Use

Approximately 40% of heroin users entering outpatient treatment in Europe state having ingested the drug intravenously (EMCDDA 2009).

With respect to reporting intravenous consumption of heroin, the Scottish and Glasgow figures show some differences. The Scottish numbers steadily grew until they peaked at 4,595 in 2003 and fell again to 3,422 in 2008. The Glasgow numbers, in contrast, reached their peak in 2000 with 2,205 and declined to as low as 355 in 2008 (ISD 2004, 2007, 2009). The proportion of intravenous heroin users fell from 64% in 1999 to 40% in 2008. Similar declines are observable with regard to the numbers of overall clients and overall heroin users amounting to 1,839 and 888, respectively. The numbers of Shetland heroin injectors varied between as low as 4 (27%) in 2003, 18 (82%) in the following year, and 36 (apparently 100%) in 2007 (CDT 2003–2006; CADSS 2008, 2009). The overall proportion of injectors amongst heroin using clients in Shetland is apparently higher than in Scotland overall or Glasgow. Still, these numbers and proportions cannot be transferred to the overall population of Shetland heroin users. The user interviews indicate that amongst all island heroin users, clients only represent a small, extreme subgroup. Nonetheless, in accordance with the user interviews, the numerical information suggests an increase in intravenous heroin consumption.

15.2.6.2 Sharing of Syringes in the Previous Month

Rates of having shared syringes in the previous month reported by Shetland clients differ greatly between years, as does the quality of the figures presented. Sometimes, only percentages are provided, and at other times, the percentages do not correspond to the base numbers. In addition, information provided by ISD Scotland and CDT often diverge greatly, as for 2006 where according to ISD Scotland, 43% of injectors shared syringes and according to CDT only 21%. On the basis of the CDT annual report for 2006, the majority of Shetland clients who inject do not share needles and syringes. However, in 2006, 55% stated having shared spoons, water, or filters, which is relatively high compared to the national rate of 42% in the same year. Again, the expressiveness of these percentages remains unclear due to the small numbers of injectors and the strong variations between years. Therefore, the extent of people sharing injecting equipment mentioned by interviewees of the present study cannot reliably be inferred from the available numbers and statistics.

15.2.6.3 Prevalence of Hepatitis C

Although local practitioners (cf. Taylor 2005; Roy et al. 2007; Stallwitz 2007) as well as users interviewed in the present study express concern regarding the high hepatitis C rates amongst Shetland drug injectors, rates published by CDT and ISD Scotland are with one to two incidents in most years relatively low. Still, poor documentation might come into play here again, otherwise a certain proportion of clients might not have been tested and, moreover, the dark figure of injectors not in drug treatment has so far not been estimated. The overall number of hepatitis C–infected injectors in Shetland provided by ISD Scotland (2008) amounts to 20. Therefore,

the appraisals by local practitioners might be indicative of a serious issue. Hitherto, no cases of HIV infections amongst drug users have been recorded, and rates within the general population are estimated to be low (Taylor 2006; NHS 2008).

15.2.6.4 Drug Deaths

The Scottish numbers of drug-related deaths increased overall from 317 in 2003 to 455 in 2007. Between 1998 and 2007, the Shetland numbers varied between 0 and 2 (both in 2006 and 2007) also indicating an increase. In 2008, one death was reported for Shetland (General Register Office for Scotland 2009). The concern regarding a rising prevalence of drug use-associated deaths mentioned by interviewees is supported by these numbers. Here, the reduced impact of heroin use-related control norms and rules, associated with the fragmentation of the heroin scene, probably plays a role here (cf. Lucchini 1985).

15.2.6.5 A Comparison of Heroin Users in Shetland and in Scotland Overall

The head of the Shetland Alcohol and Drug Action Team, Sarah Taylor, suggests that Shetland drug users consume a wider range of drugs and are more likely to consume more than one drug compared to users in the rest of Scotland (SADAT 2006). She characterises typical CDT clients as using heroin and stimulants especially at the weekend.

For the year 2006, the average CDT client is described as Shetlander, male, and 28.5 years old, who uses 7 g of heroin daily, which he injects in his arm (SADAT 2006). He started injecting at the age of 21. He uses prescribed and illicit benzodiazepines frequently and cocaine and/or crack monthly. Usually, he is not involved in criminal activities apart from dealing, is employed or has been employed in the previous year, and lives with his parents, relatives, or partner in stable accommodation.

Although the strong trend towards youthful heroin use in Shetland is broadly problematised, it has also been assessed as positive that young people tend to engage with services more easily than older users, detoxify more quickly and are more likely to achieve successful outcomes (CADSS 2009).

In this chapter, it has been demonstrated that the numbers of Shetland clients are frequently too small to clearly and reliably show developments. However, even in situations where the numbers are large enough to reflect trends, contextual information, preferably from qualitative data, is necessary for meaningful explanations of the observable changes. The extreme decline in numbers of new clients and clients reporting heroin use in Glasgow might possibly mirror changes in service provision or other variables rather than a strong reduction in heroin use in the city. Again, contextual information is of utmost importance to be able to fully comprehend the numbers.

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Chapter 16

Media Reports on Heroin in Shetland

16.1 Media Reports

Numerous reports by the local newspapers, and several by national newspapers, reflect the developments concerning the expansion and intensification of heroin use in Shetland. An extract from the *Shetland News* from 24 January 2004 gives an account of the arrest of the younger one of the main dealers during the commercial peak era [Johnny], in January 2004. Apart from the dealer, a further ten people including women were arrested, of whom those mentioned with names and ages, were much older than the dealer. (For confidentiality reasons, personal details are excluded from the extract presented below.) This might indicate that despite the heroin scene's obvious expansion to young people and even teenagers, most people engaged in the heroin trade continue to be older. The partner of the dealer [Finn] represents one example. Hence, with his relatively young age, the heroin seller might still be a relative exception.

The Shetland News, 24 January 2004

TEN people have been arrested in what police have described as the biggest drugs raid Shetland has ever seen, with substantial quantities of heroin, ecstasy and cannabis being seized.

The drugs with an estimated street value of £25,000 were recovered from various addresses throughout Lerwick following raids that came under the banner of "Operation Lapel".

Northern Constabulary was supported by officers from Grampian Police and the Shetland based charity Dogs against Drugs in raids that took place in Lerwick between Tuesday and Thursday this week. Around 25 officers were involved. [...]

Interviewees describe the causal relationship between the arrest of the one main dealer in January, his trial a few months later and the arrest of the other dealer in June, and the subsequently fragmented structure of the Shetland heroin market (cf. Sects. 8.5.9 and 8.6 of Part II). According to anecdotal evidence such as regular telephone conversations with a local drugs worker, the market structure remains

fragmented until the present day. Nonetheless, both amounts of heroin supplied and dealt and numbers and diversity of users on the island apparently continue to increase steadily (cf. CDT 2006; Taylor 2006; BBC Scotland 21/11/2007; ISD 2008; *The Times Online*, 23/04/2008; BBC News 20/10/09). The Shetland heroin market seemingly adapted very well to the given conditions without ultimately being restrained in size and expansion. Only a year and a few months after the arrest of the second dealer, Shetland police seized an even greater amount of illicit drugs including heroin, as outlined by *The Shetland News* on 15 September 2005 below. The arrested dealer is reported to be an older person.

POLICE in Shetland made their biggest ever haul of illegal drugs in the islands, when heroin, cocaine, amphetamine and cannabis valued at more than £50,000 were seized off the ferry as it came into Lerwick from Aberdeen yesterday morning (Wednesday). [...] A 51 year old man from Shetland is expected to appear in court today in connection with the incident. [...]

In spite of the growing youth involvement and the increased incidence of drug deaths in recent years (ISD 2008), the scene is still characterised by relatively low levels of associated crime and violence (cf. Northern Constabulary 2009). Concluding from the Northern Constabulary's website 2009, the main crimes affecting the islands represent 'alcohol related incidents, petty vandalisms, dishonesty, the misuse of drugs and road traffic related matters'.

As pointed out by the Guardian on 23 April 2008 in an article about a 17-year-old Shetland girl who died after a heroin overdose (also compare *The Times Online* on 18 August 2007):

[...] Despite its prosperity, remoteness from Britain's cities and low crime rates, heroin had taken hold, couriered in by drugs gangs from Liverpool and Glasgow. The case exposed surging rates of heroin abuse among under-25 s. [...]

The arrest of two heroin suppliers, who were linked to Liverpool drugs syndicates in November 2007, exemplifies the 'Liverpool connection' mentioned by several of the interviewed heroin users (cf. Sect. 8.5.2.3 of Part II). According to Shetland chief inspector Bell, 'the suppliers believe the rewards are worth the risks' since 'here, heroin sells for twice the mainland price' and with the obvious local demand, Shetland provides a lucrative market (Guardian 2008). This statement again corresponds to interview accounts regarding the comparatively high price for heroin in Shetland as well as the economic potential of the Shetland heroin market for suppliers and dealers. Referring to reports from the Shetland police, various media sources suggest the purposeful targeting of the island heroin market by drug syndicates from Liverpool and other British cities (The Shetland Encyclopaedia 2007; *The Times Online* 18/08/07; BBC News 21/11/07; *The Scotsman* 22/11/07; *The Guardian* 23/12/07; Narkonon 2009).

Sometime in 2009 (for confidentiality reasons no specific date is given here), *The Shetland News* report that the police arrested a middle-aged Shetland man for dealing heroin, who had been imprisoned for dealing heroin and other drugs already twice in the past 7 years [Peter]. He was sentenced to a 4-year prison sentence. After having finished his previous sentences, he had seemingly each time returned to

Shetland and resumed dealing. When reviewing the *Shetland News* archive, it becomes apparent that he constitutes only one of many such examples. These occurrences provide support for the proposition of the ‘prison connection’ put forward by interviewees in Part II, Sect. 7.4.3.1, p. 197 and Sect. 8.5.7.6, p. 239: Rather than undergoing rehabilitation in incarceration, heroin dealers tend to make contacts with professional dealers and suppliers, optimise their drugs trade skills, and return to Shetland to resume dealing after release.

Concluding from the many *Shetland News* articles reporting on numerous people being caught with heroin quantities of varying amounts, the extent of heroin trade and use has meanwhile by far exceeded the levels of the commercial peak (for recent articles see, e.g. *Shetland News* on 05/09/09, 25/09/09, 18/10/09, 22/10/09, 27/10/09).

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Chapter 17

Heroin Use in Relation to the Location-Specific Particularities of the Shetland Islands

17.1 Socio-economic Situation

The newspaper articles cited in the previous section indicate relatively recent drastic mutations of the Shetland heroin subculture. In the following, the role of the geographic, cultural, and socio-economic particularities of the Shetland Islands in relation to the changed situation will be illuminated.

Both the interviewed heroin users and many local professionals and practitioners (Stallwitz 2007; CADSS 2008) emphasise the low levels of socio-economic deprivation and exclusion in Shetland, which account for most heroin users financing their drug consumption through ordinary employment.

For 30 years, Shetland has benefited from very low levels of unemployment. At 1.3% in March 2009, the unemployment rate in Shetland is still one of the lowest in the UK (Shetland Islands Council 2009). In August 2008, 106 people, 0.8% of the population, were claiming job seekers allowances. The overall number of businesses in Shetland has reduced slightly from 1,290 at the end of 2006 to 1,270 at the end of 2007 (Shetland Islands Council 2009), possibly indicating a mild economic recession mentioned by, apart from interviewees, some local professionals (Stallwitz 2007).

17.2 Crime

Crime rates in Shetland are referred to as low, with 322 crimes per 10,000 of the population in 2004/2005 compared to the Scottish rate of 863 per 10,000 of the population (Highlands and Islands Enterprise 2007). According to the Shetland Islands Council, the total number of criminal offences had increased between 2002 and 2006 and since then steadily decreased (2009). A slight increase is observable for unspecified crimes. The total clear-up rate for crimes is one of the highest in the

UK. The low crime and high clear-up rates are probably explicable in terms of the small size of the island and the common community-minded mentality.

17.3 Geographic Location

Until recently, Shetland's geographic isolation and its consequent regular heroin droughts have generally been assessed as protecting local heroin users from developing states of severe addiction. Now, for the first time, Shetland's geographic location is no longer assessed as a protective factor, which is associated with the apparent inclusion of the island in the catchment area of drug syndicates in urban Britain.

The far-reaching impact of the police is generally seen to be controversial (Stallwitz 2007). On the one hand, interventions can be more target-oriented and have the potential to be more influential than in a big, anonymous city (shown by the high clear-up rate just mentioned), and therefore to be of greater deterrence for many considering dealing. On the other hand, the Shetland heroin market seems to principally adapt rather than to diminish (cf. May and Hough 2004). Both interviewed users as well as local practitioners have suggested that the increase in arrests in recent years has *contributed* to the criminalisation of the heroin scene. As just pointed out, many Shetland drug dealers apparently utilise their incarceration for social networking and professionalising their own knowledge and skills rather than for social rehabilitation.

17.4 Culture

17.4.1 *'Living Life on the Edge'*

When comparing heroin-using clients in Shetland with clients on the urban mainland, local practitioner and professionals emphasise that Shetland clients often consume in heroin and other drugs chaotically (CDT 2007; CADSS 2008) while still living in principal a socially integrated life (Stallwitz 2007). As already mentioned above, the 'extreme contrast of mad and uncontrolled partying and organised, together working life' appear to be characteristic for many Shetlanders (Stallwitz 2007, p. 261). Therefore, 'living life on the edge' with excessive poly-substance use (p. 261) seems to be regarded as constituting a norm for numerous Shetlanders (cf. CDT 2007; CADSS 2008).

17.4.2 *Community-Mindedness*

Consistent with many of the interviewed heroin users, a Lerwick police officer has mentioned the 'community-minded' mentality of many Shetland heroin users as being a strong regulating factor against the emergence of antisocial and violent tendencies in the heroin subculture (Stallwitz 2007, p. 263). He emphasise the 'old

school' values that originally restricted the spread of heavy, habitual heroin use in general and especially to youngsters (p. 264). However, the expansion of commercial norms and the increased acceptance of heroin use apparently undermined the rule to protect youngsters. Whereas the police officer is the only person who explicitly uses the term 'community-mindedness', other professionals and practitioners describe the community-oriented spirit by using their own words. Generally, community-mindedness is presented as a dichotomous concept constituting both a protective and a risk factor with regard to the overall control of the heroin scene. On the one hand, intensified mutual social care and exchange between groups and social strata is seen as strengthening social cohesion within the island community and counteracting social slipping. On the other hand, the strong degree of stigmatisation of heroin fosters the social exclusion of people becoming publicly known to use heroin or, even worse, deal it.

This dynamic is aggravated by the Shetland norm of mentioning arrestees with name, address, and other available personal details journalists can obtain from the police. In a small society like Shetland, this convention is somewhat reminiscent of the medieval custom of pillorying criminals publicly. Interviewees repeatedly stress their fear of having their 'name in the paper' (cf. Sect. 7.3.6.1, p. 186 of Part II) in relation to heroin use or dealing. Considering the small size and geographical isolation of the close-knit island community, the threat of being sanctioned with a permanent 'junkie' or 'heroin dealer' label seems obvious. In an anonymous city, the person could subsequently move to a different area and start a new life, which is not possible in Shetland 'where everyone knows each other' (cf. Part II, Sect. 7.3.1, p. 162). Nonetheless, as pointed out by Kemmesies (2004), people involved in illicit drug scenes are confronted with both actual and *anticipated* threats. With respect to social exclusion, many interviewees outline the irreversible outcome of having had one's name in the paper. Others again characterise Shetlanders as being also tolerant and forgiving, if one can prove their improvement convincingly. Thus, while the 'name in the paper' custom definitely causes great, unnecessary social problems for the individual in terms of stigmatisation and social exclusion, the possibility of a (relative) rehabilitation also seems to exist. In such an extreme situation as of the arrest of significant heroin dealers, social rehabilitation will, however, be very difficult. Besides, if the person expects permanent social condemnation and exclusion, the probability of self-labelling and continuation and escalation of the deviant career is, according to labelling theory (cf. Becker 1963; Quensel 1973; Meuser and Lösscher 2002), greatly increased. Combined with the seemingly established business connections between Shetlanders and Liverpool drug suppliers, the increasing number of heroin dealers being arrested and incarcerated (cf. 'the prison connection', Part II Sects. 7.4.3.1, p. 197 and 8.5.7.6, p. 239) might further propel the degree of criminal involvement within the island heroin subculture.

17.5 Conclusions

This section has demonstrated that the location-specific particularities of the Shetland Islands impact on the degree of social integration, internal balance, and community-minded standards of the heroin scene in very different ways. Moreover,

the nature of the respective influence depends on a series of related issues. Hence, changes in these issues can decide whether a certain particularity fosters or threatens social cohesion, homeostasis, and social integration of the scene. From the early days of the Shetland heroin scene, the high living standards and the low levels of socio-economic deprivation and crime have steadily supported the subculture's problem-reduced nature, pro-social orientation, and social unobtrusiveness (CDT 2007). Local professionals have pointed out that a deterioration of the socio-economic conditions would inevitably result in a decisive increase in heroin use-related problems (Stallwitz 2007). The above-mentioned signs of a slight economic recession might be a step in this direction, although the current economic situation in Shetland in relation to the oil industry and other economic fields is assessed to be prosperous and relatively stable (Shetland Islands Council 2008). Another negative development might be seen in the suggested expansion of a state-dependent mentality amongst certain segments of the island population (CDT 2007; Stallwitz 2007).

Whereas the geographic isolation clearly promoted the subcultural equilibrium and the low rates of heroin use-associated problems, this situation seems to have begun to change in the recent past, with indications that the Shetland heroin market is now included in the catchment area of significant urban heroin suppliers.

With continuing arrests of local dealers, the influence of the Shetland-typical community-minded attitude has seemingly begun to change in recent times. Under the modified conditions described in the preceding section, the social control side of the island's community-minded spirit, exemplified by the 'name in the paper custom', might grow in impact relative to the pro-social side of the mentality aspect. Therefore, the socially and individually protective component of the community-mindedness might lose significance, while the socially and individually destructive side might gain weight.

Compared to the location-specific particularities of British cities, the conditions on the Shetland Islands still exert a clearly protective impact with regard to heroin use-associated problems. Nonetheless, addiction and possibly hepatitis C infection rates are no longer included, and the *degree* of protection has reduced notably in recent years.

In the following section, the developments *within* the island heroin scene are analysed from the perspective of an explanatory model of evolving drug eras in order to integrate the occurrences into a wider context and derive explanations at a theoretical meta-level.

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Chapter 18

Explaining the Evolution of Drug Eras

In their theory of subcultural evolution, Golub, Johnson, and Dunlap explain that drug eras form in certain patterns and develop according to changes in the surrounding and wider mainstream culture (2005). The authors deliberately avoid the use of the ‘epidemic’ metaphor and thereby the widespread pathological perspective on drug use and the association with stigmatisation and media panics (cf. style of reporting by the Shetland newspapers) and apply the neutral term of drug ‘eras’ instead (p. 221). Drug eras are a social rather than a medical phenomenon and largely depend on ‘setting’ variables (cf. Zinberg 1984; Sect. 2.6.2 of Part I, p. 23). Golub et al. argue that the ‘prevailing drug subcultures and the individuals’ social position relative to them define the range of drugs readily available, the symbolic significance of their use, how use can lead to various affiliations, and social consequences for both use and non-use’ (cf. Hammersley et al. 2001). Each drug era is characterised by distinct clusters of norms, behaviour, symbols (cf. ‘symbolic interactionism’, Mead (1956) and Blumer (1969); also see Part I, Sect. 3.3), and shared realities. They see each person as having the choice to adopt, adapt, or reject a drug subculture and its related values, norms, and rules (cf. Blumer 1986; Rogers 1995; Schafer 1998). The future development of a drug subculture consequently relies on the degree to which the existing cultural elements are adapted and sustained. The extent to which the subculture becomes accepted by the wider culture is defined by the specific adoption of these elements to the respective circumstances. In this fashion, the emergence, transformation, and cessation of drug subcultures are also regulated. Therefore, the prevailing subcultures vary considerably over time and across locations (cf. Schulenberg et al. 1997).

According to Golub et al., drug eras tend to occur in four phases:

1. Incubation phase: A sub-population begins using a new drug.
2. Expansion phase: The drug is introduced to wider subgroups of users with an individually varying susceptibility.
3. Plateau phase: Most susceptible persons have now taken up using, and consumption is temporarily widespread.

4. Decline phase: Using rates decrease as the general acceptability of the drug decreases. Nonetheless, overall drug use often endures for many years as some users continue their use. Thus, drug eras often overlap.

The authors contend that together with other socio-historical experiences, drug eras determine the formation of generational identities. A drug generation they define as the 'birth years most affected by a drug era' (p. 223). With respect to the Shetland study, the generation of the *original crew* and the generation of the *old school* are examples of heroin using groups of similar ages that share the zeitgeist of their time and a generational identity.

Applying the model of subcultural evolution to the Shetland situation, the incubation phase can be seen as corresponding to the era of the early days and the era of the old school. In both eras, hardly anyone other than the members of particular subgroups engaged in the use of heroin. The classification of the subsequent eras depends on whether the information of the subculture's further development after July 2004 is taken into account or not. If it were not taken into account, the expansion phase of the Shetland heroin subculture would be seen as having primarily occurred during the contained commercialisation and the plateau phase during the second half of the commercial peak. The current fragmentation would in that case correspond to the decline phase. However, the CDT and CADSS annual reports, the media articles, and anecdotal evidence suggest that the general acceptance and consequent consumption of heroin continued to increase and spread to even greater extents than during the commercial peak. Therefore, the current fragmentation represents only a temporary downturn within the overall expansion stage that began with the contained commercialisation and has seemingly continued into the present. Otherwise, the plateau phase might have been reached by now. In fact, this can only be confirmed in retrospect when no further growth has been observed. However, Golub et al. found drug eras to affect persons reaching adolescence (approximately age 11–25) most during the plateau phase (cf. Golub and Johnson 1999). The evidence for a noticeable increase in youth heroin use in Shetland over the past years, as repeatedly cited above, might imply that the Shetland heroin scene has entered the plateau phase. Thus, the youth involvement in the Shetland heroin scene would constitute a typical aspect of a drug scene being in its plateau (or expansion) phase, rather than a sign of an *abnormally* severe trajectory. Still, the situation is concerning and requires appropriate handling, as will be recommended later on.

Linking the descriptions of the heroin trend in Britain on the whole, as provided above, to the classification developed by Golub et al., there is every indication that the British heroin era is currently situated in the plateau phase with no further increase taking place. The same situation seems to apply to many European countries, whereas some states, such as Austria and parts of Eastern Europe, are obviously still in the expansion phase (cf. EMCDDA 2009). With regard to Eastern Europe, the politically closed communist systems are likely to account for delays in (some) drug trends. A delay is also observable in Northern Ireland, where a significant expansion of heroin use has only been noticeable since the ceasefire in the 1990s (Higgins and McElrath 2000).

The sets of values, norms, and rules prevailing in the individual eras have been described in detail in Chap. 7 of Part II. The *old school users* adapted the behavioural norms surrounding the occasional, ideational smoking use of the oil workers and hippies to their own circumstances. The norms in which the controlled and social style of dealing of the *old school users* was embedded were again adapted by the main dealer and other, particularly significant subcultural members of the contained commercialisation. Subsequently, the standards of cautious and relatively controlled heroin supply and consumption of the contained commercialisation were adapted by the two main dealers and other active players of the heroin scene during the commercial peak. These commercial, relatively opportunistic, and recklessly profit-oriented customs were temporarily rejected with the arrest of the two main dealers and the beginning of the current fragmentation, which was characterised by secrecy and control at the time of the interviews. The continuing expansion of commercial norms associated with heroin trade and use can so far only be assumed.

Golub et al. point out that the use of one drug by a certain drug generation does not imply the use of another drug, for example, the rise in marijuana use in the USA in the 1990s did not lead to an increase in 'hard drugs' (Golub and Johnson 2001). They regard the sequence of progression as being significantly influenced by secular trends. The use of crack in Shetland represents a further example. Although the second wave of the British heroin era was accompanied by the spread of crack consumption in some places, no great increase in crack consumption has hitherto been observed in Shetland. For a number of years now, many clients of the Shetland drug project state weekend consumption of crack, though not to concerning extents (CDT 2006, 2007; CADSS 2008). This, of course, could change; however, it is not anticipated by CADSS (2008).

The authors name several shortcomings of their theoretical model, such as that it does not specify 'trigger events' causing the transition from one era to the next (p. 226). Moreover, the model has solely been applied to drug using populations in inner-city New York. However, Golub et al. argue that the flaws can be compensated with other, suitable theories.

With respect to the Shetland situation, the factors triggering the transition from one era to the subsequent one have been outlined in detail in Chap. 7 of Part II. From the interview analysis of the present study, and the discussion of the results in relation to the existing relevant literature, it can be inferred that the evolutionary pattern, with which the Shetland heroin subculture develops and transforms, fundamentally agrees with the patterns of heroin subcultures in any other place, including locations as diverse as inner-city New York. Hence, on a macro-social and even global level, no substantial differences are evident between the evolution of the Shetland heroin scene and heroin scenes in an urban environment. On a local or micro-social level, however, the respective geographic, cultural, and socio-economic particularities of the place determine the precise timing and 'moulding' of the scene. Therefore, when considering and adjusting for the respective local particularities, the Shetland findings are universally applicable.

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Chapter 19

Future Prognosis of the Shetland Heroin Scene

The socio-economic and geographic circumstances of the Shetland Islands, and the micro-social conditions of the island heroin scene, obviously regulate the extent to which local heroin use and trade become socially noticeable and associated with crime and violence. Hence, the macro- and micro-social particularities of the island heroin scene significantly constrain the severity of certain heroin-associated social problems. Overall levels and patterns of heroin use as well as the involvement of diverse users including teenagers, on the contrary, seem by now largely unaffected by the specificity of the local conditions. Whereas until the commercial peak, the geographical isolation and community-minded mentality of the Shetland culture and the heroin subculture curtailed the magnitude of heroin consumption, these constraints now seem counterpoised by the global drug trend towards heroin use. To all appearances, the global trend can in no way be curtailed or diminished exogenously, once it has begun to impact on a location. Nonetheless, the nature of its individual and social effects is decisively influenced by specific macro- and micro-social conditions and can therefore be modified purposefully. Assuming that the Shetland heroin scene as well as the shift towards injecting are still in the expansion phase or are beginning to level out into the plateau phase provides a basis on which estimations concerning future developments are possible. For this purpose, ethnographic, numerical, media, and similar evidence concerning the retrospective emergence and developments of heroin subcultures in other places can be analysed and compared to the Shetland situation. Historically oriented ethnographic analyses of heroin scenes, such as that by Ric Curtis, are specifically helpful in this context. An analysis of the developments within the Zurich heroin scene in the mid-1980s presented by Lucchini (1985) can also be very valuable. According to his argument, the subculture fragmented after severe police enforcement and an enormous increase in users, which resulted in a worrying rise in overdose-related deaths. Similar coherences seem to apply to the situation in Shetland and a continuation of the enforcement oriented police approach to heroin on the island could contribute to a further increase in drug deaths, as the transmission of informal control norms and rules is externally disturbed.

Documentation of the historical developments of other heroin scenes and the consequences of the respective governmental responses can assist in developing estimations concerning the prospective course of the island scene and productive intervention approaches. Options regarding effective approaches to intervention aimed at reducing heroin-related individual and social harm are presented in Chap. 20 of Part IV.

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Part IV
Promoting Self-regulation and
Social Integration of Drug Cultures

Chapter 20

A Model of Self-regulation and Social Integration of Drug Subcultures





In Part III, analyses have been presented of the internal structures of heroin scenes in a German and a Dutch city and a Swedish town; the formations and transitions of British heroin markets; the trajectories of New York heroin scenes; the British, Scottish, and Shetland heroin trend; and the evolution of drug eras. The specific relevance of these analyses regarding the situation in the Shetland heroin scene has in each case been illustrated and the respective conclusions regarding the present study have been explicated. On this basis, inferences can be deduced which are universally applicable to drug cultures of both occasional and/or habitual users in rural and urban settings.

Regardless of the respective geographic location, the internal balance of, for example, a heroin scene and its integration into the wider culture can be maintained over time as long as the subculture is determined by a superordinate community-minded spirit. The preservation of such a higher-ranking group attitude depends on the adherence to a set a 'grid' of norms and rules promoting social cohesion, control, and secrecy and sanctioning transgressing and violating behaviour. On this basis, in- and out-groups can be defined implicitly or explicitly. Members of out-groups that threaten internal balance or social integration are required to be excluded or to adjust their conduct to the subcultural norms. An example of an out-group member adapting to the subcultural norms in the present study can be found in Sect. 7.3.5.2, p. 182 of Part II. As long as the originally urban users [Robin, C] still had 'his mainland head on his shoulders', he was sanctioned and excluded by members of the island heroin scene. Only when he adapted to the particular norms of the Shetland heroin scene did he experience acceptance. Destabilisation of the internal balance typically causes reduction in societal integration. The scene becomes noticeable and begins to affect the social order and security of the wider culture.





Each heroin scene (and any other drug culture) is subject to an array of protective and risk factors which either facilitate or threaten its equilibrium. Although protection and risk factors are similar for most scenes, they vary in the respective degree of significance and weight, which depend on the scene's nature and the location-specific particularities of the surrounding environment. In the following, risk and

protection factors within the community in which a heroin subculture is embedded and consequently those the subculture itself contains are listed. Additionally, in each case the likely consequences are specified. Some factors are closely related and mutually dependent, and their separation is therefore somewhat artificial. The same applies to the consequences, and therefore the exact causal relationships can never be identified and depicted in 100% correctness. Causal chains of mutually associated or dependent elements often exist. These complex associations and inter-connections, which are virtually impossible to fully disentangle, are simplified in order to be presented in a clearly structured and comprehensible way. Again, the example of a subculture centred on heroin, the probably most stigmatised and criminalised illicit drug, is employed to illustrate these coherences most demonstratively. Nonetheless, the presented connections apply (in respectively modified manners) to any other illegal drug scene.

Particularities of the surrounding community protecting or fostering the equilibrium and social integration of a heroin subculture include

- Low levels of socio-economic deprivation  Low levels of socio-economic deprivation within the heroin subculture are promoted.
- A strong sense of social cohesion and community-mindedness  Social cohesion and community-mindedness within the heroin subculture and the preservation of pro-social norms are promoted.
- A focus on harm-minimising and decriminalising interventions concerning the subculture on the part of the state  Criminalisation, violence, and criminality within the subculture are likely to be reduced and community-mindedness to be supported.
- Clear sanctions on antisocial behaviours with as little stigmatisation and permanent social exclusion as possible  Risk of self-labelling and progressing social deviance of subcultural members is reduced.

Particularities of the surrounding community threatening the equilibrium and social integration of a heroin subculture include




- High levels of socio-economic deprivation  The probability of high levels of socio-economic deprivation within the subculture is increased.
- A weak sense of social cohesion and community-mindedness  The probability of social cohesion and community-mindedness within the subculture being weakened is increased and the spread of antisocial behaviour promoted.
- A focus on criminalising, repressive enforcement on the part of the state  The probability of criminalisation, violence, and criminality within the subculture is increased and subcultural community-mindedness counteracted.
- Acceptance of antisocial behaviour and/or strong stigmatisation and permanent social exclusion  The spread of antisocial behaviours and/or the risk of self-labelling and progressing social deviance of subcultural members are increased.

Despite the listed protective factors within the community, in which a heroin subculture is embedded, it can lose its inner balance and develop problematic tendencies. Vice versa, irrespective of strong risk factors in the community, a scene



can maintain its inner order and nonetheless exist with few problems. This is shown, for example, by scenes of (socially integrated) recreational or occasional users that can exist virtually alongside scenes of (socially marginalised) heavy users. According to Golub et al. the evolutionary stage also comes into play here with crucial significance (2005). During the plateau phase, the general balance of a subculture might be under decisively more strain than during the incubation phase. Although the just mentioned environmental aspects are likely to impact on the features and internal structure of a heroin scene, the *exact* relationships between cause and effect are impossible to specify.


In Part II, Alfred Adler is cited with regard to what he calls ‘Gemeinschaftsgefühl’ (community-mindedness or community spirit) (cf. Sect. 7.3.4.1, p. 174). He contends that an increase in the community spirit causes an increase in social control since a result of the strong focus on the common good leads to behaviour that does not correspond to the collective interests being rejected as deviant. Thus, a strong sense of community within a drug scene encourages the rejection of all conduct threatening the common good and thereby the subcultural equilibrium. As has been pointed out, community-mindedness-related norms and rules promoting social cohesion, control, and secrecy represent the means to preserve the common good and to sustain balance. Like all causal elements on the macro- and micro-social level, the degree of community-mindedness, secrecy, and control and the equilibrium of a drug subculture are mutually dependent and reciprocally interactive.

Particularities within the subculture protecting the equilibrium and social integration of a heroin subculture include

- Many responsible and socially integrated users and dealers  Promotes the development of and adherence to clear social, secrecy, and control norms, rules, and sanctions, and the overriding sense of community-mindedness is strengthened.
- A closed, communal, and egalitarian market system  Trust and the notion of a common idea and common interests and thus community-mindedness are reinforced.
- Little disturbance by incoming heroin users and/or dealers with less community-minded aspirations  The maintenance of a balanced status quo is facilitated.







Particularities within the subculture threatening the equilibrium and social integration of a heroin subculture include

- Involvement of selfish and antisocial, socially marginalised users and dealers  The development of and adherence to clear social, secrecy, and control norms, rules, and sanctions are hindered; antisocial, violent, criminal, and high-risk behaviours are promoted; and the overall sense of community-mindedness is weakened.
- An open, fragmented, and/or strongly profit-oriented market system  The perpetuation of a common interest tends to be undermined, which weakens the overriding sense of community-mindedness.






- Disturbance by incoming heroin users and/or dealers with less community-minded aspirations  Again, the perpetuation of a common interest tends to be undermined and the overriding sense of community-mindedness weakened.

The precise effects a high or low level of community-mindedness can have on a drug subculture are sketched below.

A high degree of community-mindedness stabilises the equilibrium and social integration of the subculture by



- Counteracting uncontrolled and excessive patterns of use  Levels and degrees of addiction as well as of overdoses and other high-risk behaviours are likely to be low, whereby drug deaths and viral infections are confined.
- Restricting access to heroin  Scene involvement of very young or uncontrolled, selfish users, and thereby risky and criminal behaviours can be reduced.
- Encouraging caution and secrecy  Social noticeability can be regulated and potentially avoided.
- Promoting the socialisation of new subcultural members with respect to individually and socially safe and responsible styles of use  The introduction and spread of destructive norms and behaviours can be prevented or constrained.
- Promoting the rejection of antisocial, violent, and criminal conduct  Again, the introduction and spread of destructive norms and behaviours can be prevented or constrained.
- Promoting the regulation and stability of drug quality  Users can appraise the drug potency, and thereby the risk of overdoses is reduced.

A low degree of community-mindedness destabilises or destroys the equilibrium and social integration of the subculture by

- Allowing uncontrolled and excessive patterns of use  High levels and degrees of addiction as well as overdoses and other high-risk behaviours are increased and thus drug deaths and viral infections.
- Weak or no restrictions of access to heroin  Scene involvement of very young or uncontrolled, selfish users and risk and criminal behaviours are probably increased.
- Social noticeability cannot be controlled  Increased probability of busts and associated criminalisation of the scene.
- Inhibiting the socialisation of new subcultural members with respect to individually and socially safe and responsible styles of use  The spread of antisocial, violent, and criminal conduct is promoted.
- Inhibiting the regulation of drug quality  The risk of overdoses and unwanted side effects is increased as users cannot reliably assess respective potency of drug.

In addition to the just listed threats on the macro- and the micro-social level, the equilibrium and social integration of a subculture can also be disturbed by factors that are, by and large, globally determined.

Global threats to the equilibrium and social integration of a subculture include

- A global trend towards heroin use leading to a rapid expansion of heroin users  The transference of community-mindedness-related norms of social cohesion, secrecy, and control is undermined.
- A new generation of heroin users and dealers emerges that rejects or strongly adapts the previously predominant community-minded norms and rules and follows their own standards  A previous community-minded spirit can be diminished or lost.

The developments just outlined are strongly influenced by global trends, such as those just presented. Hereby, the location-specific particularities determine the extent, form, and timing with which a global trend impacts on an individual heroin scene. Figure 20.1 displays a model that represents the complex coherences outlined in this chapter. The coordinate system of the protective and risk factors involved in the self-regulation and social integration of a heroin subculture on the macro-social (community) level and on the micro-social (subcultural) level is represented on the vertical and the horizontal axes, respectively.

On the basis of the model following causal relations can be identified:

A drug scene affects society and especially public health, community safety, and economic welfare as little as possible when the scene can regulate itself with the aid of control rules. Prerequisite for the development and effectual implementation of control rules and the maintenance of the subcultural homeostasis constitutes a strong sense of community-mindedness embracing both social care and clear sanctions of deviant behaviour. Community-mindedness serves the function of encouraging scene members to perceive and treat the scene as a communal project. As a result of this, the sense of social responsibility specifically amongst experienced, long-term users, and dealers is strengthened.

The analysis of the historical emergence and transition of the Shetland heroin scene against the background of the existing relevant literature has demonstrated that ultimately the global drug trend cannot be suppressed and avoided. The example of Northern Ireland, where heroin use was largely suppressed by the paramilitary groups during the militant conflicts but spread considerably after the ceasefires in 1994 (cf. Higgins and McElrath 2000), demonstrates the significant importance of the particularities of the location on the evolution of drug subcultures. Moreover, it confirms that the global drug use trend can only be deferred in time but not be completely prevented. Therefore, when developing efficient approaches to drugs policy, it should be taken into consideration that the global trend cannot be deterred; however, its implications and outcomes can effectively be modified, as will now be illustrated.

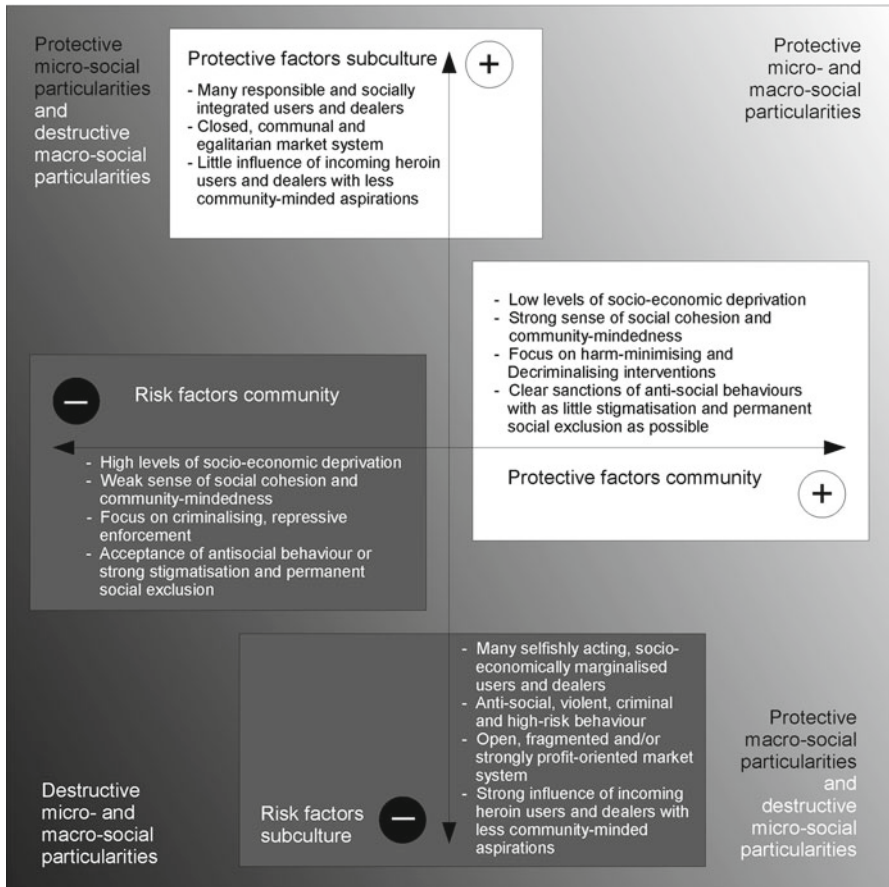


Fig. 20.1 Model of self-regulation and social integration of a drug subculture in relation to the micro- and macro-social conditions illustrated by the example of a heroin subculture

20.1 Practical Recommendations Derived from the Model

The model of subcultural equilibrium demonstrates that a lack of community-mindedness within a heroin (drug) subculture promotes a loss of norms and rules protecting its social cohesion, control, and secrecy. This consequently threatens the subculture’s internal homeostasis. An anomic drug using situation (Young 1971) and a subsequent loss of social integration are the probable results manifested in individually, socially, and economically adverse consequences. The community and the state can implement different interventions on the macro-social and the

micro-social level to avoid disturbances of the subcultural internal equilibrium and its social integration or, if homeostasis and social integration are already affected, compensate for the destructive effects. Interventions include measures of primary, secondary, and tertiary prevention and address a range of different locally and internationally acting domains. These include sciences and politics, education and health care, the police, the criminal justice system, and practical drugs work:

1. *Sciences and politics*: The current evolutionary stage of a subculture can be identified. Drug scenes in similar situations and their developments as well as the respective governmental responses and their outcomes can be analysed. The validity of analyses increases, if they are conducted in retrospective. On the basis of such analyses and comparisons, individually tailored, harm-reducing approaches can be designed and implemented concerning the subculture in question.
2. *Education and health care*: Non-ideological, factual education, well-integrated in all parts of society and implemented extensively (also addressed at police and drug users), can raise awareness regarding drug use-related issues and counteract stigmatisation and exclusion, as well as self-labelling.
3. *Police and community*: On the basis of point (2), the police and the community can focus on harm-minimising interventions instead of repressive enforcement that typically fosters criminalisation, violence, and pauperisation within the subculture and thereby adversely affects the community.
4. *Criminal justice*: Various alternatives to incarceration aimed at the socio-economic rehabilitation and integration of dealers and users can be developed and realised.
5. *Practical drugs work*: The social structure of a drug scene can be utilised specifically to aim at reinforcing subcultural norms and rules in association with community-mindedness and responsible conduct. Amongst other things, such harm-preventing and minimising measures include the promotion of safer drug use and business and generally pro-social behaviours. Location-specific approaches that are developed according to the respective conditions will be most efficient:
 1. The identification of the current evolutionary stage and comparisons with drug scenes in equivalent situations can offer:
 - Information about the effectiveness and ineffectiveness of interventions implemented in response to drug scenes at the same stage of evolution

Linking to the Dutch example outlined below concerning item (3), it would, for example, be helpful to analyse the evolution of (certain) heroin subcultures in the Netherlands, the degree of associated problems, the respective state responses, and the outcomes of the interventions.

2. Value-free drugs education and awareness training in the community, including drug users and the police, can be delivered through:
 - Widely distributed brochures and posters
 - Education of pupils and young people at schools, youth clubs, etc. to inform factually and neutrally about drug use-related issues and risks

- Outreach work targeted at locations not inevitably associated with drug use, such as leisure and cultural facilities, clubs, and community halls
- Informative and educative elements embedded in widely frequented, popular social, or cultural events
- Social events in co-operation with drug users and the community to reduce prejudices and stigmatisation
- Awareness training for employers, specifically aimed at the reduction of prejudices against drug users to promote social integration

The education of young people with regard to a responsible and mature handling of drug use-related issues can compensate for the discontinued transmission of the 'lore of drug use' in situations of anomic drug use as described by Young (1971). In this way, the prevalence of drug deaths, new blood-borne infections, addiction, and socio-economic problems can be counteracted effectively.

With regard to the non-using parts of the community, a reduction in stigmatisation, labelling, and social exclusion of drug users can be achieved.

Additionally, the reinforcement of a sense of community-mindedness and social cohesion within the community through socially integrative measures and institutions can also impact positively on a drug subculture. However, such measures are part of a general approach to improve the cultural and social conditions of a community, and precise descriptions would go beyond the scope of this book. Therefore, they are only generally sketched here and not outlined in more detail.

3. Harm-minimising approaches on the part of the community and police include:
 - Shifting focus from drug use per se to behaviours causing public and social nuisance
 - Differentiating between 'soft' and 'hard' drugs
 - Increasing focus on operations aimed at drug syndicates and significant suppliers, while decreasing focus on small street-level distributors and users to avoid a criminal cycle of incarceration and resumption of drugs trade with new criminal skills and subsequent re-incarceration
 - Programmes for reducing drug-related public nuisance that are based on joint ventures between treatment and care facilities, police, and civil groups and include locally based and outreach activities
 - Employment programmes in co-operation with employers

For years, the Netherlands have experience with a police approach aimed at the reduction of public nuisance following from antisocial behaviour rather than drug use and trade per se. Additionally, in this context, programmes are implemented that involve the co-operation of treatment and social services, community groups, and police (EMCDDA 2009a). This strategy, also mentioned by Grund (1993) cited above, seems to be an effective component of the Dutch drug policy. Of course, the precise impact of this single feature

cannot be determined with certainty. However, in correspondence with the model of subcultural homeostasis, a direct reducing impact of this approach to drug policy and police intervention on numbers of drug-related offences, drug-related deaths, and treatment demand is likely. Therefore, the national figures published by EMCDDA for the Netherlands, generally characterised by liberal and harm-minimising approaches to drug use and trade-related intervention, and the United Kingdom, generally characterised by comparatively repressive and abstinence-oriented approaches to drug use and trade, will be contrasted in the following.

In 2007, 3.38 drug-related deaths per 100,000 population were recorded in the United Kingdom (EMCDDA 2009b), which compares to a rate of 0.6 per 100,000 population in the Netherlands (5.6 times lower). Even when considering that the United Kingdom counted 10 problem drug users per 1,000 population and the Netherlands only five, the rate of drug deaths in the Netherlands is still significantly lower. The British rate of drug-related offences in 2006 amounts to 2.01 per 1,000 population (no figures of the overall United Kingdom are available for 2007), compared to the Dutch rate of 1.17 per 1,000 population. In the United Kingdom, 2.1 individuals per 1,000 population entered treatment in 2007, which compares to the four times lower Dutch rate of 0.53 per 1,000 population.

Although only a few select figures have been compared, the comparison suggests generally lower levels of drug use-related harm in the Netherlands than in the United Kingdom. This difference is, amongst other things, likely to be associated with the different approaches of police and state intervention to illicit drug use.

4. Alternatives to incarceration include, for example:

- Community-based service combined with psychosocial counselling

Suitable are, for example, counselling methods such as motivational interviewing (Miller and Rollnick 2002) and socio-economic integration programmes that comprise features of education and employment. Since drug dealers, especially at the lower levels, are often simultaneously drug users, community-based service can be combined effectively with all of the measures mentioned under point 5.

5. The social structure of a drug scene can be utilised by pointedly reinforcing norms and rules in relation to community-mindedness and thereby harm minimisation through:

- Outreach and street work
- Peer education
- Community social work
- Social casework

Suitable elements capable of being easily integrated in social case work embrace harm reduction-oriented counselling approaches, such as the treatment programme KISS (Kontrolle im selbstbestimmten Substanzkonsum,

GK Quest Akademie 2009) or the counselling approach of motivational interviewing (e.g. Miller and Rollnick 2002), which have both been introduced or mentioned, respectively, in Sect. 2.6 of Part I. Building on the existing research on controlled substance use, KISS assists users to acquire and apply rules that aim at regulating and reducing or stopping substance use. It can be assumed that the greater the number of subcultural members able to self-regulate their heroin use, the greater will be the self-regulatory capacities of a heroin subculture and the degree of social integration. The degree of social integration of a subculture is also strengthened by high levels of social integration amongst its members, which again can be furthered through specific psychosocial programmes that include educational and employment modules.

The practical and political relevance and applicability of the model of subcultural homeostasis has been demonstrated comprehensively. The more complex and multilayered intervention approaches are, the greater will be the beneficial effects for both users and the general society. Nonetheless, the listed measures, as well as other suitable ones, not mentioned here can also be employed selectively. It should be pointed out here again that even though the global drug trend cannot be suppressed or averted locally, its outcomes can be influenced and thereby significantly ameliorated.

20.2 Résumé on the Subject of Society's Dealing with Illicit Drug Use

The findings of the present study as well as of comparable research presented in Part III have demonstrated that the level of community-mindedness inherent in a drug subculture significantly determines its degree of internal homeostasis and societal integration. Certain incidents, in particular a rapid inflow of new users as well as severe interferences with the scene on the part of the police, can deeply disturb this homeostasis. As a consequence, the scene is likely to react with processes of commercialisation, criminalisation, and pauperisation, depending on the specific situation. Moreover, the evidence provided by analysing the historical course of the Shetland heroin scene and of scenes in the presented scientific literature strongly suggests that police enforcement typically cannot eradicate a scene. Besides changing its character in the ways just described the subculture will most probably also react with the (temporary) transformation of turning underground or shifting locally. The expansion and stabilisation of socially and individually problematic trends within a scene, society can effectively counteract by employing specific interventions, such as those introduced in the preceding section.

Bearing these causal coherences in mind, the socially most responsible and successful policy to encounter a subculture from state side seems to be a harm reduction approach. Nonetheless, to implement interventions of this kind efficiently,

illicit drug scenes have to be assessed according to their *actual effects* on public health and community safety rather than being automatically deplored due to their illegality. In the case of the latter, the morally and ideologically based approach of the common ‘war against drugs’ method will probably be further maintained. However, many years of experience and meanwhile sufficient scientific evidence prove this method not only to have failed but also to have caused much preventable harm (e.g. reinforcement of national and international criminal structures, adverse impacts on individual and public health, and community safety). Tackling the subject pragmatically and from a utilitarian, non-ideological position allows accepting and exhausting a hitherto largely neglected potential. In this connection, the concept of community-mindedness offers novel access and invaluable possibilities, of which those outlined above constitute only a selection.

20.3 Implications for Future Research¹

Starting from the findings of the present study, the further development of the Shetland heroin scene can be tracked and analysed, which can greatly assist the development of approaches to effective drug treatment and policy in Shetland. Encompassing and thorough research on the historical emergence of heroin (drug) subcultures that involves qualitative and quantitative methods and habitual and non-habitual users is needed to further broaden our horizon with respect to understanding the nature of different styles of heroin use. Hereby, historically oriented investigations, such as the ethnographic studies by Curtis (2003) and Spunt (2003) and the present one, can be very valuable in identifying the evolutionary stage of the scene under research. Finally, research specifically aimed at applying, testing, and further elaborating the model of equilibrium and social integration of heroin (drug) subcultures can assist in devising efficient approaches to harm reduction treatment and policy.

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¹For strengths and limitations of the present study, see Appendix 3.

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Appendix

Appendix 1: Interview Guidelines

1. *Personal details*
 - 1.1. Age
 - 1.2. Where born? Since when in Shetland? Ever lived anywhere else – where, how long for? When and why returned to Shetland?
 - 1.3. Employment status, source of income, job, education
 - 1.4. Marital status, living conditions, children, etc.
2. *Personal heroin using history*
 - 2.1. [*Initiation of heroin use*] When started using heroin? How and why started? With whom? What kind of situation?
 - 2.2. [*Course and development of heroin use patterns until now*] How did your heroin use develop? Patterns of use changed over time? Which way? Caused by what? Any relevant life experiences, which had an impact on your use?
 - 2.3. Changes in using patterns, how, why? How related to general changes in heroin scene?
3. *Current patterns of use*
 - 3.1. Frequency and amount? Depending on what, how often, and how much? Route of administration? Always the same, changing – why?
 - 3.2. Use of any other drugs? In what kind of relation to heroin use? Poly drug use?
 - 3.3. Heroin use has any influence on life style – work, leisure activities, circle of friends etc.?
 - 3.4. [*Setting of heroin use*] Could you describe the situations in which you are using? Where, with whom (alone, friend(s), group of people, scene, etc.)? On what kind of occasion?

4. *Personal meaning of heroin/heroin use (personal relationship to heroin use and 'heroin high')*
 - 4.1. [*Set of heroin use*] What are your expectations from your use? Your motivations? Why you use?
 - 4.2. Function of heroin use
 - 4.3. [*Cost and benefit*] Good and downsides of heroin use
Attitudes towards personal use? E.g. clear and relaxed? Positive or negative? Ambivalent? Need to justify in order to avoid cognitive and emotional dissonances, inner conflicts between desire for 'high' and society's moral attitude, etc.?
 - 4.4. Heroin use and awareness of own life/life style? Heroin use and philosophy or ideology?
5. *Heroin scene in Shetland*
 - 5.1. Is there a (main) heroin scene/subculture in Shetland? What is it like? Characteristics?
 - 5.2. Are there different heroin using subgroups or scenes? Can you describe them in more detail (e.g. different age groups, different patterns of use, different meaning of the drug etc.)?
 - 5.3. What are the Shetland-specific characteristics in comparison to other urban and rural scenes on the Scottish/English mainland?
 - 5.4. What is the heroin scene like today compared to the past? Has it changed?
6. *Heroin use and identity (self-esteem and self-confidence)*
 - 6.1. Own social role within the broader and immediate Shetland community?
 - 6.2. Would you describe yourself as belonging to a certain drug using subculture/scene (these days)? If yes, could you describe this scene in more detail?
 - 6.3. Would you call yourself a heroin user, dope smoker, 'boozer', etc. (these days)?
 - 6.4. Relationship with societal and subcultural identity, identification with subculture or rather general society?
 - 6.5. Have you ever been involuntarily found out to be a heroin user (someone previously not informed – who?) If yes, what were the consequences? Reactions – e.g. sanctions – of friends, family, general community?
7. *Control over personal heroin use*
 - 7.1. What do think about heroin and addiction?
 - 7.2. In how far do you feel in charge of your substance use in general and your heroin use in particular? Could you imagine to ever become 'addicted'? How?
 - 7.3. Could you tell me a bit about your own norms, values, personal limits, taboos regarding your heroin use/heroin use within your social circle? What is acceptable, what is not? Any sanctions if limits not kept?
 - 7.4. Are there certain rituals involved in your use?

- 7.5. How do you keep control? Automatically? Consciously? If yes, can you describe your 'control mechanisms' in detail? How did you acquire them – learnt yourself? From friend(s)/heroin using scene? Have they always been the same or changed over time, e.g. according to changing life situation or life events?
- 7.6. How do you deal with cravings, other triggers?
- 7.7. Do you think to keep control over one's heroin use is easier in Shetland than anywhere else? If yes, can you outline that, please?

Appendix 2: Shetland, Scottish and British Slang and Dialect

General: 'ou' tends to become 'oo' (around – aroond, house – hoose, town – toon, etc.); 'o-sounds' often become 'ae' (more – maer, into – intae, not – nae, etc.)

Aboot – about

Acid – LSD

Alang – along

Aroond – around

Bairn – child

A blast – a smoke of/snort of heroin

Blow – cannabis

Brown – heroin

To be busted – to be arrested by the police

Cannae – can't

Coke – cocaine

Couldnae – couldn't

Coupla – couple of

To dabble – to experiment with illicit drugs

Dat's da ting – that's the thing

Dope – cannabis; sometimes also used to refer to heroin

Dunno/dinnae – don't know

DFs – Dihydrocodeine (prescription opiate)

Es – ecstasy tablets (MDMA)

Fae – from

Fuck all – nothing at all

Fucking – damned (in Scottish slang often tightly woven into the language)

To give someone a do in – to kill someone

Gonna – going to

Gotta – got to

To gouch – to be in a 'wiped-out stage' immediately after administering heroin

To grass – to peach, to denunciate

Habit/habited – physical dependence/physically dependent

Hoose – house

Intae – into
 To jag – to inject
 Ken – you know/you know what I mean or also to know
 Maer – more
 Me as possessive pronoun – my
 Nae – no
 Ned – short for non-educated delinquent
 Noo – now
 Oot – out
 Over yonder/thonder – similar to over there
 Peerie – small
 Peerie start – small
 To rattle – to feel physical withdrawal symptoms
 To shoot up – to inject
 Skag – heroin
 Smack – heroin
 Sooth – South
 Sorta – sort of
 Speed – amphetamine
 Tae – to
 To take a toot – smoke or snort illegal drugs
 This – can also mean ‘these’
 Thon/yon – similar to that (e.g. pointing at something at some distance)
 Toon – town
 Tooter – tube used for snorting or smoking a powdered drug
 To quit – to stop
 Wife – woman
 Wis – was

Appendix 3: Strengths and Limitations of the Study

The time for data collection, having been confined to two months, restricted the sampling process in several ways. An additional month could have resulted in a greater variety within the sample in terms of a more even distribution of using patterns and of men and women. Additionally, very young users could possibly have been included. Greater sample variety could have further widened and deepened the knowledge of the social dynamics involved in the heroin scene. Systematic and consistent theoretical sampling, according to the principles of grounded theory, was not feasible within the available time span. Instead of conducting an interview, transcribing and analysing it and deciding on this basis which interview partner would be most suitable next, the restricted time only allowed for the writing and analysing of theoretical memos. The interviews themselves could only be transcribed and analysed after the author’s return to Germany. However, this

shortcoming was compensated for by the very systematic, thorough and detailed data analysis (cf. Sect. 3.7 of Part I).

Altogether the research process took five and a half years, which is explicable in terms of the time-consuming nature of the individual process components. These include the transcription and analysis of a relatively large number of partly long interviews with persons who spoke in pronounced Shetland and Scottish accents by a native German. Due to the long research process, the data are meanwhile five and a half years old and therefore no longer reflect the *current* state of the Shetland heroin scene. On the one hand, the lack of contemporary data represents a disadvantage, since the results could have contributed earlier to the development of effective approaches to drug treatment and policy on the Shetland Islands specifically. On the other hand, the tracking of the heroin trend in Shetland through the analysis of documents from local drug treatment and drug policy agencies, relevant official statistics, newspaper articles and anecdotal information still allows for an assessment of the momentary situation. Moreover, the heroin scene's historical perspective, as reconstructed in Sect. 8 of Part II, permits a classification of the scene according to the evolutionary model of Golub et al. (2004). In this respect, extra expressiveness is even gained, as the application of the evolutionary model increases in reliability in retrospect. In general, the historical relevance and expressiveness of the data might therefore only *increase* when analysing the past.

The strengths of the investigation include the unique research perspective under the laboratory conditions resulting from the Shetland-specific macro-social particularities, such as the small size of the island and the island population and the geographic isolation. Further strong points constitute the inclusion of both habitual, socially marginalised and non-habitual, socially integrated heroin users as well as of quantitative and media information to complement the qualitative interview data. Extensive social networking assisted in accessing non-treatment heroin users, who belong to a difficult to access, hidden population (Fountain 2000). The recruitment of occasional heroin users in particular, tends to be very time consuming and difficult (Kemmesies 2004). Although the diversity within the sample could have been further increased if more time would have been available for data collection, the existing sample variety was nevertheless large compared to other studies of this type. Through an informal and open communication style, the author could obtain first-hand information from different perspectives about many aspects related to the highly sensitive research topic. Throughout the whole research and writing process, the author entertained a continuous exchange with a wide range of professionals and experts in the field of drugs research and qualitative methods as well as practitioners in drugs treatment in Germany, Great Britain and Shetland, who critically commented on the research process. By this means, the research matter was illuminated from many different angles, which assisted in increasing the level of analytical depth and theoretical abstraction of each chapter. The author's prior knowledge of the research area based on two previous studies (Stallwitz and Shewan 2004; Stallwitz 2007) provided the opportunity of conducting the overall research process and especially the data collection in a target-oriented and focussed manner.

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