

Heroin Narratives: Normalisation and Demonisation of Heroin Use at a Swedish Online Message Board

Mats Ekendahl^a

Abstract

Heroin is considered potent and addictive and users are often stigmatised as the other. On the internet, however, hegemonic ideas about drugs can be resisted. This study elucidates how efforts to normalise and demonise heroin meet at a Swedish online message board (Flashback Forum). The study aims at analysing how heroin use is given meaning by discussants in a thread called “I will start with heroin”. The data were perceived and structured as a collaborative, overarching narrative about when, why, and for whom heroin use can make sense. Discussants used stories about pleasure-seekers, miserable junkies, and self-medicating addicts to depict the activity as unproblematic and rational, problematic and irrational, or as problematic and rational. No stories about heroin use departed from the plot-lines of pleasure maximisation and pain minimisation. Results elucidate a discursive battle in which: (1) heroin use as minimisation of pain “wins” over heroin use as maximisation of pleasure; and (2) there is a general agreement that heroin use cannot be irrational and unproblematic at the same time. It is suggested that these features are central to contemporary drug discourse, and that they probably hinder public understanding of why people use heroin and therefore contribute to keep users stigmatised.

Keywords

Heroin, internet, narrative, construction, qualitative

This study aims to describe and analyse how a drug infamous for being dangerous and dependence-producing is attributed with meaning on Sweden’s largest online message board—Flashback Forum. This paper elucidates what happens when someone counters hegemonic ideas about heroin by describing it as a source of joy rather than as a “death drug”. It focuses on a thread called “I will start with heroin” and illustrates how such a statement is built up and met by discussants, and how they use narratives in efforts to normalise and demonise heroin.

Drug use has long been understood from the viewpoint of dichotomies, such as rational/irrational, unproblematic/problematic, normal/abnormal, healthy/

sick, controlled/uncontrolled, moderate/excessive, productive/wasteful, responsible/irresponsible, etc. (Duff 2004; Schnuer 2013). While this polarised thinking has helped societies identify acts that ought to be condemned (which justifies making certain drugs illegal) (Seddon 2011), it is nowadays considered difficult to distinguish problematic addicts from unproblematic non-addicts (Schnuer 2013). In

^aStockholm University, Sweden

Correspondent Author:

Mats Ekendahl, Department of Social Work, Stockholm University, S-106 91 Stockholm, Sweden
E-mail: mats.ekendahl@socarb.su.se

post-modern societies, citizens are met as neoliberal subjects who should decide autonomously over health matters (Maes and Karoly 2005), and risk information is considered as a crucial feature of government control (Bergmark 2004). There is now cultural appraisal of people's ability to manage risks and simultaneously express their individuality by pursuing pleasure (Bunton and Coveney 2011; Duff 2008). This appears manifested in, for instance, recent years' alleged normalisation of illicit drug use among youth (Parker, Aldridge, and Measham 1998), the presence of drugs in popular culture (Manning 2007) and mass media (Montagne 2011), in the overflow of scare stories in press coverage of health issues (Seale 2003) and in the explosion of online health information (Cline and Haynes 2001).

The societal focus on risk and pleasure begs the question of what pleasures that count as rational to pursue and, in particular, whether excessive use of illicit drugs can be regarded as unproblematic in Western cultures. As suggested by O'Malley and Valverde (2004), pleasure is discursively associated with drugs only if the use is moderate, responsible, and controlled. This normative perspective on "good" and "bad" drug use is said to represent a way for liberal governments to encourage abstinence (O'Malley and Valverde 2004), to contradict the beliefs of people who use illicit drugs for recreational purposes (Duff 2004; Duff 2008) and to silence pleasure as a motive for action in drug policy and research (Moore 2008).

In this vein, the pleasure component is often sketched out vaguely in portrayals of drug use, as merely a good feeling that people want to achieve (Huntington Fulmer and Blumberg Lapidus 1980; Seecof and Tennant 1986; Bourgois and Schonberg 2009; Dwyer 2008; Valentine and Fraser 2008). More nuanced accounts of excessive, and thus "bad", pleasures are generally missing (Schnuer 2013). This simplified take on the logic behind for instance intravenous drug use may have to do with scientific

difficulties in studying and disseminating individual experiences of drugs (Duff 2008), but also with the view that excessive drug use is a brain disease that eliminates human agency (Gardner 2011; Robinson and Berridge 2000).

Even if assessments of drug harms are claimed to be driven by ideological rather than scientific concerns (Kalant 2010; Nutt et al. 2007), there is a general agreement that heroin causes a lot of suffering (Nutt, King, and Phillips 2010; World Health Organization [WHO] 2009). The governing image of heroin as "bad" is not only reflected in social conceptions of harmfulness (Blomqvist 2009), but also in many countries' labelling of and response to it as a hard but not a soft drug (Tops 2001). In popular culture, symbolic images of dose preparation, agonising withdrawals, and the ragged junkie emphasise that heroin is strong and addictive which makes using it a taboo for ordinary people (Hammersley 2011; Peretti-Watel 2003). Media coverage of heroin related issues tends also to reproduce the view that users endanger their lives (Manderson 2005) that they are either deserving victims or punishable villains (Bell 1985) and that there is a difference between "us" (normal people) and "them" (sick deviants) (Lawrence, Bammer, and Chapman 2000; Elliott and Chapman 2000; Taylor 2008).

This problematising perspective on heroin, which turns the user into the other can be compared with how alcohol is typically understood and regulated. It is also a drug with acknowledged harmful consequences (WHO 2011), but unlike heroin, it is considered as an integral part of human life and a potential source of joy (Nicholls 2011; Room 2005). And unlike heroin, it is thought of as a drug that most people can handle and control.

In this way, constructions of problematic and unproblematic drug use appear to be context-dependent and related to ideological and political considerations. In a historical discussion of

the pleasure concept, O'Malley and Valverde (2004) show how William Hogarth's prints "Beer Street" and "Gin Lane" sought to make citizens of the eighteenth century, England, drink beer (which was considered as food) instead of spirits in the form of Gin (which was considered as vice). According to the prints, the two beverages were associated with different classes of people and with more and less honourable pleasures. Residents of Beer Street were virtuous, moderate, and productive while those of Gin Lane were degenerated, excessive, and unproductive (O'Malley and Valverde 2004: 29-30). This illustrates how people who consume "wrong" drug are marginalised as sick, immoral, and led by bodily urges. In contemporary society, it appears as if heroin users have been attributed the role previously occupied by the drunkards of Gin Lane. The demonisation of heroin forms the backdrop to policy measures aimed both at erasing the drug from society (e.g., by criminalisation of use) and at reducing individual level harms (e.g., by providing methadone maintenance treatment to those who cannot quit).

In this study, it is suggested that "talk" related to drug use reflects public opinion, culture, and ideology, and that discussion threads on internet message boards can provide interesting data. Online anonymity makes it possible to voice attitudes that would be stigmatising elsewhere, and there is a plethora of drug-related discussions that defy the notion that illicit drug use is all "bad" (Barratt 2011; Montagne 2008; Murguía, Tackett-Gibson, and Lessem 2007; Månsson and Ekendahl 2013). According to this, we can expect that uncensored "drug talk" on the internet is an important object of analysis.

THEORY

It is here assumed that objective reality and our interpretation of it are two different entities, however, they shape and reflect each other (Berger and Luckmann 1966). When a heroin user dies from

respiratory arrest, it is seldom far-fetched to understand the event as a "drug death" in which a drug user unintentionally overdosed a potent drug. This construction makes sense in our social context, because we believe that there are drug users who do such things, that drugs are more or less potent and can be administered in dangerous doses. According to Berger and Luckmann (1966), such indisputable assumptions about reality may be termed as institutionalised knowledge. Articulating the "drug death"—interpretation would thus imply that institutionalised knowledge about people (e.g., "drug users"), objects (e.g., "heroin"), and actions (e.g., "overdosing") is reproduced, and that less sense-making interpretations are rejected as falsifications (e.g., that the respiratory arrest was an act of God). This not only emphasises the necessity of language in describing and understanding experiences of reality, but also in challenging descriptions and understandings that govern therein. "Since this knowledge is socially objectivated as knowledge, that is, as a body of generally valid truths about reality, any radical deviance from the institutional order appears as a departure from reality" (Berger and Luckmann 1966: 83).

This paper concentrates on what happens discursively when someone "departs from reality" by telling a story about heroin use that apparently challenges the institutional order. In line with narrative theory, the data will be approached as a complex process of interaction where tellers and listeners both construct identities, put forward arguments and try to attune their articulations with the social context and with previous and upcoming talk (De Fina and Georgakopoulou 2008: 382).

According to this, stories have the potential to embody institutional knowledge, and mediate between the macro- and micro-level of society. There are, for instance, widespread macro-level narratives about cultural identity that contain coherent descriptions of contexts, plots, and main characters. They describe

“typical actors engaging in typical behaviours within typical plots leading to expectable moral evaluation” (Loseke 2007: 664). People relate to such “master narratives” when they try to make everyday life meaningful (Bamberg 2004).

One master narrative related to heroin suggests that users ruin their own and others’ lives, and their drug dependence makes them lose control, which legitimises describing the above event as a “drug death”. This narrative is echoed at other levels of society too (Loseke 2007). At the meso-level, for instance, corresponding stories are created (e.g., “The Outcast” and “The Intravenous Drug User”) that warrant certain laws and policies (e.g., criminalisation of drugs and healthcare for the sick). At the micro-level, in turn, people can draw on, but also counter such macro- and meso-level narratives to show and explain how they perceive themselves and how they want to be perceived by others. In this way, master narratives provide guidance for understanding phenomena, they rationalise certain policy responses, and they may be resisted which can ultimately lead to social change (Bamberg 2004). Storytelling is therefore a both social and political activity (Ezzy 1998). This study focuses on how master narratives and related stories are used in discussions about heroin.

METHODS

The textual material was collected at Sweden’s currently largest online message board—Flashback Forum, well-known to host vivid and liberal drug discussions¹. The keywords “reason” (*skäl*, in Swedish) and “heroin” were entered in the search tool of the web page, and as of January 2014, this resulted in 58 threads in the section called “opiates and other opioids”. Looking at thread titles and number of posts and views, there were a few that appeared interesting, for example: “Heroin is a fucking shitty drug!” (295 posts, 34,000 views); “How can you go as far as using

HEROIN?” (186 posts, 40,000 views); “Why do you use opiates?” (88 posts, 5,000 views); “Why do you take heroin?” (169 posts, 40,000 views). The thread that was chosen, “I will start with heroin”, was suitable to analyse because it encompassed a comparably up-to-date and dense material (active during the past two to three years, 531 post, of which several were longer than a couple of words), and because the number of views indicated substantial public interest (125,000 views).

The data were captured as pdf files (approximately 120 pages) and imported to software for text analysis (Nvivo 10) for further investigation. To get a comprehensive view of the thread in its entirety, it was read thoroughly and coded on the basis of content, yielding themes such as “thread starter’s posts”, “heroin compared to other drugs”, “heroin lifestyles”, “statements about the thread starter”, “why discuss heroin online”, “prenatal injuries related to heroin” and “disputes between forum members”.

The full reading and coding of the material indicated that the thread starter gradually, during the discussion, described and rationalised drug use in new ways and concluded that legal methadone rather than illegal heroin was preferable. This change of attitude was interesting from the perspective of narrative theory, and it was considered worthwhile to elucidate how it was articulated in the thread’s overarching storyline and why it came out in the way it did. To provide a full answer to such questions and to make a possible reflective analysis of extensive internet data, a combinatory version of narrative inquiry was chosen (Polkinghorne 1995: 15).

Firstly, the individual posts that made up the thread were structured as an overarching narrative, what Polkinghorne (1995: 12) calls a “narrative analysis” (from empirical elements to story). This was done by interpreting and then coding posts as roughly related to the beginning, the middle, or the end of a narrative about someone who is transformed from a recreational to a pathological user of opiates. The

structuring of the data in three stages built both on the content of posts and their position in the thread (making the borders among the three stages rather vague). This method of coding was considered adequate because it made it possible to maintain the thread's atmosphere and temporal flow. Secondly, focus was placed on how discussants used stories to strengthen arguments and thereby either challenge or protect the institutional order (Berger and Luckmann 1966). According to Polkinghorne (1995: 12), this approach may be termed as an "analysis of narratives" (from story to empirical elements). This phase included searching the data for descriptions of typical plot-lines, main characters, and contexts that may be indicative of master narratives and related stories (Loseke 2007).

General guidelines for ethics in internet research suggest that venues with "acknowledged publicity" can be studied without the permission of administrators or participants (Ess and the AoIR Ethics Working Group 2002: 5). Since Flashback Forum is anonymous, open for everyone to engage in and has acknowledged publicity in Sweden, the material was downloaded without permission. Even if the truthfulness of anonymous online messages is unknown, the topic of the study concerns an illegal activity. Every necessary step was therefore taken to protect the anonymity of forum members in reporting results (changing some information in posts, leaving out nicknames, avatars, posting frequency, membership duration, etc.).

While nothing suggests that the thread chosen was unique compared with other threads available at Flashback Forum, its representativeness regarding heroin discussions outside the online message board is impossible to determine. The context-dependency of "drug talk" suggests, however, that this thorough and qualitative analysis of one spontaneous discussion may provide important clues as to what can be said about heroin and other drugs in contemporary Sweden.

It should be noted that message board threads are messy, usually conveying a mix of replies to immediately preceding posts and replies to older posts (sometimes the text being commented on is pasted in and sometimes not). To improve readability, the extracts presented in the results section have been cleansed from everything but the poster's own words and the only information given are about each post's position in the succession of 531 posts. The extracts have been translated from Swedish to English with the aim to keep the original style of writing as much as possible. Omitted passages are indicated with three dots within brackets.

RESULTS

Narrative's Beginning: The Institutional Order Challenged

The thread starter (according to his own posts a male, henceforth called TS) tries to normalise heroin use in his first post by suggesting that it is a choice that may be appropriate after weighing pros and cons (using phrases such as "after much thinking" and "done my homework"). He then describes a long history of "drug abuse" which up until recently included injecting "hydromorphone" (also called "pharmaceutical heroin" or "palladone"). Due to lack of supply, he had to withdraw from that drug, and now wants to "re-enter into this state of complete physical and mental euphoria". His tolerance for opiates is "relatively high" which makes drugs like "methadone and morphine by and large ineffective". During sobriety, he has become "tired of having this void in life", and is now ready to start "a relationship with heroin". He is determined to inject and wants opinions on a starting dose of 10-15 mg heroin. While still being too timid to "get out on the streets" and "contact the clientele who supplies heroin", he believes that he will soon get started. In the meantime, he is willing to debate with "opponents and those who have already

seen the light” (post 1).

TS so challenges the institutional order when planning to use and engage with a drug that is considered extremely dangerous. He tells a story about a neoliberal subject (main character) who pursues pleasure (plot) within a framework of decent living conditions (context). This story about a pleasure-seeker is not controversial because it depicts unproblematic and rational drug use *per se*, but because it relates to a drug that is typically thought of as impossible to control.

In this reasoning, TS’s claimed disconnectedness with street drug use appears to justify his talk about heroin and pleasure. When claiming to not know anyone who sells the drug (post 1), to have “savings that will last a good while” (post 24) and “friends and family” (post 81), he describes his surroundings in line with Beer Street rather than Gin Lane (O’Malley and Valverde 2004). This is probably an effort to make forum members take him seriously and not reject him as a deviant fool. In a similar vein, supporters of TS describe how heroin should be used. As in this post where the question of starting dose is picked up:

It depends on how you take it, I recommend you smoke/snort in the beginning. Start with .05, take even less if you inject (shoot up half and wait a minute). (...) My advice is to stay on a low dose and enjoy it as long as possible, you have all the time in the world to increase dose. If you do it too fast, you both risk overdose and making your habit expensive. (post 172)

The forum member propagates safe use by giving concrete advice on administration techniques and handling of tolerance development. The message is that dose increases are obligatory but unproblematic aspects of use, not signs of lack of control. This disarms a common argument against taking the first dose—that tolerance will occur and become problematic—and emphasises that the enslaving effects of heroin can be dodged or postponed. Heroin is thereby constructed as an object controlled by will,

not a subject that controls the will, which strengthens the possible link between excessive drug use and pleasure.

The story about the pleasure-seeker is thus coupled with a story about an expert drug user. By highlighting the skills needed to maximise pleasure and avoid adverse effects, TS’s plans become apt for a select group of “righteous dope fiends” (Sutter 1966; Martin and Stenner 2004). This association between expert knowledge and rational heroin use underscores both that the activity is extraordinary (heroin is more demanding than other drugs), and that the drug is more ordinary than generally believed (the danger lies in poor handling, not in the drug).

Other discussants try in a similar way to normalise opiate dependence. Here, the story about the pleasure-seeker is nuanced by referring to a story about a high-functioning abuser who manages to take hard drugs and lead a normal life. In the following posts, abuse and dependence are not seen as signs of problematic deviancy, but as natural parts of a certain lifestyle.

Yes, but I have to add that it is POSSIBLE to abuse opioids and still lead a functioning life. It may be uncommon, I don’t know... but it is possible. Note that I write ABUSE, not use... I don’t know anybody who “uses” opioids. (post 128)

I’m one of them. Got job, apartment, my family believes I’m totally clean and never even tried a drug. Even though I’ve been abusing opioids for a year (used them for two years before getting hooked). (post 140)

Here the generic concept of opioids is mentioned instead of the narrower concept heroin. This terminology demystifies heroin by underscoring its similarities with other drugs. Moreover, the posts contribute to normalisation by describing use and unavoidable abuse as private matters. The story about the high-functioning abuser thus works to emphasise the uniqueness of heroin (impossible to use) and to depreciate problems related to this (ok to abuse it).

Forum members who applaud TS as a risk-taking

hero achieve the same thing. They highlight the dangers of heroin and the virtue of submitting to them.

I've never tried it myself but I'd never throw shit on those who have, because I don't know if the momentary euphoria is better than the euphoria you get from 10 years of Volvo cars and dinners with wine. (post 135)

This extract evokes a story about a risk-taker whose decision to use or not use heroin is one between momentary bliss and sustained dullness (which is indicated by associating non-use with the conformity of "Volvo cars" and "wine"). According to this, TS is a rational but adventurous person who dares and therefore should challenge ordinariness.

As shown above, the thread's overarching narrative begins with a joint effort to construct heroin as a commodity that may be used for recreational purposes and incorporated in a normal lifestyle. Forum members' references to stories about expert drug users, high-functioning abusers, and risk-takers nuance and provide leeway for the key message of the story about the pleasure-seeker; that heroin use is unproblematic and rational.

Narrative's Middle: The Institutional Order Protected

In this phase of the overarching narrative, TS's controversial statement is met by forum members who try to safeguard heroin from being perceived as "good". They typically draw on a story about a self-destructive and ragged junkie (main character), who compulsorily chases heroin to avoid withdrawal symptoms (plot) and who is disconnected with normal people and circumstances (context). This is a story about a miserable junkie.

If you want to discuss and take advice from other heroin users, go to Destination Plattan (author's note: a place in Stockholm known for drug dealing and drug use) and lift up blanket after blanket until you find a bastard who isn't dead

yet. That's where they all end up! And it's getting cold, so hurry up! (post 127)

In this reasoning, the rationality of heroin use is discarded by describing TS's choice as one between life and death. The extract also reifies heroin as a monstrous force that transforms pleasure-seekers into marginalised slaves, which is emphasised by suggesting that they end up being half-dead at "Plattan" (a place that like Gin Lane is associated with despair).

Another way to make TS change his mind is to suggest that he lacks knowledge about the agonies of drug dependence and that he ought to watch movies such as "Christiane F.—Wir Kinder vom Bahnhof Zoo" (post 51) or "Requiem for a Dream" (post 70). A similar therapeutic mission is articulated when forum members suggest that TS should engage with what is good in life and reconsider his decision.

I watched a documentary yesterday about heroin abuse, and damn it was depressing! I do grasp the love of being high since I've been addicted to opiates myself, not heroin though. I see what you mean with void. But why not fill this void with things in life that are good for you? Travels? Love? Exercise? Pet animals? Just other experiences. I chose that path. (post 276)

Here it is implied that TS's "void" should be filled with other activities and objects rather than drug use. The post draws on a story about a recovered addict who (with the advantage of experience and hindsight) knows what pleasures in life are rational to pursue.

By all means, continue with it. If you're lucky, an overdose comes pretty soon and your family gets your savings, they'll do more good there, see. (post 298)

Instead of using your energy to sit here at the message board and make posts about this sad topic, you should consult psychiatry, because you are of no use here. You're not healthy. Smoke a blunt (author's note: a cannabis joint) and enjoy the little things called life. (post 338)

In these posts, TS's normalisation of heroin is rejected by claiming that using the drug and

discussing it online is sick, destructive, and pointless (unproductive), while humbly making the best out of what comes in one's way is the opposite (productive). This draws on the story about the miserable junkie who as a selfish villain lets people suffer. The distinction between so-called productive and unproductive pleasures (Schnuer 2013) is also echoed in imperatives that TS uses other drugs—that he for example smokes “huge amount of cannabis” (post 82) or has “a beer and calms down” (post 102).

As illustrated above, forum members draw on stories about recovered addicts and miserable junkies to protect the institutional order. They can thereby disqualify people who choose “death drugs” (post 373) as irrational and problematic.

Narrative's End: The Institutional Order Preserved

In this phase of the overarching narrative, TS tries to make his decision meaningful by explaining his taste for opiates. At this point, he primarily draws on a story about a self-medicating addict (main character) who tries to cope with demands (plot) in an otherwise normal life situation (context). By associating heroin use with personal problems, he takes steps away from the story about the pleasure-seeker.

Of course there is a lot of tragedy in my life. Have experienced enough for a couple of lifetimes, but starting to use heroin is still an active choice. I have been a heavy user of palladone and know exactly how easy it is to get hooked. (...) At the same time, I proved that I can quit if necessary. I know that everybody talk this bullshit, but I believe it when I say that I will use heroin for recreational purposes only, and that I quit or take a break when the craving gets too intense. How it sounds now at least. (post 200)

In this extract, while emphasising that using heroin is an informed decision, TS also associates himself with the miserable junkie who fools himself (“everybody talk this bullshit”) and continues to use despite reasons to quit (“how it sounds now”). When TS oscillates between claiming to have control and

lack control, he is able to make sense of his ambiguous relationship with opiates and explain why heroin is a both natural and transcendental part of everyday life:

(...) To be honest, even if I'm no longer physically opiate dependent, the psychological dependence is probably not all gone. Hence a warning to you who haven't tried yet, but consider it. My advice is to avoid it. Then again, you have to admit that no matter how much you care for your health, you never feel as good as when adding a proper opiate. (...) No lighter opiates than intravenous morphine can do it for me, etc. This means that I've reached the end of the road, I either quit altogether and focus on myself and my family instead. Or I submit myself to the dark side and enjoy hard drugs as long as it lasts, and I live (?) with the consequences. Really, the mere fact that I consider both options should make any normal person scared straight. It's just that I want to enjoy the feeling of hydro/heroin once more... just once more... (post 351)

Here TS illustrates the complexity of his situation by drawing on stories about the pleasure-seeker who wants to feel good, the expert drug user who knows how to circumvent tolerance problems, the recovered addict who stresses other values in life rather than drugs, and the miserable junkie who risks everything in order to have a certain feeling. It appears as if this multifaceted account of reasons to use, where TS acknowledges the mystique and the dangers of heroin (“the dark side”) and his own unique character (not a “normal person”), generates more sympathy than his previous posts.

If you are 40+ and have been a palladon junkie for several years, I guess you'll have to take your medicine the rest of your life, be glad to be alive and stop chasing highs. Call the doctor, have a good cry and stand in line for methadone/buprenorphine. I gladly pay for his maintenance treatment with tax money, as long as he avoids getting high and his family has to call the ambulance while watching him die from respiratory arrest. (post 375)

This forum member focuses on TS's opiate dependence, and can thereby justify spending tax money on his recovery. According to this, TS is no more rebellious than a patient who without

better knowledge tries to cure himself with wrong medicine. He is a sick person whose difficult situation should be dealt with by maintenance treatment. While this account makes TS a victim who deserves treatment, TS himself does not buy into it unconditionally:

As previously described, heroin works fine but I still prefer hydromorphone. I guess we all have different tastes. I have also taken up methadone and must say that I have changed my mind about that drug. I have underestimated it. Its long half-life (author's note: which makes the effect last) is a big advantage. I believe my future drug career looks like this: Methadone as standard drug and heroin as luxury/complement when feeling empty on methadone. Today I've been clean (and yes, I know it takes more than 24 hours to get the shit out of your system, but I count all days without use as clean) (...) So, I will continue with heroin, because unfortunately I cannot handle all the demands that are placed on me without using something that really bites (post 459). I regret to say that my chances to get legal methadone are probably zero, so one will still be left with street-level overprices. (post 460)

In this extract, TS draws on stories about the expert drug user (who knows what drugs to choose), the miserable junkie (who fools himself), and the self-medicating addict (who cannot cope and wants maintenance treatment). By this, he lessens the threat to the institutional order that his previous posts conveyed. Here, his use of opiates is described less passionately; like a job that needs to be done ("works fine", "drug career", and "standard drug"). Moreover, by being drug experienced enough to prefer one opiate (hydromorphone) before another (heroin), his decision to inject the latter appears less irrational. He is a skilled expert, who also admits to having deeply felt cravings and being in a difficult situation. In this way, TS's new-found preference for legal methadone makes sense. It stands out as a good alternative to a drug that does not live up to its reputation (in one of TS's last posts he states that the heroin available is of poor quality, post 493).

To conclude, referring to stories about

self-medicating addicts and miserable junkies becomes a double-edged sword in TS's reasoning. On one hand, it helps to explain why he uses opiates (drug dependence), but on the other hand, it suggests the relevance of methadone maintenance (he needs treatment). From this point, forum members (and TS himself) seem to lose interest in the thread, which perhaps signifies that the institutional order has been preserved; the recreational heroin user has turned into a potential patient.

DISCUSSION

This study shows how a controversial statement about heroin is built up and handled by message board discussants in contemporary Sweden, and how institutionalised knowledge (in the form of stories) is manifested in their "drug talk". According to one interpretation, the distinction made in the data between "good" and "bad" drug use boils down to whether it is considered unproblematic (in the sense of being, e.g., healthy, normal, responsible, productive, etc.) and rational (in the sense of being controlled, in the person's best interest, etc.). Thus, condensing the dichotomies from the paper's introduction, Figure 1 illustrates how stories in the data describe heroin use differently.

In the lower left corner of the figure are stories that depict heroin use as "good" (rational/unproblematic). They are primarily mentioned in the first part of the thread and provoke governing images of heroin use as "bad". This is followed by resistance that centres on the story about the miserable junkie who destroys his/her life, which positions heroin use in the upper right corner (irrational/problematic). In the final part of the thread, TS draws on a story about a self-medicating addict who is troubled and drug dependent and who, according to institutionalised knowledge, has legitimate reasons to use opiates. This story positions heroin use in the lower right corner (rational/problematic). There are, however, no clear

	Irrational	
Unproblematic		Miserable junkie
	Pleasure-seeker, Expert drug user, Risk-taker, High-functioning abuser	Self-medicating addict
	Rational	Problematic

Figure 1. Whether Heroin Use Is Considered Irrational/Rational and Problematic/Unproblematic According to Stories in the Data.

references in the data to stories located in the upper left corner (irrational/unproblematic). Put briefly, the thread sheds light on a discursive struggle in which: (1) heroin use as minimisation of pain “wins” over heroin use as maximisation of pleasure; and (2) there is a general agreement that heroin use cannot be irrational and unproblematic at the same time.

There are at least two, complimentary, explanations as to why the heroin discussion at issue turned out the way it did. Firstly, it should be noted that the discourse on pathology has reached hegemony in most countries’ understanding and handling of heroin (Bourgois 2000). Within this framework, it is natural to demonise a supposedly dependence producing drug that kills people and to construct medication with methadone as a life-saving and legitimate form of opiate use (Ekendahl 2009; WHO 2009). Therefore, TS’s discursive association in the late stages of the thread with the remorseful and compulsive “chronic addict” (Järvinen and Andersen 2009) may be interpreted as his admission ticket to the institutional order in which opiate users are seen to either die from heroin or live on methadone.

Several studies indicate that heroin users are

publicly perceived as troubled persons in need of help (Ekendahl 2012; Elliott and Chapman 2000; Peretti-Watel 2003; Taylor 2008). Despite this, it may be a bit surprising that a normalised image of heroin was resisted at an online message board known to host drug-liberal views. Similar Swedish research, however, shows that online “drug talk” primarily draws on neoliberal thoughts and that it is infested with conceptions from and references to the country’s restrictive drug policy (Månsson and Ekendahl 2013; Månsson 2014). This suggests that hegemonic ideas such as the dangerousness of heroin and the perils of opiate dependence are expectable even in spontaneous and uncensored discussions. It also implies that the construction of heroin as a “death drug” will almost certainly endure in the neoliberal debate climate of many online message boards. While illustrating a grain of resistance toward this demonisation, the discussants generally went no further in terms of novel constructions than saying that even “death drugs” can be handled rationally.

Secondly, the overarching narrative of the thread probably ends because there is a limited repertoire of stories available to account for heroin use in

contemporary society. TS and other forum members rely on the stories in the lower left corner (rational/unproblematic) to describe what heroin use is about, turning the act into a project that will achieve something, a “controlled loss of control” (Schnuer 2013: 263). Stories about pleasure-seekers, expert drug users, and risk-takers work well to describe this motive for illicit drug use, but they all refer to a neoliberal hedonistic subject who balances risk and pleasure (Beck 1992). It appears, however, that what TS is (also) trying to articulate is that heroin use can be seen as an irrational loss of control (“the dark side”, post 351), what Schnuer (2013: 265) discusses as a “reprieve from choice”. Lacking a vocabulary to depict this “unproblematic irrationality”—and perhaps doubting that other forum members will accept and understand such reasoning—TS instead reproduces well-known stories about pleasure-seekers, miserable junkies, and self-medicating addicts.

The analysed data can only provide a snapshot of the interaction that takes place on message boards, let alone on the internet. Other threads, other forums, and other communication forms (such as chat rooms, blogs, and social media platforms) may obviously encompass other constructions of heroin use. Other theoretical perspectives would also yield other results. The narratives outlined and discussed here should therefore not be seen as a comprehensive representation of how heroin is given meaning in Swedish online milieus. Due to space restrictions, it was also necessary to analyse the thread at a rather general level, with focus on tendencies. This means that there are typical characteristics of message board data that have not been scrutinised further (e.g., the use of emoticons, the copying of previous post as a form of intertextuality, the distinction between on- and off-topic posts, and accusations of sabotaging message board threads, i.e., “trolling”). Looking at other sets of data would perhaps also reveal additional narratives related to heroin use, such as “Bohemian outsider”, “heroin chic model”, “heroin treatment

patient”, and so on. These would, however, probably be possible to locate somewhere in the lower parts of the figure above, indicating that the behaviour they describe is by and large rational. The identification of such stories would therefore not challenge the tenet that accounts of heroin use as both unproblematic and irrational are hard to come across in contemporary “drug talk”.

Moreover, it should be noted that the problem of reflexivity (Burr 1995) makes it necessary to interpret the results with caution. This limitation is common to all social constructionist analyses and states that it is impossible as a researcher to step outside the discourse and tell a story (results) that is less infested with institutionalised knowledge than the stories under scrutiny (data). This is here handled by providing transparent analyses, by discussing results in relation to previous research, and by underscoring that the validity of the study depends on if the conclusions make sense, rather than if they are “true” in a positivistic sense of the word. This sense-making aspect of qualitative research may be cited when handling problems with anonymous and unknown contributors of data, too. According to this, it is uninteresting whether TS is real or not, whether his drug experiences are exaggerated or not, and whether he is a good example of a person who considers and ultimately tries using heroin. In this kind of research, it is the discourse that matters, not the reality that it may or may not refer to.

This study sheds light on a drug discussion that is seldom articulated in established communication channels of society (such as news coverage, popular culture, research reports, governmental publications, etc.). Nothing suggests that this talk about unproblematic and rational heroin use is truer than that which builds on pathology, or that it has the potential to spread and affect drug policy and solutions to drug-related problems. Still, the discussion analysed here highlights that heroin has been mystified to the extent that it enjoys a unique position in the line-up of

illicit drugs in Western societies. This may be because our “vocabularies of motive” (Mills 1940) tend to centre on hedonism, where action is understood as maximisation of pleasure or minimisation of pain, which in turn makes it contradictory and strange to claim that an allegedly irrational activity can also be unproblematic.

Future research may try to expand this vocabulary by concentrating on how users in different settings articulate their experiences and perceptions of heroin and other drugs infamous for being potent. By deepening our understanding of what it means to be “high”, and by agreeing on concepts and stories that signify both its rational and irrational aspects, we can perhaps decrease the marginalisation users live with every day².

CONCLUSIONS

It is concluded that online drug discussions reproduce institutionalised knowledge about heroin. Even if the data encompass efforts to normalise heroin use, the lasting impression is that discussants together demonise the activity by drawing on crude narratives about why people do it and what happens with them afterwards. Such simplifications probably contribute to the stigmatisation of heroin users.

Notes

1. Retrieved from <https://www.flashback.org/>.
2. The author reports no conflicts of interest.

References

- Bamberg, M. 2004. “Considering Counter Narratives.” Pp. 351-371 in *Considering Counter Narratives: Narrating, Resisting, Making Sense*, edited by M. Bamberg and M. Andrews. Amsterdam: John Benjamins.
- Barratt, M. J. 2011. *Beyond Internet as a Tool: A Mixed-methods Study of Online Drug Discussions*. Melbourne: National Drug Research Institute, Curtin University.
- Beck, U. 1992. *Risk Society. Towards a New Modernity*. London: Sage Publications.
- Bell, P. 1985. “Drugs and the Media.” *Australian Alcohol/Drug Review* 4:235-242.
- Berger, P. L. and T. Luckmann. 1966. *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*. Garden City, N.Y.: Doubleday.
- Bergmark, A. 2004. “Risk, Pleasure and Information. Notes Concerning the Discursive Space of Alcohol Prevention.” *Nordic Studies on Alcohol and Drugs (English Supplement)* 21:7-16.
- Blomqvist, J. 2009. “What Is the Worst Thing You Could Get Hooked on? Popular Images of Addiction Problems in Contemporary Sweden.” *Nordisk Alkohol-och Narkotikatidskrift* 26:373-398.
- Bourgois, P. 2000. “Disciplining Addictions: The Bio-politics of Methadone and Heroin in the United States.” *Culture, Medicine and Psychiatry* 24:165-195.
- Bourgois, P. and J. Schonberg. 2009. *Righteous Dopefiend*. Berkeley: University of California Press.
- Bunton, R. and J. Coveney. 2011. “Drugs’ Pleasures.” *Critical Public Health* 21:9-23.
- Burr, V. 1995. *An Introduction to Social Constructionism*. London: Routledge.
- Cline, R. J. W. and K. M. Haynes. 2001. “Consumer Health Information Seeking on the Internet: The State of the Art.” *Health Education Research* 16:671-692.
- De Fina, A. and A. Georgakopoulou. 2008. “Analysing Narratives as Practices.” *Qualitative Research* 8:379-387.
- Duff, C. 2004. “Drug Use as a ‘Practice of the Self’: Is There Any Place for an ‘Ethics of Moderation’ in Contemporary Drug Policy?” *International Journal of Drug Policy* 15:385-393.
- . 2008. “The Pleasure in Context.” *International Journal of Drug Policy* 19:384-392.
- Dwyer, R. 2008. “Privileging Pleasure: Temazepam Injection in a Heroin Marketplace.” *International Journal of Drug Policy* 19:367-374.
- Ekendahl, M. 2009. “The Construction of Maintenance Treatment Legitimacy: A Discourse Analysis of a Policy Shift.” *Evidence & Policy* 5:247-265.
- . 2012. “Danish Heroin Prescription in Swedish Print Media: Exploring the Silent Agreements of Harm Reduction and Zero Tolerance.” *Addiction Research & Theory* 20:423-434.
- Elliott, A. J. and S. Chapman. 2000. “‘Heroin Hell Their Own Making’: Construction of Heroin Users in the Australian Press 1992-97.” *Drug and Alcohol Review* 19:191-201.
- Ess, C. and the AoIR Ethics Working Group. 2002. *Ethical Decision-making and Internet Research: Recommendations*

- From the AoIR Ethics Working Committee. Retrieved (<http://www.aoir.org/reports/ethics.pdf>).
- Ezzy, D. 1998. "Theorizing Narrative Identity: Symbolic Interactionism and Hermeneutics." *The Sociological Quarterly* 39:239-252.
- Gardner, E. L. 2011. "Addiction and Brain Reward and Reward Pathways." *Advances in Psychosomatic Medicine* 30: 22-60.
- Hammersley, R. 2011. "Editorial. Developing a Sociology of Normal Substance Use." *International Journal of Drug Policy* 22:413-414.
- Huntington Fulmer, R. and L. Blumberg Lapidus. 1980. "A Study of Professed Reasons for Beginning and Continuing Heroin Use." *Substance Use & Misuse* 15:631-645.
- Järvinen, M. and D. Andersen. 2009. "Creating Problematic Identities—The Making of the Chronic Addict." *Substance Use & Misuse* 44:865-885.
- Kalant, H. 2010. "Drug Classification: Science, Politics, Both or Neither?" *Addiction* 105:1146-1149.
- Lawrence, G., G. Bammer, and S. Chapman. 2000. "'Sending the Wrong Signal': Analysis of Print Media Reportage of the ACT Heroin Prescription Trial Proposal, August 1997." *Australian and New Zealand Journal of Public Health* 24:254-264.
- Loseke, D. R. 2007. "The Study of Identity as Cultural, Institutional, Organizational and Personal Narratives: Theoretical and Empirical Integrations." *The Sociological Quarterly* 48:661-688.
- Maes, S. and P. Karoly. 2005. "Self-regulation Assessment and Intervention in Physical Health and Illness: A Review." *Applied Psychology* 54:267-299.
- Manderson, D. 2005. "Possessed. Drug Policy, Witchcraft and Belief." *Cultural Studies* 19:35-62.
- Manning, P., ed. 2007. *Drugs and Popular Culture: Drugs, Media and Identity in Contemporary Society*. Cullompton: Willan Publishing.
- Månsson, J. 2014. "A Dawning Demand for Legal Cannabis: Swedish Online Discussions on Drug Policy." *International Journal of Drug Policy* 25:673-681.
- Månsson, J. and M. Ekendahl. 2013. "Legitimacy Through Scaremongering: The Discursive Role of Alcohol in Online Discussions of Cannabis Use and Policy." *Addiction Research and Theory* 21:469-478.
- Martin, A. and P. Stenner. 2004. "Talking About Drug Use: What Are We (and Our Participants) Doing in Qualitative Research?" *International Journal of Drug Policy* 15:395-405.
- Mills, C. W. 1940. "Situated Actions and Vocabularies of Motives." *American Sociological Review* 5:904-913.
- Montagne, M. 2008. "Drugs on the Internet. I: Introduction and Web Sites on Psychedelic Drugs." *Substance Use & Misuse* 43:17-25.
- . 2011. "Drugs and the Media: An Introduction." *Substance Use & Misuse* 46:849-851.
- Moore, D. 2008. "Erasing Pleasure From Public Discourse on Illicit Drugs: On the Creation and Reproduction of an Absence." *International Journal of Drug Policy* 19:353-358.
- Murguía, E., M. A. Tackett-Gibson, and A. Lessem, eds. 2007. *Real Drugs in a Virtual World: Drug Discourse and Community Online*. UK: Lexington Books.
- Nicholls, J. 2011. "UK News Reporting of Alcohol: An Analysis of Television and Newspaper Coverage." *Drugs: Education, Prevention and Policy* 18:200-206.
- Nutt, D. J., L. A. King, and L. D. Phillips. 2010. "Drug Harms in the UK: A Multicriteria Decision Analysis." *The Lancet* 376:1558-1565.
- Nutt, D. J., L. A. King, W. Saulsbury, and C. Blakemore. 2007. "Development of a Rational Scale to Assess the Harm of Drugs of Potential Misuse." *The Lancet* 369:1047-1053.
- O'Malley, P. and M. Valverde. 2004. "Pleasure, Freedom and Drugs: The Uses of 'Pleasure' in Liberal Governance of Drug and Alcohol Consumption." *Sociology* 38: 25-42.
- Parker, H., J. Aldridge, and F. Measham. 1998. *Illegal Leisure: The Normalization of Adolescent Recreational Drug Use*. New York & London: Routledge.
- Peretti-Watel, P. 2003. "Heroin Users as 'Folk-devils' and French Public Attitudes Toward Public Health Policy." *International Journal of Drug Policy* 14:321-329.
- Polkinghorne, D. E. 1995. "Narrative Configuration in Qualitative Analysis." *Qualitative Studies in Education* 8:5-23.
- Robinson, T. E. and K. C. Berridge. 2000. "The Psychology and Neurobiology of Addiction: An Incentive-sensitization View." *Addiction* 95(Suppl 2):91-117.
- Room, R. 2005. "Stigma, Social Inequality and Alcohol and Drug Use." *Drug and Alcohol Review* 24:143-155.
- Schnuer, G. 2013. "Pleasure and Excess: Using Georges Bataille to Locate an Absent Pleasure of Consumption." *Addiction Research & Theory* 21:258-268.
- Seale, C. 2003. "Health and Media: An Overview." *Sociology of Health and Illness* 25:513-531.
- Seddon, T. 2011. "What Is a Problem Drug User?" *Addiction Research & Theory* 19:334-343.
- Seecof, R. and F. S. Jr. Tennant. 1986. "Subjective Perceptions to the Intravenous 'Rush' of Heroin and Cocaine in Opioid Addicts." *American Journal of Drug and Alcohol Abuse* 12:79-87.
- Sutter, A. G. 1966. "The World of the Righteous Dope Fiend." *Issues in Criminology* 2:177-222.

- Taylor, S. 2008. "Outside the Outsiders: Media Representations of Drug Use." *Probation Journal* 55:369-387.
- Tops, D. 2001. *A Society With or Without Drugs. Continuity and Change in Drug Policies in Sweden and the Netherlands*. Lunds Dissertation in Social Work. Lund: School of Social Work.
- Valentine, K. and S. Fraser. 2008. "Trauma, Damage and Pleasure: Rethinking Problematic Drug Use." *International Journal of Drug Policy* 19:410-416.
- WHO (World Health Organization). 2009. *Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence*. Geneva: World Health

Organization.

- . 2011. *Global Status Report on Alcohol and Health*. Retrieved (http://www.who.int/substance_abuse/publications/global_alcohol_report/msbgsruprofiles.pdf).

Bio

Mats Ekendahl, Ph.D., senior lecturer at the Department of Social Work, Stockholm University; research fields: addiction, substance abuse, drug discourses, and treatment.