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Varieties of risk perception and management among cannabis users

A Qualitative Study of Cannabis Cultures in Malmö, Sweden

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Abstract

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The use of cannabis has increased in Sweden, and Malmö is one of the cities in which a big part of the inhabitants have tried the illicit drug. At the same time, the government works to increase the sanctions on cannabis use and possession. Thus, since the legislation on cannabis in Sweden is becoming more strict while a big part of Malmö's citizens use cannabis, this study has aimed to investigate the risk perceptions and risk management that cannabis users in Malmö face in their everyday lives because of their usage of cannabis, through the use of (participant) observations and semi-structured interviews with three different groups in Malmö who use cannabis. Moreover, I outline a typology of cannabis using groups, arguing that the different groups all pursue the cannabis high but for differing reasons. The analysis was conducted with the help of the theory of tiny publics, stigma, and edgework, and thus moves away from the historical view of drug use as a subculture or as normalized. The results of this study show that external risks, such as being caught by the police or civilians, were shared amongst the groups, while the internal risks such as health issues or addiction differed between them.

Keywords: cannabis, group cultures, risks, Malmö, Sweden, drugs

Popular Science Summary

The discussion on cannabis and whether or not to legalize it has become a debate in Sweden, and different opinions have been raised. Although several other countries have now decided to legalize cannabis, Sweden has decided to move in the other direction, with increasing sanctions on both use and possession. Additionally, Malmö is one of the cities in Sweden with a significant group of people having used cannabis. The increasing sanctions mean that cannabis users in Sweden have to face risks in their everyday lives, and thus find ways of managing these, which is why this study focuses on risk perceptions and management among cannabis users in Malmö.

During the course of one year, I have followed and discussed the use of cannabis with three different groups of cannabis users in Malmö to investigate how risks are perceived and managed in regards to their illicit drug use. With this approach, I have gained insights into the different group cultures and how those affect the perceived risks. Some risks were shared between the groups, due to them being stigmatized by both people who work in law enforcement and civilians who deem cannabis use as something dangerous that people should stay away from. Other risks were only present in one or two of the groups, depending on their motivations and group cultures. One of the groups, who used cannabis for medicinal purposes, discussed health issues as one of the main risks, while the other groups did not mention this at all. Instead, their focus lay on the risk of addiction, the risk of sharing, and the risk of quitting.

Essentially, this study gives insights into how cannabis cultures think about and handle different risks in Malmö, with the focus being on similarities and differences between the groups that are part of this study. Hence, the thesis gives insights into the diverse lives of cannabis users.

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To my interlocutors...

Thank you for welcoming me and letting me be a part of your lives, and for sharing your personal stories and insights. Thank you for your honesty and openness, and for accepting me as me. This thesis would not have seen the light of day without you.

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1. Introduction

It is 2 pm and I walk out of my apartment to meet a friend who is on his way. As I open the front door, I get hit by the smell of cannabis. A distinctive smell, almost like burnt popcorn with sweet undertones. It is not the first time I have noticed that scent in Malmö. Taking a walk in a park, lying on the beach, or strolling through big streets in the city; the smell is present quite often. At some points, I have spotted the person from where the smell stems from, receiving a smile and a nod, as if we know each other, but most of the time the user of cannabis just walks by. I have heard other people telling similar stories, or discussing the scent that one encounters as a person living in Malmö. It almost seems as if the smell of cannabis is defining of this city.

According to a recent study on drug use in Sweden, cannabis is the most common drug with 3,6% of the population having used it within the last 12 months, and the use of it is increasing (Sundin et al., 2018, p. 23). A similar study based only in the southern part of Sweden showed that about 20% of Malmö's population had tried cannabis (Region Skåne, 2020). Simultaneously, one political party in Sweden has argued for a project in which cannabis use will be decriminalized in Malmö, trying to reduce the effects of the gang networks that supply users with their drugs (Centerpartiet, 2023). Although the proposition was met with mostly negative comments from the other political parties, arguing that one cannot decriminalize a drug in only one town (Krischausky, 2023), it shows the importance of understanding cannabis culture(s) by researching Malmö. This argument is further strengthened by the idea that Malmö is the city in Sweden with the most relaxed view on cannabis use. It seems as if the general idea of Malmö is that the police resources are not allocated towards finding and prosecuting cannabis users (SVT Nyheter, 2012; Kanylballe, 2018; SwedishPsych0, 2018).

The proposition presented by Centerpartiet (2023) and the attitudes regarding smoking cannabis in Malmö is interesting when juxtaposed with how drug regulation in Sweden has evolved. Quaglietta (2022) summarizes the Swedish political history of sanctions on drug use in her study on women who are involved with illegal drugs. Although several countries are now discussing legalizing or decriminalizing cannabis use, Sweden has tried to limit this activity by enforcing stricter laws and sanctions during the last decades. This decision stems from a history of narrating drug use as something that leads to illnesses and criminal lifestyles

and a belief that sanctions will reduce the use of cannabis among Sweden's population (Quaglietta, 2022; Regeringen, 2015). However, the use of illegal drugs has not decreased and the laws and sanctions have instead made users of these drugs more vulnerable and stigmatized (Tham, 2005).

In previous research, the cannabis culture has mostly been analyzed through the lens of subcultural theory (eg. Sandberg & Pedersen, 2010; Becker, 1977). However, throughout my research, I realized that this had changed. The cannabis culture was no longer *a* (sub)culture but had instead evolved into many different cultures, all of which share the same goal of getting the effects of THC, the molecule in cannabis that is psychoactive and illegal in Sweden (Regeringen, 2021). This means that the activities, norms, attitudes, narratives, and rituals within the groups differ from each other. Looking at it this way makes it possible to compare different cultures (Fine, 1979). Therefore, I have chosen to move from a subcultural analysis of cannabis cultures, and instead analyze them through amongst other, the theory of idiocultures, or tiny publics, as presented by Fine (1979). Hence, this study will move away from how cannabis culture(s) have been analyzed before, presenting new ways of understanding it.

Given the illegality and stigmatization of the activity of using cannabis and its relatively widespread use in Malmö, this thesis will focus on risk perception and risk management among different groups of people, in this specific town, who use cannabis in order to obtain the effects of THC.

The research questions are as follows:

- What are the perceived risks of using cannabis among users in Malmö?
- How do the users manage these risks?

1.1 Research Setting - Malmö

Since my study has its roots in Malmö, a brief description of the city is in its place. Malmö is the third largest town in Sweden with around 350,000 inhabitants (Malmö Stad, 2023), located in the south of the country. Malmö consists of several different parts, which will be

presented below. These presentations are grounded in both my interlocutors' and my own experiences of growing up in Malmö.

I have lived in different parts of Malmö all my life, experiencing different cultures and people. For most of my upbringing, I lived in Limhamn-Bunkeflo. This part of Malmö is slow and traditional. The shops close early, there are no bars or clubs that are open late at night and most of the people who live there are white and have right-winged opinions (SVT Nyheter, 2022). The population mostly consists of elderly people and families of small children and the political stance is situated on the right side of the spectrum. This culture and population resembles Oxie and Husie as well.

Highly contrasting this is Södra Innerstaden, also called Möllevångstorget, or 'Möllan'. This part of Malmö is known for its bars, clubs, restaurants, and diverse people. The place is always full of life, no matter the time of day. It is an intersection of different cultures with the population ranging from families, old people, young people, hippies and hipsters, people from different countries, and activists. Generally, it is known for being on the left side of the political spectrum.

Kirseberg can somewhat be compared to Möllan, with some differences. Although the population highly resembles Möllans, the beat of the town is different. People move at a slower pace and fewer people are living there. The area has its people that everyone knows and says hello to if walking past them. The bar owners know the people who walk in and always start a friendly conversation before finding them a table. It is a welcoming and friendly place in Malmö, where everyone finds their role.

Centrum and Västra Innerstaden are fast-paced areas with classic shopping strokes in Centrum and a big beach as well as restaurants and cafes in Västra Innerstaden. The apartments here are expensive and it is mainly a place for rich people, although younger people spend their time here shopping or hanging out at the beach. People who move in these areas move quickly as if they are in a rush. These are places in which everyone from Malmö hangs out, but few can afford to live in.

The other parts of Malmö, such as Rosengård and Fosie, were not used by my interlocutors, which is why I choose to not go into details about them here. However, one thing is important to note: these areas are known through police reports to have a high criminal profile (Polisen, 2023) and recent political decisions have now allowed the police to search people without them being suspects of crime (Regeringen, 2024).

1.2 Key terms

As this thesis investigates cannabis cultures and their risk perception and management, a definition of ‘culture’ and ‘risk’ are in place to give the reader a precise understanding as to how these are used throughout the thesis.

Cultural criminologists have been critiqued for their vague and undefined use of the word ‘culture’ (O’Brien, 2005). Several different viewpoints on culture have been presented (see for example: Swidler, 1986; Ferrell, 1990; Hayward & Young, 2004; Presdee, 2004; Presser, 2009), and all of them are slightly different from each other. But for the purpose of this thesis, culture is understood as values, narratives, norms, rituals, beliefs, and emotions that are shared and present within a group (Swidler, 1986; Ferrell, 1990; Presser, 2009). Therefore, these are the main themes that will be discussed in this thesis from the viewpoint of risks.

Given my definition of the word ‘culture’, the word ‘risk’ is in this thesis primarily seen as something that threatens the culture one belongs to. That is, something or someone who creates problems for the group and makes it difficult for them to maintain their values, narratives, norms, rituals, and beliefs, and that moreover creates negative emotions among the cannabis users. Although this definition can be seen as rather broad, it allowed me to fully understand my interlocutors’ view on what the risks consist of and how they are managed.

2. Previous Literature

In this chapter, I will present the previous literature written on the subject of illicit drug use. Due to the fact that the normalization thesis and subcultural theory have been the most used theories to understand recreational drug use, these will be presented along with empirical research using these theories. Since my study is conducted in Sweden, the focus of this chapter lies on previous research conducted in Western cultures. Additionally, critiques against these theories will be discussed, as this is important to note for the purpose of my research. Additionally, previous literature on risks among drug users will be presented, with cannabis use in focus.

2.1 Normalization of Recreational Drug Use

The normalization thesis was first presented by Parker et al. (2002) and concerns the inclusion of recreational drug use(rs) in everyday life and society - diminishing the stigmatization and condoning the behavior rather than condemning it. The research that laid the ground for this theory was conducted in the UK with the use of longitudinal surveys and qualitative interviews answered by both users and non-users of cannabis. Based on the data, five tools to measure the normalization of recreational drug use were found: 1) access and availability of the drug, 2) drug trying rates, 3) rates of drug use, 4) societal attitudes towards recreational drug use, and 5) the degree to which media (or 'culture', as Parker et al. (2002) phrases it) accommodate illicit drug use. If measurements show that tools one, two, and three are high simultaneously as societal attitudes towards illicit drug use and legalization of a certain drug are positive or neutral, and media shows recreational drug use in a manner that does not condemn it, normalization has been proven. Parker et al. (2002), argue that this is the case in the UK, where cannabis users are no longer seen as deviant or standing outside of mainstream society.

This thesis was later tested in Sweden with somewhat ambiguous results (Sznitman, 2007; 2008). When using data from several different drug research projects in Sweden, an increase in drug availability and amount of people who have tried drugs is visible. However, these numbers are comparatively low in regards to the research conducted in the UK (Sznitman, 2008). Additionally, while specifically researching the normalization of cannabis, the low prevalence of cannabis (7%) indicates that normalization in Sweden is far away (Sznitman,

2007). Moreover, attitudes towards drug use are highly negative, with most people considering drug issues much larger than alcohol problems and additionally stating that using specifically cannabis will always result in addiction (Beck et al., 2014; Blomqvist, 2009; Cunningham et al., 2012; Sznitman, 2008). Regarding media portrayal of illicit drug use, news outlets still construct drug users as evil and chaotic, and the use of drugs, including cannabis, as a social problem (Mansson, 2016; Sznitman, 2008). However, and this is where the ambiguity mainly presents itself: cannabis users are “bounded to conventional society” (Sznitman, 2007, p. 612), meaning that they adhere to mainstream society and its ideals, except for their use of an illicit substance. Hence, Sznitman (2007) suggests a broader understanding of the cultural aspects of the normalization thesis and with this also states that normalization regarding cannabis could be said to be somewhat attained in Sweden.

2.2 Cannabis Culture as a Subculture

In regards to the analysis of cannabis culture from the perspective of subcultures, Becker (1973) could be said to have laid the grounds. In his research of a subcultural group that uses cannabis, he writes that individuals learn to participate in a certain subculture and adhere to its rules and activities. After becoming a member, the subcultural identity is strengthened which in turn controls a person's actions in a way that the subculture approves of (Becker, 1973). Thus, being a member of a subculture means that, although the norms and activities are seen as deviant by others, one shares actions and world views with the other members who condone deviant behavior.

The idea of cannabis culture as a subculture has been further developed by Sanberg and Pedersen (2010) who argue that although the use of cannabis has been spread and thus is used by a multitude of people, subcultural theory is still usable to understand cannabis smokers oppositional identity (Sandberg, 2013), and the symbolic value of the plant. Thus, they suggest an updated definition of subcultural theory consisting of a shared collection of rituals, narratives, and symbols orbiting around certain definite notions about the world. Individuals and groups internalize and embody these subcultural ideals to a greater or lesser extent, but are all still part of the subculture as a whole (Sandberg & Pedersen, 2010).

In their research, in which 100 qualitative interviews were conducted with cannabis users, the results showed that users were highly influenced by the hippie movement, which introduced cannabis to the Western culture, and its rituals and values. These consist of opposition towards authority, wanting to live a relaxed lifestyle without violence, strong values about sharing, a belief in the organic and natural, and the importance of politically left values such as equality. Moreover, all cannabis users share the same ritual while smoking. The ritual starts with everyone sharing their bit of hach that is then rolled into a joint and smoked together, with the one who created the joint being the one who lights it. While smoking, the joint is passed to the left and it is costume to not take too many puffs. However, the ritual is not rigid and can be changed if this has to be done due to circumstances where the rules are conflicting with other norms (Sanberg & Pedersen, 2010). Additionally, although some of their information rejected part of the cannabis culture's values and rituals, Sanberg (2013) argues that this further strengthens the notion of cannabis culture as a subculture as these rules are known among all users.

Although Sandberg (2013) argues that all cannabis users are part of a subculture because they share an oppositional identity, and most share rituals, symbols, and narratives (Sandberg & Pedersen, 2010), contrary findings have been presented. In interview research on cannabis culture among older Americans, shared values and an oppositional identity were not present amongst the interlocutors. Instead, the use of cannabis was influenced by both generational beliefs and current mainstream cultural values (Staton et al., 2022). Similarly, Hathaway (2004) argues that since cannabis use has increased and so also the tolerance towards it, it is somewhat part of the mainstream culture. Thus, using subcultural theory in order to understand cannabis use is no longer fruitful according to them.

2.3 Risk Perception and Management Among Cannabis Users

In regards to risk and cannabis use, its illicit status in several countries has come to affect users worldwide, and several share their perceptions and management. In many Western countries, being a user means you have to be on the lookout for legal authorities to not sustain any sanctions (Hathaway, 2004; Lau et al., 2015; Quaglietta, 2022). The tactics applied to avoid this mostly consist of not using cannabis in public areas, and not buying the drug on the street (Hathwayay, 2004). Interestingly though, there seems to be a two-faced idea of the risk

in regards to police, as some write that most users do not put emphasis on this, and some even stated that the risk of arrest was so low that there was no need to worry (Quaglietta, 2022).

Instead, stigma from non-judicial people was of greater worry (Hathaway, 2004; Lau et al., 2015; Quaglietta, 2022). Similar management techniques are adapted to avoid stigmatization as in avoiding legal sanctions: not smoking in areas where one risks stigmatizing behaviors from others (Lau et al., 2015). Additionally, users avoid talking about their use and front a normative view of themselves by holding down jobs and conversations with people who do not smoke (Hathaway, 2004; Lau et al., 2015; Quaglietta, 2022). During instances when they are present in a public space while high, eyedrops are used to reduce the risk of someone being able to tell (Hathaway, 2004).

However, although most research points to an acknowledgment of risk among cannabis users, some writers argue against that and add that users are more prone to risk-taking than other groups in society (Peretti-Watel, 2003; Hathaway, 2004). Instead of admitting to the risk, users implement narratives to protect themselves from blame and stigmatization. These narratives consist of diminishing the risks of cannabis use that are discussed in mainstream society and emphasize the ability to control them (Peretti-Watel, 2003). This is seen among groups of people who use cannabis for medical reasons. Albeit aware of the risks of cannabis, they argue for it by comparing it to other medicines, such as opioids (used for pain) or Ritalin (used for attention deficit hyperactive disorder), and mean that these legal drugs entail more risks (Pedersen & Sandberg, 2013; Pedersen, 2015; Staton et al., 2022).

Furthermore, health risks are a concern for some users, with respiratory issues, cancer, cognitive loss, and mental health issues such as depression and anxiety being the most discussed. To manage these risks, self-control is employed by taking a break or reducing the amount of cannabis you smoke at once (Duff & Erickson, 2014; Lau et al., 2015).

Additionally, using rolling papers with fewer chemicals in them or vaping instead of smoking are chosen (Duff & Erickson, 2014).

3. Theory

The following chapter will give insights into the theoretical standpoints I have used to analyze the data. Since my study has focused on three different cannabis-using groups, the theory of tiny publics has been utilized in order to understand and analyze group cultures and how these affect the behavior of group members. This theory, if applied with the use of participant observation, allows for the researcher to observe culture creation in the making, and comparing different groups with similar goals (Fine, 1979, p. 37), why it fits the purpose of this study. Moreover, I argue that this theory can lead to new insights into cannabis cultures, which previously have been presented as *one* uniform group. Additionally, the theory of stigma, and the theory of edgework has been applied to understand risk assessment and management from different perspectives.

3.1 Tiny Publics

The theory of tiny publics, or idiocultures, was presented by Fine (1979) and constitutes a framework from which analysis of small group cultures can be made. Fine (2012) argues that groups are made of interactional fields that among themselves develop norms, behaviors, knowledge, customs, and a shared moral standard to which the group members refer to guide them in further interaction. Further, they develop with the group, in accordance with their shared history and the things they have learned throughout their interactions, both narratively and through events they experience together. Hence, an idioculture becomes self-generating and additionally provides a space for predictability and ongoing relations, which our lives depend on (Fine, 2012). However, not every element of a group's narrative and conversation will become part of the idioculture. Instead, the narrative has to be perceived as something that can be referenced legitimately and meaningfully (Fine, 1979). Thus, a narrative or event only becomes culturally significant in cases where it can be said to be worthy of retrospective notice, once again pointing to the historical importance of an idioculture.

The elements, or items, that come to be of importance for an idioculture depend on five perceptions within the group: 1) known, 2) usable, 3) functional, 4) appropriate, and 5) triggering (Fine, 2012, p. 42). For an item to become significant for the group, at least one member has to know about it and as a result, share that knowledge with other members. The knowledge of an item is often derived from places outside of the group, making the

idioculture dependent on the larger society. When an item is known, it has to be interpreted as useful and fit the moral standards of the group. The useability of an item is situational and normative and depends on time and place. Moreover, the item has to be functional in that it helps the group meet their goal(s) and solve their problems, without undermining the group's social structures and hierarchies, since it then challenges the appropriateness of the item. Lastly, a triggering event can result in the incorporation of a certain item in the group, such as a behavior that becomes a threat to the group (Fine, 2012, p 42-48).

Moreover, the group becomes meaningful in itself to the individual members and shapes their identity and behaviors, and is constituted through narratives and events that become culturally significant. The narratives and events are however not static, and the meaning of them can change along with the idioculture. Thus, researching idiocultures allows for the study of how culture is created and re-created. Moreover, the norms and customs that are part of the idioculture constitute the grounds for which the behaviors of members are rewarded or punished. Hence, an individual with a stigmatized identity is encouraged to manage that stigma. In so doing, the idioculture has managed wrongdoing via control of a behavior that is not allowed and further strengthened, or created, a new norm within the group, since violation of one or several norms becomes grounds for discussion and potentially a change within the idioculture. This works the other way around as well, by rewarding behavior that is viewed as valuable, such as taking drugs, and thus strengthening a specific norm within the group (Fine, 2012).

3.2 Stigma

Along the lines of Fine's (2012) statement of in-group stigma and how it can work to change certain behaviors, Goffman (1986) points to a different aspect of this: that of allowing some amount of stigmatizing behaviors within a group. For this to happen, the one who performs the behavior has to have acquired a high position within the group and additionally be able to handle the stigma according to the group's wishes and remain loyal to the group. Only then will the one who deviates still be accepted as a full-fledged member of the group and avoid a new identity as stigmatized. However, deviating from a group's norms does have consequences. The one who deviates becomes the symbol of the clown and thus serves as a mascot for the group (Goffman, 1986).

Moreover, Goffman's (1986) theory of stigma regards the stigmatization from outside of the groups one belongs to. During meetings with other people, we categorize certain people into boxes by analyzing the attributes of an individual. If someone demonstrates an attribute or trait we deem discrediting, we categorize this person as stigmatized. Important to note is that the attributes in themselves are not stigmatizing, as an attribute can be considered useful in certain areas of life but stigmatized in others. Hence, it is the non-stigmatized people who make a decision in a situation if another person inherits traits that are too different, whether it is through personal attributes such as empathy or structural ones such as occupation. In some instances, when the stigma has to do with a person's morals, the stigma can function as a formal social control (Goffman, 1986).

Further, the stigmatized identity involves having to manage the stigma when coming into contact with those who adhere to the norms of society and the specific situation one is in. These management techniques differ depending on what stigma one inherits and in what situation one is stigmatized. For some, the response is to change the behavior or attribute in order to be seen as one of the 'normals'. In other instances, the management consists of hiding it by keeping it secret from the ones who judge, and only showing it to people who either approve of it or at least show sympathy. When this is the case, the stigmatized individual lives a double life, playing the role of 'normal' when coming into contact with them. For this to be possible, the stigmatized must be self-conscious and calculating. Moreover, in some instances, the stigmatized identity becomes a barrier to contact between 'normals' and stigmatized. Both parties try to avoid contact with the other, which usually takes more planning and arranging from the stigmatized.

3.3 Edgework

In accordance with the purpose of this thesis, the theory of edgework, as presented by Lyng (1990), will be employed to analyze the risk-taking behaviors of my interlocutors. In his analysis of acts that could result in death or debilitating injuries, he presents the theory of edgework in which the edge represents the dichotomies of amongst other things, life and death, order and disorder, and sanity and insanity (Lyng, 2014). The edge becomes a symbol for this and the actor's goal is to come close to this without crossing over it. This challenge is,

according to Lyng (1990), what is most valuable for edgeworkers. It becomes a mean in and of itself. Additionally, for the purpose of this thesis, edgework will be understood as an act that has to be accomplished for the greater goal of getting high as well as an act that allows the participants to gain control over sources that seem to deprive them of autonomy and decision over their faith (Quaglietta, 2022; Naegler & Salman, 2016).

Furthermore, coming close to the edge requires personal skills to be able to manage the risks, and in so doing, lets the actor(s) acquire intense emotions of exhilaration and omnipotence (Lyng, 1990) along with an identity signifying certain character traits that the body becomes the medium for. Hence, edgework is an embodied enactment, although according to Lyng (2014), it is only executed by men, as they are more likely and encouraged to develop skills to manage their environment. However, this notion has been criticized and empirical evidence of women doing edgework has been presented, for example in pro-ANA communities. The difference between men and women doing edgework is that women are more likely to endure stigma because of it (Naegler & Salman, 2016).

4. Methods

Since the purpose of this study is to investigate cannabis users' own experiences of risks and how they manage these in Malmö, (participant) observations and semi-structured interviews were chosen to gather data from cannabis users in this city. The combination of these methods allowed me to triangulate the data and receive in-depth insights into the risks cannabis users are faced with. Thus, this chapter will give an in-depth description of these methods and how they were applied. But firstly, I will discuss my prior experiences with illicit drugs and how this might have affected the research. Moreover, I will present the different groups and the typology I have created based on the gathered data. Lastly, the ethical considerations I have taken into account during this research project will be specified, along with a discussion on a specific situation that occurred that some researchers might argue was handled unethically by me.

4.1 Entering the Field

In order to give you as a reader an understanding of my own experiences before entering the field, I will give a brief description of my relationships with illegal drugs and the discourses and narratives I have met concerning these throughout my life. This is not only important in regards to my entering the field and the validity and reliability of this study (Hine, 2015), but also in how I managed one certain situation during my fieldwork, which will be discussed under Ethical Considerations in this chapter.

I grew up in a household in which drug use is highly stigmatized. Relatives on both my paternal and maternal sides have struggled with addiction to illegal substances, and our family is profoundly affected by this. From a very early age, both my parents spoke to my sister and me about drug use, emphasizing the dangers and negative effects it would have on us if we chose to try it. The classic phrase “one hit is all it takes for you to become addicted” became ingrained in me, and my relatives became living examples of this. Stories of how my mother had to take care of her parents to ensure their well-being as well as help my relative during her active addiction echoed in my head for a long period of my life, and I guess one could say that my parents reached their goal; I never touched illegal drugs. I did not even drink alcohol until I was of legal age to do so.

Similar stories and discourses were later implanted in me in school, both during elementary and high school. We had workshops on how different drugs influenced the user, always in negative terms. Drug users were not only aggressive, confused, and unable to take care of themselves, but they were also always addicts. Once again, addiction was pointed to and would be described as something we would be guaranteed to fall into the hands of if we tried illegal substances. Not once did I hear about the people that manage their drug use without falling into the category of “abusers”, “junkies”, or “addicts”. In short, I grew up in an atmosphere of ‘tough on drugs’ and ‘zero tolerance’ which is quite common in Sweden (Quaglietta, 2022).

It is safe to say that my view on drug use(rs) was one-sided. Since the only thing I was taught was that drug users equal addicts, this is what I thought. However, this view became more nuanced when I was 20 years old. Not only had I been taught about recreational drug use during classes at university, but I had also gotten in contact with people who used drugs through a mutual friend of ours. These persons did not show any of the signs of addiction that I had previously been taught. They were “normal” (if you will allow me to use that word) - they all had jobs, roofs over their heads, and well-functioning relationships and economies. The addiction I was taught about previously was nowhere in sight.

As a result of the narratives, discourses, and meetings with people who use drugs recreationally, my view on substance use is two-sided; I am aware of the dangers involved and the signs of addiction but also understand that long-term negative consequences are not a guarantee for people who try drugs, or even use them quite regularly. Thus, as I entered the field for this study, I was not completely unfamiliar with drug use and its many sides. This sort of research bias will necessarily influence the collection and interpretation of data. However, so does all research, and the crux in qualitative research is not to be completely unbiased or neutral, since that is impossible, but to be self-reflexive about the biases we carry with us (Nazaruk, 2011). In my case, the thoughts and feelings towards drugs that I grew up in became less negative and judgemental when meeting people who did not fit into the stereotypes I was taught, and thus being able to see both the negative and positive aspects of drug use.

4.2 Selection of Participants and the Groups Defined

For the purpose of this study, I collected data with three different groups of people, or ‘tiny publics’. The groups all have in common that they use cannabis in Malmö and know the city well since they have lived there for a long period of time. However, this is about how far the resemblance between the groups goes. All groups are of different sizes and the individual interlocutors have different backgrounds, experiences, ages, ethnicities, and gender identities as this allowed me to obtain a wide range of perspectives on using cannabis in Malmö. Moreover, it allows for more generalizability (De Villiers et al., 2022, p. 12) and in-depth knowledge regarding cannabis use in the third-largest town in Sweden. Furthermore, observing and interviewing several different groups granted me the ability to compare the group culture developments and thus give a more nuanced analysis regarding risk perception and risk management among cannabis users in Malmö (Fine, 1979).

Moving forward, I propose the following typology for understanding the groups that I have followed: “the subculturals”, “the self-optimizers”, and “the medicinals”. These names have been chosen after analyzing the data which give insights into the motivations of these groups. The subculturals use cannabis to get the effects of the THC because they find the feeling of it meaningful. Their rituals highly resemble the ones that are described in *Cannabiskultur* (Sandberg & Pedersen, 2010), with certain rules that must be followed. Additionally, their attitudes toward mainstream society are somewhat negative, especially regarding the police and right-wing politicians and voters. However, their attitude does not create a barrier toward others, which is why I argue they are not part of a subculture, but in some ways resemble one. Moreover, the members of the group consist of four cannabis smokers and three non-users, all in their late twenties. Among the smokers are one of them a woman and the rest men. They all have jobs, with one of them being a high-income earner, or are enrolled in university programs on a higher level.

The self-optimizers use cannabis to become more effective in their day-to-day life. Here, THC becomes a tool to overcome the barriers of cooking food, cleaning the apartment, or doing the dishes. Although the members of this group also convey negative feelings and thoughts toward the police and right-wing politics, it is not as expressive as the subculturals, and thus not as defining. Furthermore, their rituals of smoking do not resemble the

subcultural rules. Instead, the rules in this setting are looser and can change depending on what works best for them, which is yet another way the optimization takes form within the group. The members within this group are in their early twenties and consist of one man, two women, and one non-binary. Moreover, along the lines of the subculturals, they all have jobs.

The medicinals use cannabis in order to obtain the pain-relieving effects of THC. Members within this group emphasize how they do not like the psychoactive effects of the drug, but think it is overruled by the way it affects their bodies. This group does not use cannabis as often as the others and the ritual of smoking it is not as elaborate. They focus more on the material aspect of it, buying vaporizers and grinders instead of rolling a joint with rolling paper by hand. The members of the group are three men in their fifties who have only recently started to smoke.

The categories within this typology are not mutually exclusive, but it is useful to understand the differences among the groups and what their motivations are, and how that affects their behavior

4.3 (Participant) Observation

As part of the data collection, (participant) observation with the groups was conducted in different situations and settings. The participants of this study were found through mutual friends or colleagues who gave me contact information or introduced me to people who used cannabis. Interestingly, this happened the majority of the times I was asked about and presented my thesis subject. It seems as if everyone in Malmö knows someone who smokes. The people I was introduced to were all eager to participate after having introduced my research, and I rather quickly became a part of the groups. Hence, although Sandberg and Copes (2013) note that gaining the first contact to enter a field that consists of drug users is difficult, I did not experience this issue. This probably had to do with the way I introduced myself, emphasizing my prior experiences and my view on drug use. Furthermore, my style of clothing and age may have aided me as well, as most of my informants dress similarly to me, and are about my age. However, this does not include the medicinals. In this case, I was introduced to them by their friend whom I have known for some time, and he introduced me as someone they should take seriously despite my age.

The (participant) observations took place around different parts of Malmö, including the areas I have presented in the introduction. Within these areas, we were at pubs, in parks, in people's homes, at festivals and concerts, and in the streets. Additionally, I was also able to conduct (participant) observation in a nature reserve outside of Malmö, and in Gothenburg in the public streets and a hip-hop concert. Although the purpose of this research is to analyze risk-perception and management among cannabis users in Malmö, observing the groups in different parts of Sweden allowed me to further develop the analysis and better understand these themes. Hence, I followed my participants where they went, as is recommended (Hine, 2015). It should be added that at several points during which I observed the medicinals, I was able to do so in environments where they forgathered with people who were apprehensible about the use of cannabis, which gave insight into how they managed those situations as well.

Regarding the time aspect of the observations, I conducted (participant) observation with the subculturals for a year, with me being invited to most of their activities and group hang-outs through the group chat they invited me into. Thus, I was able to create relationships with each member and became a non-disturbing element of their group who were given trust (O'Reilly & Karen, 2005). Additionally, it permitted me to gain great insight into both their yearly and everyday traditions. (Participant) observations with the other groups were made during a time period of approximately five months, and the dates were more scattered. This means my data collection is more scarce from the medicinals and the self-optimizers. However, I still managed to collect very useful data from both these groups in different situations.

Notably, although I hung out with them, I did not take part in any illegal activity, why I have decided to call this '(participant) observation'. Some might say that my understanding of the culture thus is limited, but I argue against this. I was, without hesitation, fully capable of understanding the risk assessments and management made by my interlocutors without having experienced being under the influence of THC, as using (participant) observation permits the researcher to discover changes, processes, rules, and norms in the context where one is (O'Reilly & Karen, 2005), although not taking part in every activity (Hine, 2015). This has to do with me being a part of the group as they conducted their rituals and thus being able to carry out informal interviews with them at the same time to further develop my

understanding. Additionally, the risk perceptions and management were often made and conceived in the group when the group members were sober. Hence, using cannabis was not useful for me to understand their cultures.

During and (mostly) directly after the observations, I was careful to write notes to remember as many details as possible. At times, I would write short notes on my phone when I went to the bathroom or in other ways was separated from the group, as this triggered the memory while taking notes afterward (O'Reilly & Karen, 2005). At some points during my observations, I decided to ask if my interlocutors consented to me writing the notes as their conversation went on, which they always said was okay. The reason for this is that it guided the participant to delve deeper into the discussed subject, and therefore gave me better insights into their attitudes and thought processes. Although this was also done through individual semi-structured interviews, implementing informal focus groups during my observations gave me a better understanding of how the group as a whole discussed things and the power dynamics that were part of the groups, as well as allowing individual thoughts and attitudes to come forward (Liamputtong, 2011). It should be stated that this was not done at the beginning of this research, but instead implemented further on when I had thoroughly gotten to know the groups' members and knew they were comfortable with each other.

However, most of my note-taking took part after the observation sessions. These notes were written before I had discussed the data gathered with anyone else, as this could increase the risk of me creating a so-called fixed narrative that fitted a specific audience (Luker, 2008), which in turn would reduce the reliability of my notes and thus this research. Moreover, I wrote notes after every observational moment in order to not forget any details (O'Reilly, & Karen, 2005). These notes are what constitute the fundament for my analysis, together with individual interviews, which will be presented below.

4.4 Interviews

The process of gathering data also consisted of nine semi-structured individual interviews with most of the group members I had conducted (participant) observation with. The meticulous reader has now done the math and discovered that the sum of my interlocutors with whom I conducted (participant) observations amounted to a number higher than nine.

The reason for this is that some of my interlocutors stated they were not comfortable with formal interviews, why nine interviews were conducted instead of eleven. But it should be noted that I have interviewed persons from every group partaking in this study, and the ones who did were happy to participate.

Conducting semi-structured interviews gave me the opportunity to obtain in-depth knowledge about the individual interlocutors' thoughts and attitudes regarding the social processes in their groups (Gerson & Damaske, 2020), which I was unable to receive during the (participant) observations, as well as giving my interlocutors the ability to give me their own point of view about things that are not discussed with their peers (Kvale, 2007). Additionally, the data from the interviews were triangulated with the data from the (participant) observations, which gives validity to this study (O'Reilly & Karen, 2005). Hence, the interviews gave me the opportunity to ask questions that both were related to the things I had noticed during the observations and ask questions that had not been brought up before.

Each interview lasted between 50 and 100 minutes and where conducted in places my interlocutors themselves chose, in order to ensure my interlocutors' comfort (Liamputtong, 2007). Since I had gotten to know my interviewees beforehand, they often chose my home for the interviews, where we at times had gathered before. Some would say this increases the power dynamics between the researcher and the participant, which I to some extent agree with. However, when asking my interlocutors about their choice, they all said this is where they feel most comfortable. Therefore, I decided this was the best option. Other interviews took place in my interlocutors' own homes when this was suggested. Conducting the interviews in someone's home also decreased the chances of distractions during the interviews, and thus allowed for the participants to fully focus on the questions and answers. Additionally, all participants consented to my recording and transcribing the interviews, which ensured that I could fully listen to my interlocutors without having to take notes (O'Reilly & Karen, 2005). During the transcription process, I also made notes about my reflections in order to not forget these during the coding and analysis (Gerson & Damaske, 2020).

Although I had created the interview guide with open-ended questions beforehand to ensure the topics I was interested in were answered, I also made sure to be flexible during the interviews to explore other topics and thus generate rich data (O'Reilly & Karen, 2005). The question of consent was thoroughly discussed beforehand as well as during the interviews. At the end of the interviews, participants were thanked and asked if there was anything they wanted to add. The choice of asking this stems from my idea of wanting to pull the interlocutors from the interview situations, which could become quite intense, back into a more “emotionally detached place” (Luker, 2008, p. 178). Additionally, it could lead to the discovery of new topics and ideas (Gill et al., 2008).

4.5 Coding and Analyzing

Since my data mostly consist of narratives, that is storied forms of texts which in my case consist of transcribed interviews and notes from the participant observations, narrative ethnography and narrative thematic analysis were utilized. This means that the focus of my analysis lies in what is being said, the meaning(s) that are portrayed, and the point that is of importance to the narrator (Riessman, 2005; Sandberg, 2022). Moreover, during the (participant) observations, emphasis was put on the circumstances under which the narratives were performed and the reception it was given by the listeners, as employing narrative ethnography gives insight into how cultures are expressed and experienced (Gubrium & Holstein, 2008; Tutenges, 2019)

Further, the process of analyzing began during the data collection. I then read and re-read the material I had gathered several times to find patterns of themes. The themes were coded into two major groups and later coded into several sub-groups. These themes were analyzed through the use of the theoretical frameworks presented, and previous literature on the subject I am studying. Moreover, my focus lay on finding both similarities and differences among my interlocutors and the groups they belonged to. These are presented in my analysis.

4.6 Ethical Considerations

Because of the nature of this research, ethical considerations were a big part of this study both before, during, and after the data collection. Drug users can and should be seen as a vulnerable group in our society, mostly because of the stigma and illegality around their

activities (Quaglietta, 2022). Hence, researching these with qualitative methods where they enclose personal information, inherently raises ethical questions.

The participants were all informed about the purpose of this study before I entered the field. During this, I also informed them about consent and made sure they understood that they could, whenever they like, withdraw their participation without motivation. Consent was thereafter part of the research throughout the data collection, both during interviews and (participant) observation. The interviewees were reminded about consent before and during the interviews and were given information that they could choose to not answer a specific question if they wanted to. However, reminding my interlocutors about consent during (participant) observation was less direct since I did not want to remind them about my position as a researcher as this could have affected their activities and thus my data and results. Instead, I chose to contact my interlocutors during my process of writing this thesis and ask them about certain examples and if they were okay with me using them.

In order to protect my interlocutors from potential risks, confidentiality was applied regarding their personal information (O'Reilly & Karen, 2005). Thus, the names and other aspects of my individual interlocutors that could enclose who they are, have been changed. Moreover, I never asked about their criminal activities and reminded them to not disclose their own or others' names, dates of specific incidents or any criminal activities. This was possible since this study focuses on factors around using cannabis, but not specifically the usage of it. However, during the (participant) observations, it was impossible for me to not witness illegal activities. Especially with the subculturals, who smoked cannabis every time they met. Nevertheless, I never wrote notes regarding their smoking specifically.

Conducting (participant) observation was what led me to the situation I have briefly mentioned before, where I made a decision that some would say is unethical. Without going into too much detail, I had become worried about one of the interlocutors that belonged to the subculturals. Entering the field, I noticed how he always drank more alcohol than the others at parties or in pubs. I did not put much thought into it until later, when I had also discovered that his use of cocaine also exceeded the others. At the end of my data gathering process, he had started to use cocaine more often and in situations where the group would not normally

do it. His alcohol consumption had also increased and I decided to speak with him about it and tell him I was worried about him becoming addicted. He calmly denied it of course; said that all group members had a high tolerance and would “do stuff like that” ones in a while.

Simultaneously, other group members had approached me and expressed their worry about him. Therefore, I decided to speak with one of them and suggested they speak with him as well. They were apprehensive at first, as this is not something they usually do in their group (which will become clear in the results section of this thesis). I left it at that, since I did not want to put emotional stress on them. However, a couple of days later, the interlocutor I had talked to about approaching him we were worried about, reached out to me and asked me to join their intervention. She said they would feel more comfortable with me around, since I had already addressed him before. Additionally, she asked me to talk to him beforehand, to give a heads up, which I did.

The intervention went well. We had a calm discussion and focused on our own worry while still stating that we thought he had a riskfull use of alcohol and cocaine, and that we would like for him to decrease his intake. He took us seriously and acknowledged that he had started to feel a need for cocaine, but that he would stop using it. Afterwards, I made sure to ask about how everyone felt. Additionally, I made a few more observations with them after this, and they are still very good friends and hang out the same way as before.

Is it then ethical to approach one or several interlocutors like this? I argue yes. My responsibility as a fellow human being is higher than my responsibility as a researcher. We are taught to ensure the interlocutors well-being and that is what I did. The person who I mean was approaching the edge of addiction has now decreased his usage of substances. At the same time, the additional observations I made after the intervention show that their relationships have not sustained damages, which is further strengthened by one-on-one discussions with the interlocutors.

5. Results

In the following chapter, I will present my data together with the analysis regarding the risk perceptions and management among cannabis users in Malmö. For the purpose of this analysis, I have decided to divide this chapter into two sections: external risks and internal risks. In reality, these are not independent of each other. The external risks affect the individuals and groups on an internal level, both emotionally and cognitively. Moreover, the two subchapters have been divided into different sections, discussing the different risks found in my data. The external risks touch upon meetings with people who do not approve of their use, and how purchasing the drug is both a bodily and societal risk. These risks were shared by all groups and members. The internal risks presented regard the risks within the groups and individuals who use cannabis, such as health issues or relational difficulties. Juxtaposed with the external risks, the internal risks differed more between the groups, although similarities were found.

5.1 External Risks

5.1.1 Professionals within Law Enforcement

It is a warm summer day and the subculturals and I have been in a park in Malmö to play frisbee. On our way home, Fredrik suggests we walk past a shop to buy ice cream, which everyone is happy about. After purchasing the ice cream, we stopped at Södervärn to eat on one of the benches, a place where several people move, including the police force. While sitting down, Anthony suggested they smoke a joint he had brought with him, but while he reached for the joint, he seemed to change his mind and started telling a story about his colleague, who also used cannabis. Briefly, the plot of the narrative consisted of his colleague being arrested by the police during one of the times when he had smoked on Södervärn not long before. Additionally, the story ended with a question: “so maybe we shouldn’t smoke here?”. The other members of the subculturals answered agreeingly to the question and no cannabis was used.

The situation above points to the ways in which my interlocutors from the subculturals thought about and handled the risk of being caught by professionals within law enforcement. The data shows an awareness from my interlocutors about the stigmatization they may face if the police notice them smoking. Since cannabis is illegal, and moreover not fully normalized

in Sweden (Sznitman, 2007), there is an inherent stigmatization from the police force and other professionals within law enforcement directed against people who use cannabis (Quaglietta, 2022). This means that my interlocutors had to find management techniques to avoid that stigmatization (Goffman, 1986). The situation described above points to that the technique applied in this situation is to avoid smoking in places where the risk is deemed too high (Hathaway, 2004; Lau et al., 2015). Thus, my interlocutors chose not to smoke in places in which they knew that police moved regularly.

Further, how my interlocutors made and continue to make the analysis on risks of arrest can be explained with the help of the theory of tiny publics (Fine, 2012). As Fine (2012) points out, narratives have an effect on our behavior. These narratives, which often are derived from outside the group, are performed within the group and can be deemed useful, functional, and appropriate if they fit the goal of the group (Fine, 2012). In the case presented above, the group's goal was not only to attain the effects of cannabis but also to avoid being arrested by the police, why Anthony's story about his colleague was regarded as something they should mend their behavior from. On previous occasions when the group and I had been in that area, using cannabis was not a concern. They would regularly smoke there without any visible worry about being caught. However, when Anthony told that story, this changed, proving that narratives of arrest were highly important when it came to risk assessment and management.

However, in certain situations, the subculturals would completely disregard this risk and smoke very close to a parked police car. During one of the instances, we were on our way from a concert. It was late and dark outside while we walked on a street with multiple restaurants and shops that closed late. The group was smoking a joint when I spotted a police car parked in the middle of the driveway ahead of us. I was sure the group had noticed it, but no one said or did anything. I became stressed, to say the least, and expressed this by asking them if they were not going to put the joint out. André, who held the joint at that point, laughed together with the others and said "Take it easy, nothing will happen", as if to calm me down. This did however not lower my stress level, but I realized there was nothing I could do except hope for the best. While passing the police car, André lowered the hand in which he held the joint and folded the joint with two fingers into his hand so that it was not showing anymore. We passed the police car without anything happening and André started smoking

again while looking at both me and the rest of the group with a big grin on his face. The other group members responded with big smiles and small laughter.

The situation above happened before Anthony presented the narratives of his colleague actually being arrested, and no other narrative of police arrest had been presented in the group before. However, they had expressed their awareness of the stigmatization of the law and the people who work for that. In this case, the potential stigmatization they would face if being caught smoking became grounds for conducting edgework (Lyng, 2014). Using cannabis next to a police car poses the threat of arrest, a quite big risk expressed by most of my interlocutors. By coming close to this edge, but still managing to avoid falling over it through different personal skills, Lyng (1990) states that intense emotions will follow. The situation above shows both the skills applied and the intense emotions that followed when the risk had been avoided. By folding the joint in, it no longer becomes visible to the police in the car. This is a skill that is shared amongst my interlocutors and used in several situations where the risk of being stigmatized is high. Moreover, their smiles and small laughs after the situation, when they know they are safe, point to the exhilaration and intense emotions that edgework leads to (Lyng, 1990).

Furthermore, the notion of being caught by the police was highly discussed amongst the self-optimizers as well. Similar to the subculturals' management technique of avoiding certain places where they had gotten to know that the risk of being caught was high, Billie states the following in our interview:

I mean we have some places where we smoke where there aren't a lot of people generally or eh.. police presence. Like, if you walk to those places you will avoid the police. So we smoke there a lot. - Billie, the self-optimizers

Instead of speaking of places to avoid, Billie focuses on the locations where the risk of getting caught is low. They and their group had no experiences of themselves or anyone they know being caught by law enforcement, but were well aware of the stigmatization they could face because of the drug being illegal (Hathaway, 2004; Lau et al., 2015; Quaglietta, 2022). This

awareness made them search for places in which the police rarely moved, managing the stigma through not having to face it, which (Goffman, 1986) states is common within stigmatized groups.

Similarly, the medicinals knew of the risk of stigmatization from law enforcement professionals but rarely worried about it. During my data collection with them, the risk of arrest was never discussed unless I initiated the discussion. This can be explained by the fact that they only smoked at home and thus never had to face the risk of arrest, although being aware of it. Hence, the medicinals had, similarly to the self-optimizers, found a place in which the risk of stigmatization was not there. Thus, in line with the theory of stigma (Goffman, 1986), the group had found a way to avoid stigmatization and therefore managed it.

Moreover, this shows an important aspect of stigma and the idea of it being a means of social control. Although stigmatization can lead to a change so that the person who experiences stigma becomes more norm-adhering (Goffman, 1986), this was not the case for my interlocutors. Several of my interlocutors have similar experiences as I had growing up, being fed with ideas about cannabis being highly dangerous, as seen below:

[...] Because they say it's so dangerous and you can get addicted or get psychosis and all of that. - Johan, the medicinals

But this did not make them stop, and nor did the risk of arrest. Instead, they found techniques so as to avoid these risks, while still being able to attain the effects of cannabis that they wanted. Moreover, in some instances, the risk of arrest became grounds for conducting edgework and attaining the intense emotions that follow such an act (Lyng, 1990). Hence, although stigmatization in some circumstances leads to norm-adhering behavior (Goffman, 1986), it does not always work as a form of social control. By contrast, it can lead to the behavior instead being conducted in places and situations in which the risk of stigmatization is low. The stigma then has the effect of the stigmatized finding management techniques (Goffman, 1986) so that the stigmatizing behavior can still be followed through.

Moreover, the self-optimizers told me they had discussed strategies in case they were caught by individuals who work within law enforcement. During the interview with Billie, I asked them to elaborate on this:

Like, it's about being calm, not to get too worked up. Just be accommodating you know. If the police or someone comes, just tell them your sorry. Yeah, just be accommodating. - Billie, the self-optimizers

This points to how the stigma from people in law enforcement is a big part of their lives, so much so that they come up with strategies before anything has happened. Moreover, incidentally, Amy, also part of the self-optimizers, told me about a time during which she and some other group members had smoked cannabis in a private parking lot, attracting the attention of a guard employed there.

[...] But he threatened to take us to the psychiatric unit that takes care of people under the influence of drugs. So he said like 'I'll take you to that unit so that you have to pee in a cup' but then we only had to say that we were sorry and we new we were wrong and then he let us leave. - Amy, the self-optimizers

Giving people who work within law enforcement a respectful and understanding attitude seems to be a tactic that allows cannabis users to manage the risk of being arrested and sanctioned for their illicit drug use. Thus, by approaching people who work in law enforcement according to the norms they live by, they manage to diminish the stigma put on them (Goffman, 1986).

5.1.2 The Others - Civilians & Professionals

During the one-on-one interviews with my interlocutors, the risk of stigmatization from people who are not part of the law enforcement agencies was highly discussed. Drug use is highly stigmatized (Goffman, 1986; Beck et al., 2014; Blomqvist, 2009) and during interviews, the awareness of this became clear. It seemed as if this risk was of greater worry than that of arrest, as seen in previous literature as well (Hathaway, 2004; Lau et al., 2015; Quaglietta, 2022). My interlocutors would state that in order to avoid stigmatization from

civilians who did not approve of their use of cannabis, they simply would not talk about their use in places and spaces where civilians could hear:

I don't talk about it with people. Unless someone says they have smoked [cannabis] before. So in that case I can tell them. But otherwise... You don't talk about it with others - Jim, the medicinals

But it's not like I walk around talking about it. I mean.. That would be stupid I think. Someone could hear and I don't really like conflicts to be honest. - Amy, the self-optimizers

To avoid stigmatization from civilians then, my interlocutors told me they applied the management technique of avoiding discussions with civilians about their use, a common strategy among stigmatized individuals (Goffman, 1986; Hathaway, 2004). However, during (participant) observations, it became clear to me that this was not always the case, as shown below:

One autumn afternoon, Jim, from the medicinals, and I visit Ikea after hanging out at Patrik's place. It was supposed to be a quick visit as Jim only needed one thing. However, as we search for the things needed, Jim is suddenly patted on his shoulder by a woman his age. They started talking and Jim introduced me to what he described as his friend. Jim had previously, along with the other interlocutors, told me that he did not discuss his cannabis use with others, but the woman who greeted him soon brought the subject up and seemed worried about his use. The three of us stood between two big shelves, with people moving by us but not stopping. As Jim started answering the woman, he leaned in towards her and lowered his voice almost to a whisper while looking around as if to see if anyone was at a hearing distance. He then went on to explain that he did not use cannabis regularly, at most once a month and added that the risks were not that high. While describing the risks, he used narratives that seemed to derive from medical research, making the point that using cannabis as seldom as he did, would not lead to an aging brain or other health risks.

As seen in the situation above, discussing cannabis use with civilians who did not approve of the usage was not as simple as my interlocutors stated in their interviews. There were times

when they did discuss their use with non-users, applying techniques to lower the risk of stigmatization. Jim's friend, who was concerned, had to be approached by Jim, and he did so by using narratives from medical research that point to the low risk of using cannabis the way Jim does. The result of using narratives that diminish the risk of cannabis use, and further emphasize the individual control over one's use, is that the blame and stigmatization decrease (Peretti-Watel, 2003). Moreover, in order to avoid more stigmatization from civilians, Jim used his body to lean in and lower his voice so that no one else would hear their conversation. This way, he avoided the risk of being stigmatized by other people whom he did not know.

On the other hand, it can also be said that Jim's narrative during the meeting with his friend at Ikea was used to educate a non-user about the use of cannabis. This idea was presented by Sabina as well:

Generally, I don't talk about it [smoking cannabis]. I feel a lot like 'meh'. I don't walk around telling people that I smoke myself, but I don't deny it either. I mean.. I.. It's definitely something I own and stand by. Because I also want to.. I like to widen the picture of cannabis users. I've always been.. Like.. I've always worked very hard and I've studied for over six years now. Always worked and been very diligent. Worked for over sixteen years and been one of those very good girls. Always done right for myself. And I want to show that you can do all that at the same time as you use cannabis. Be a good citizen at the same time you know. I like that. - Sabina, the subculturals

The statement above was made by Sabina as she spoke about contact with civilians who do not use cannabis. As previously mentioned, along with my other interlocutors, Sabina told me she did not walk around telling people she used cannabis. However, in situations where she felt safe, she would take the opportunity to educate others about the use of cannabis, and simultaneously challenge their view of cannabis users as people who are not adhering to the other norms of society, such as doing well in school or holding down jobs. Sabina uses her advantage as someone who adheres to most societal norms in order to educate non-users about cannabis (users). Moreover, in emphasizing her ability to hold down jobs and do well in

school, and thus posing as a 'normal', she diminishes the stigmatization she would otherwise face (Goffman, 1986; Hathaway, 2004; Lau et al., 2015; Quaglietta, 2022).

However, there were situations in which Sabina chose not to come clean about her cannabis use. Amongst those being in job interviews:

Yes, I mean in a job interview I would definitely lie. I would have lied. Cause there is no hope about 'oo, it may be a liberal boss'. Regardless if they go home and smoke a joint every night they have to have zero tolerance towards it at work. So I would have flatly denied it there. - Sabina, the subculturals

The notion of being stigmatized by a (potential) employer was expressed by my other interlocutors as well. Since cannabis is illegal in Sweden, my interlocutors expressed worry about losing their jobs if their employers were to find out about their use of cannabis. As with law enforcement agencies, there is an inherent stigma from their work as well because of the illegal status of cannabis. In avoiding this stigmatization, the technique applied is to bluntly lie in case someone asks about their use. Again, posing as a 'normal' to avoid stigmatization (Goffman, 1986; Hathaway, 2004; Lau et al., 2015; Quaglietta, 2022).

Further, a similar technique was applied by the medicinals in their contact with the Swedish health services. Although they argued that they read medical research that stated that the risks of using cannabis were not that high, they did not believe that this was the general opinion among medical professionals:

Ehh, I have been to the doctor one time since I started using cannabis and I haven't told them because I was afraid they would put it in my medical journal or that it would burden me, that they don't send me to get an x-ray or so because they think 'if you smoke, it's your own fault'. So I haven't told them, no. - Patrik, the medicinals

Patrik told me he had never been asked about drug use while meeting with a medical professional, which means he did not have to bluntly lie about his use. However, he chose not

to speak about it with his medical doctor in order to avoid stigmatization and the possible sanctions it would lead to. Instead, Patrik and his group members fronted as normative people during medical exams, a technique applied to reduce the risk of stigma (Hathaway, 2004). This way, the medicinals avoided stigmatizing confrontations and the risk of not being taken seriously by medical professionals.

Moving forward, avoiding stigmatization was not only managed through lying, posing as completely normative, or diminishing the risks of using cannabis while speaking with non-users, but also through avoiding certain places in which my interlocutors faced the risk of stigmatization from civilians. These places differed depending on what group my interlocutors belonged to. As presented before, the medicinals chose to only smoke at home as a way of reducing the risk of stigmatization. As for the other groups, who did smoke in public places, individual experiences became important in deciding what places to smoke or not. In my interview with Fredrik from the subculturals, he told me how he and his group would never smoke in Centrum or Västra Innerstaden, which was supported by the (participant) observations:

I.. Now that I think about it, I wouldn't stand on Lilla Torg or that area and take [smoke cannabis], where there are people with chinos and polo shirts who drink even more expensive beer than on Möllevångstorget. - Fredrik, the subculturals

According to Fredrik and his group, the risk of stigmatization was greater from a certain group of people - those who dress as if they have money. This discussion was brought up during several times when I gathered data through (participant) observation. At some points, high hats, as they would call the people who dress as in the quote above, became the plot of a joke, and at other times, they would be the symbol of something bad that you want to avoid. As Sandberg and Pedersen (2010) state, residues of the hippie culture that brought cannabis to Western cultures can be found among cannabis users today. In this hippie movement, one of the important values is that of equality and left-winged political ideals. The subculturals shared these values, why a negative attitude towards people who are rich, or dress as they are, was present within the group, as the group interpreted these as right-winged politically. These cultural values that had been picked up by the subculturals thus affected the way they behaved

(Fine, 2012). Moreover, the attitude towards this group of people, who had become the symbol of inequality, led to the subculturals stigmatizing them. In this case, the stigma was sent and received by both the subculturals and the 'high hats', leading to the subculturals avoiding any contact with them, which Goffman (1986) writes is a common technique among stigmatized people.

Similarly, Billie spoke about Limhamn as one of the places one had to look out for civilians who did not approve of using cannabis:

[...] Ehh. In Limhamn you get a lot of looks. And people come up to you and tell you off.. and ehh, generally there's a lot of parents in Limhamn I would say. I mean most people who live there are families with small children. And I am very meticulous with not smoking while there are children around but parents and other people who live in Limhamn, even when they don't have their children with them they, eh, I mean they give disapproving looks and they.. It's generally much more difficult [to smoke] because there is always someone that.. I mean, I don't mind if anyone sees me smoking in the central parts of Malmö. - Billie, the self-optimizers

As Billie mentions, their experiences with using cannabis in Limhamn had made them realize that the risk of stigmatization was greater there than in the central parts of Malmö. Their description of the disapproving looks and the verbal reprimands point to how Billie is actively stigmatized as a form of social control (Goffman, 1986). These accounts were narrated in the group and used as a lesson - do not smoke *openly* in Limhamn. However, as Billie knows Limhman rather well, they had shown the other group members certain places in Limhamn where few people moved and thus was safe to use cannabis in. Hence, the social control that stigma can lead to (Goffman, 1986), was not achieved by the people who live in Limhamn. Instead, the self-optimizers had, with Billie's experiences as guidance, found ways of avoiding stigmatization by finding places in which the ones who put the stigma on them would not find them. As Fine (2012) states, personal experiences become culturally significant if they are found useful, which Billie's narrative and experience were for the self-optimizers.

Moreover, apart from avoiding people who stigmatize users of cannabis, one more technique was applied while smoking in public places:

[...] As long as you keep moving you're safe. It's worse if you stand still, then you can see people walking by and reacting negatively to you smoking. But if you keep moving, they won't notice. - Anthony, the subculturals

As Anthony states, the technique of being in motion while using cannabis in public places would reduce the risk of stigmatizing looks and behaviors of disapproving non-users. This technique was applied by both the subculturals and the self-optimizers, who would either walk to places where they knew they could sit down and smoke without meeting 'normals', or constantly be in motion as we walked through the city while they smoked.

Interestingly however, although aware of the risk of stigmatization and finding ways to avoid it, some of my interlocutors seemed to view Malmö and its citizens as somewhat okay with cannabis. This can be seen in Billie's quote above, in which they state that they feel safe in the central parts of Malmö, pointing to how the risk of stigmatization is to a lesser extent there. This was discussed amongst my other interlocutors as well, and all of them stated that the attitudes toward cannabis in Malmö are neutral, non-users generally did not care if they noticed someone using cannabis. Further, Sabina from the subculturals states the following:

I think the laws are too strict. I think it's a shame and unnecessary, a waste of resources and energy, to criminalize such a large group of people that really... According to me, it's a harmless group in society. Both towards themselves, their bodies, and others that are close to them. - Sabina, the subculturals

Billie's and Sabinas' statements show two things: 1) that they think of non-users attitudes toward cannabis as permitting or at least neutral, and 2) that they think cannabis users are a large group of people. According to the normalization thesis, these are two of the tools used to measure if an illicit drug has become normalized (Parker et al., 2002). With this in mind, my interlocutors share the idea that cannabis has become somewhat normalized in Malmö,

making it less riskful for them to smoke publicly. This means that although my interlocutors had experiences of being stigmatized by non-users, and thus had found techniques to avoid this, they also shared a belief that most non-users did not care about their use. Thus, the techniques applied to avoid stigmatization were still used by my interlocutors, but generally, they felt safe in the center of Malmö.

5.1.3 The dealers

One of the difficulties my interlocutors were faced with because of their use of cannabis stems from the drug being illegal (Quaglietta, 2022), meaning that the only way one is able to buy it, is through people who work with dealing and are usually part of a street gang. All of my interlocutors expressed ambiguity about their purchases from these groups, and expressed their feelings towards it as follows:

And I don't like that there is a criminal culture around it. It is so awful, that kind of criminality. I mean, it's so serious. It is.. It hurts me. You don't want to buy it from them. I would rather buy it at a pharmacy or something...

Yes. - Patrik, the medicinals

Patrik's reasoning indicates the hesitance my interlocutors felt toward buying cannabis from individuals involved in street crime. They do not want to support street gang criminality and the violence it is known for, but because of the laws around cannabis, they have to in order to be able to use it.

Moreover, the quote above points to how Patrik resonates about a solution to this issue - that of legalizing cannabis. This idea was expressed by all my interlocutors along with their discussion of supporting criminal networks. Through legalizing cannabis, the negative feelings my interlocutors experience would no longer exist and their consciousness would be cleared. However, although they were aware of their consumption and its effect on criminal networks and society, they chose to buy it, since they find cannabis to be more meaningful than not supporting gang criminality. For some of my interlocutors, this difficulty was managed through a spatial and somewhat economic distance from the criminal networks. Instead of buying it directly from them, they would buy from another member of the group they belonged to instead.

I: Why do you choose to not buy from dealers?

André, the subculturals: Because it feels closer to the criminal networks. I like to have it further away from me like I just happen to be where the weed is or I buy from friends instead.

Further, when the option presented itself, they would choose to purchase cannabis from people who grew it themselves and thus were not part of a criminal network. During one of my observations of the subculturals, a person who André knew called him. The person who called had gotten in contact with a person in a city near Malmö who grew his own cannabis. André smiled as he listened to his friend and decided to buy a rather large amount of cannabis from that cultivator. He explained to me that there was a risk of that grower not being able to sell to him in the future since André himself did not attain the contact information needed in order to connect with him again, why purchasing a large amount that lasts a long time would be beneficial and prevent him and the other group members from having to support criminal networks for some time. However, this in turn made him more exposed to severe sentencing if the police had caught him with that amount, and thus, he took a greater risk doing this.

Moreover, the self-optimizers expressed another, more individual risk with buying from street criminals, as seen in Billie's statement below:

I mean.. The first time I was meeting a dealer eh.. You know I'm quite small and I had this idea of them being really violent. So that was a little scary. But then I met him in a park near Möllevångstorget and he was chill so *haha*.. Plus, I mean.. It was kind of fun as well. I got a kick out of it, you know *haha* - Billie, the self-optimizers

What Billie describes about their first meeting with someone who deals with illicit drugs can be seen in the light of edgework. They describe a possible threat of becoming a victim of violence, and their comment on their own body points to an acknowledgement that they would not be able to defend themselves, and therefore potentially risk severe injury. Thus, through meeting with their seller, Billie then pursued edgework, which according to Lyng (2014)

consists of approaching an edge that, if one crosses over it, means amongst other things injury. Although Lyng (2014) argues that for people who undertake edgework, this becomes a motive in and of itself, Billie's act can be understood through the perspective of edgework that Quaglietta (2022, p. 90) presents - that of edgework becoming an act that drug users have to endure in order to accomplish the means of using illicit drugs. In this situation, due to cannabis being illegal in Sweden, Billie had no other choice than to buy it from someone who worked with selling it illegally, which they deemed highly dangerous. Moreover, Billie points to the 'kick' they got before and during this meeting. As Lyng (1990) states, conducting edgework leads to heightened emotions and exhilaration, which Billie's statement clearly shows.

However, when they met their dealer, they did so in a public place in which several people moved. This reduced the risk of becoming the victim of violence, but Billie was still conscious of the fact that it could happen because of the narratives of people who deal drugs that they and their group had been presented before. Nevertheless, Billie decided to meet their dealer and with that experience, their narratives and interpretations of dealers changed. After the meeting with the person who sold cannabis, Billie realized that their dealer was not violent to them, and their perception of people who sell drugs changed.

As Fine (2012) writes, cultural objects and values within a group can change with new narratives and experiences that trigger a revision, which happened after Billie's encounter with the person they bought cannabis from. During some of my (participant) observations with the self-optimizers, Billie's story would be narrated again and waves of laughter from the other group members would follow it. This means that Billie's narrative has become important within their group, and thus affects their group culture (Fine, 2012). During times when I asked about the self-optimizers' view on people who sell drugs, they all expressed that worry about meeting them was not part of their mindset, and would thereafter tell this story as a sort of anecdotal evidence of dealers being decent human beings that do not use violence while selling illicit substances. Thus, this story can be said to have formed the thoughts and feelings of people who deal drugs within the self-optimizers (Fine, 2012), as well as functioning as a way of entertaining and building the groups' identity (Tutenges & Sandberg, 2013).

5.2 Internal Risks

Moving forward, this section will discuss the internal risks found in my data. Juxtaposed with the external risks, the internal risks differ more between the groups, depending on their group culture. Firstly, I will introduce the risk of addiction or riskful use, and then move onward to health risks, risks of sharing, and lastly present the risk of quitting cannabis use.

5.2.1 Individual Riskful Use and Addiction

But I didn't experience it as an addiction because it was not like I didn't handle my everyday life or that I couldn't think or that I was negatively affected. Rather, it was the other way around. - Billie, the self-optimizers

The quote above is only one example of a similar theme among all my interlocutors who belonged to the self-optimizers or the subculturals. Although addiction was not mentioned by me during the interviews, the topic came up and emphasis was put on not being addicted to cannabis. It became obvious that my interlocutors found it important to mention, and position themselves as someone who could manage life as expected of them despite the fact that they used an illegal substance. In fact, in the quote above, Billie goes to the length of stating that cannabis actually helped them manage the norms of mainstream society and thus to be seen as a 'normal' instead of being stigmatized (Goffman, 1986). Moreover, this confirms the stigmatization that surrounds cannabis use in Sweden, especially the stigmatization of people with an addiction (Beck et al., 2014; Blomqvist, 2009; Cunningham et al., 2012; Sznitman, 2008; Goffman, 1986). A stigmatizing identity my interlocutors were highly aware of and found important to separate themselves from, with posing as a 'normal' being the technique applied (Hathaway, 2004; Lau et al., 2015; Quaglietta, 2022).

However, some of my interlocutors had experienced a problematic relationship with the drug. In accordance with the theory of edgework (Lyng, 1990), they found themselves moving over the edge, in this case symbolizing riskful use, that they previously had the skills to only tangent. Thus, edgework was no longer present, as the boundaries had been exceeded. Sabina told me about a time in her life when she smoked almost daily and how her partner had made her aware of the effects of that and how it influenced her daily life and relations:

I: Do you know why your partner reacted to your use and asked you to reduce it?

Sabina, the subculturals: [...] I think I become a less nice roommate and girlfriend when I smoke and because my sexual drive becomes low.. It's like.. When I'm high I don't like to have sex. And I become a little slow and like, yeah, maybe not as active as I usually am.

The negative effects of the drug made her react and realize she needed to take a step back to find her way to the point in which cannabis was fun again. This realization was induced by her partner, who made her aware that he did not approve of her use. In this case, the stigma that was put on her made her change her habits and adhere to the norms of her and her partner's relationship, which Goffman (1986) argues is one of the management techniques for stigmatization. She, along with my other interlocutors who experienced similar things, found that by reducing their intake by not smoking as regularly, they would step back into a place where the edge was in front of them again and where the stigma was not as prominent. Thus, with the help of self-control (Duff & Erickson, 2014; Lau et al., 2015) and stigmatization from a person they know, they would reduce their intake of cannabis. However, this was not always made in reaction to stigmatization. Instead, some of my interlocutors chose to reduce their intake without stigmatization being part of the decision. In these cases, my informants themselves found that they had stepped over the edge and through self-awareness applied self-control to reduce the risk of addiction and riskful use of cannabis.

Moreover, the stigma surrounding the label of an addict was so strong, that although someone showed signs of addiction within the subculturals, as presented in the methods chapter, no one chose to speak to that person regarding his use. During the interview with Sabina, who is part of the subculturals, addiction came up as a theme, and she put her finger on a big part of their group:

But I can feel.. I'm usually careful about being all high and mighty just because I have started with something or stopped smoking, and made everyone else stop as well. - Sabina, the subculturals

This quote shows one of the essences of the subculturals: live and let live. Their narratives and behaviors had always rewarded drug use, no matter how much. During their meet-ups, cannabis was a natural part and no one would question the ones who chose to smoke. Instead, when someone had made a joint and asked if anyone would like to smoke, words such as “Of course!” or “Nice!” would be expressed by both the ones who would choose to join and the ones who did not want to smoke at that point. Moreover, narratives of addiction were very seldom expressed, and when it was, it was through the lens of politics and health care, and how society did (not) approach it. They had created a culture, through their narratives and historical experiences (Fine, 2012), in which addiction was not part of their group. Hence, they did not have any management techniques to wield addiction.

This view on addiction and its not applying to the members of the subculturals, explains why approaching someone who had lost the skills to not cross the edge of addiction was not part of their scheme - the stigma did not apply within their group. Hence, social control, which stigma can lead to (Goffman, 1986; Fine, 2012), regarding riskful use of psychoactive drugs was not part of their group. They danced around it, being careful not to stigmatize anyone for their use. Allowing everyone to choose for themselves, although everyone seemed to understand the edge and the dangers of crossing it.

Further, it should be added that the member of the group who became the grounds for worry about addiction, had a high position within the hierarchy of the group. He was often referred to as ‘the spider in the web’. A way of pointing to him being the center of the relations within the group, the one who keeps the group together. This means that he had space to deviate from the norms of the group without the others re-identifying him as someone holding a stigma (Goffman, 1986). Adding to this the fact that they had created a culture in which drug use was rewarded, the hesitance to approach someone with worry about their use makes sense.

However, the group members of the subculturals had expressed their worry to me and as told before, I decided to carefully introduce my own narrative and values so as to implement what is usually called an ‘intervention’. After they had thought about it, they responded positively and the intervention went well. Once again, group members being negative to an aspect of a person's life and thus putting a stigma on the person, became grounds for that person to change his behavior (Goffman 1986; Fine, 2012). But this was the result of an introduction to

new values and narratives for the group, which they found useful and thus applied (Flyng, 2012). These values and narratives were however situational and only found useful during a short period of time. Addiction was not further discussed within the group after the intervention had taken place. The result of them became long-term for the person who we worried was on his way to developing an addiction, but not for the group as a whole. Fine (2012) states that this is the case for certain cultural elements - they never become part of the culture as a whole but are implemented only in situations where they are useful.

During the data collection, when I had heard the discussion on addiction within both the subculturals and the self-optimizers, I decided to ask the medicinals questions about this during one of the (participant) observations, since I had not heard them discussing anything similar. They thought for a while and Patrik started answering with a no and went on to explain the narratives on cannabis he had met while growing up. Similar to my own experience, he had been taught that addiction is a guarantee if you decide to try cannabis. During this storytelling, the other group members nodded agreeingly throughout. Moreover, Patrik told me that with experience, he had come to the understanding that addiction never was a risk, and the other nodded and said “Exactly”. This was further developed in the semi-structured interview with Patrik:

[...] And it is nice to be there [affected by cannabis]. But the strange thing is that I don't crave it. I mean, it's not like I feel a Friday when I get home that “Ooh, I'm going to smoke tonight, nice to relax”. I never feel that. I actually feel like it's quite troublesome. But eh.. When you're in it it feels nice. [...]. But the thing with addiction is not true. I think that if you switched out the alcohol to marijuana I think there would be less addiction. I definitely think that. But I do think that some people would get addicted to it, just like people become addicted to alcohol. I don't really understand how you become that [addicted] but I don't understand that with alcohol either. Drink that every day, I would get tired of it. - Patrik, the medicinals

The citation above points to an awareness of the risk of becoming addicted to cannabis, but that Patrik cannot fully understand it. He and his group had through narratives they met while growing up developed the recognition of the risk of addiction, but through their own experiences with using cannabis, the risk was analyzed and assessed as non-existent for

themselves, why it was not discussed or thought about within their group. As Fine (2012) describes, group cultures are affected by narratives from outside of the group, but can with experience change and develop. This process is shown in the citation above and the discussion that was brought up by me during the (participant) observation. In response to the narratives they had heard about cannabis being dangerous, they developed counternarratives from their own experiences.

On the other hand, previous research has argued that this instead is a way for cannabis users to reduce the risk of stigmatization and blame (Peretti-Watel, 2003). By diminishing the risk by arguing that it is low or non-existent, and moreover comparing it to alcohol, one could argue that my informants in the medicinal group use a form of neutralization technique. However, Patriks' statement above does show an awareness of the risk of addiction, and he does not diminish it fully. Instead, he explains that he feels it is strange that he does not long for it (and thus could be said to have a mental obsession, and therefore an addiction, to it) since it does feel good. Moreover, their group discussion on addiction gives insight into the awareness they had through narratives, but their experiences proved those narratives wrong. Therefore, I argue that my informants, despite previous research on using narratives to reduce risks of stigmatization, did not use neutralization techniques in this situation.

5.2.2 Physical Health

Concerns about one's own health in regard to using cannabis were mostly discussed within the medicinal group. The members did not expressively worry about addiction or otherwise risky use, such as the subculturals and the self-optimizers. Likewise, physical health was never discussed amongst the subculturals and the self-optimizers. This pattern can partly be explained by the narratives that are part of the medicinals, and where these narratives are found:

Yes, the brain ages from it. It is.. It's like, every researcher says that.

Wherever you read, however positive they are, they all say that research shows one thing, there is no study that shows the opposite, but they all show that the brain ages more quickly from marijuana. It ages faster from alcohol as well but it ages even more quickly from marijuana. If you smoke, the risk of dementia and things like that are bigger. I think so. And eh.. But if you

smoke like I do, I barely think the risk exists. But if you smoke two to three times a week, I think you should be careful - Patrik, the medicinals

The quote above shows the narratives that have been found outside of the medicinal group, but have been embraced and are used by the medicinal group. They find their narratives in popular science articles, where research on cannabis and its effects on users are discussed and presented. These narratives on physical health adhered to the elements of the perception of the group - it was known, useable, functional, and appropriate (Fine, 2012). The reason for this is that the most prominent value within their group had to do with their physical health. All of them suffered from chronic pain that the Swedish health care system had failed to diagnose, and thus were unable to treat. They had tried treating it themselves through different normative techniques that the medical professionals had recommended, such as working out or using non-prescription legal drugs, with no results. One of the group members had been introduced to cannabis, and after having found that it lowered his pain, he introduced it to the other members of the group. Valuing a painless life with a functioning body means they also value narratives from research in which bodily risks with cannabis are discussed (Fine, 2012). The stories from research of public health resonated with their own worldview, which means they incorporate them in their everyday life for their own purposes (Fine, 2012).

As Patrik discreetly stated in the quote above, managing the risks of bodily dysfunctions consists of not smoking regularly, a management technique that has been shown to exist among several medical users of cannabis (Duff & Erickson, 2014; Lau et al., 2015). All members of the group stated that they only smoked at most once a month, usually amid the weekend during which they gathered to eat dinner, smoke cannabis, and watch a movie. The narratives of researchers and the risks they present became the norms within their group to which they conformed through their behavior (Fine, 2012).

Moreover, since the members of the group suffered from chronic pain, their contact with healthcare professionals in Sweden was ongoing. During the interviews, in which I asked about this contact, all interlocutors said the same thing - they had not, and would not, discuss their cannabis use with their medical doctors unless the situation demanded it. Jim explained it as follows:

I have read that there are certain anesthetics that doesn't function fully, in the right way, when you have smoked. But then you have to have smoked the same day. If you have waited.. If you wait a week or ten days, it doesn't affect the anesthetic. But you should still tell the anesthetist. - Jim, the medicinals

Once again, the narrative used to describe in what situations telling a medical professional that you have smoked cannabis would be of importance is derived from research and articles that discuss this. This means that research within the medical field of cannabis is highly influential for the medicinals group culture. As Fine (2012) writes, cultural objects, including narratives, are usually derived from outside of the group culture and thus affect the group and its values and behaviors. Implementing medicinal narratives is useful, functional, and appropriate for the group when viewing the implementation in the light of their cultural values about their physical health. Their motivation for using cannabis is mainly medicinal, and although they are aware of and manage the stigma surrounding it within the Swedish health care system, they would not risk their health to avoid stigmatization.

5.2.3 The Risk of the Subcultural Value of Sharing

I sit in a circle around the dining room table among the group I call the self-optimizers. They share a living and their large kitchen is the place where everyone gathers after work and school. Everyone has some kind of bowl in front of them in which they crumble their cannabis to create joints. The atmosphere is calm, with slow discussions about how everyone's day has been so far. A typical evening among the self-optimizers. When the joints are finished, they will walk out to smoke, choosing well-known streets until they arrive at a hidden stairwell where few people walk. All of them smoke their own joint which have been created with their individually collected cannabis.

As seen in previous literature on cannabis culture, the value of sharing has been described as essential within the subculture. If a person has cannabis, this should be shared with others in the same room who also want to smoke, or everyone in the room who wants to smoke will share part of their own cannabis for a shared joint to be created (Sandberg & Pedersen, 2010). However, during my data collection with the self-optimizers, this value and part of the ritual had been removed and was no longer part of their culture. Amy described this further:

But we, I mean at some points we have shared it and it has been going around, the spliff. But since we smoked so much, we all needed one of our own. - Amy, self-optimizers

The account above shows what Fine (2012) describes as historical events that are shared within a group and affect the culture of the group. The group realized that sharing one's cannabis with everyone else would be unfair and insufficient to them and a new ritual was implemented that more adequately met their goals and values, in which everyone paid for their own cannabis. The reason for this historical event becoming a cultural object within the group can be explained by the values they shared. The cultural object of collecting and paying for your cannabis was not only useful but also functional and appropriate in regard to their goals and values of optimizing the everyday life of every group member (Fine, 2012).

The issues with sharing were apparent within the subcultural group as well. However, this was only discussed with me and never mentioned to the other group members. After one of my (participant) observations during which the subculturals celebrated 420, the official day of the year when some cannabis smokers dedicate the entire day to cannabis, Anthony pulled me aside and told me he was annoyed. He had been asked to buy marijuana instead of hash for this occasion and had taken the assignment seriously. He bought marijuana for quite a lot of money and was under the impression that quite a large amount would be smoked. However, during the evening, only a small amount of marijuana was actually used. Because of this, according to Anthony, he had wasted his money, since he knew that no one else would offer to pay for what he had bought.

I was by that time used to acting as a therapist of sorts since it was not the first time I had similar discussions with individual members of the subcultural. But the discussion was never lifted during times when they were gathered. This meant that for a majority of the members of the subculturals, the issue with sharing was not even known, why a change of culture could not be implemented (Fine, 2012). Further, the notion of sharing was so ingrained in their culture that bringing up the issues with it seemed to not even be an option among the ones who expressed negative feelings towards it to me. If they were to open the discussion, they risked facing stigmatization from the other members of the group, as the value of sharing was a big part of their culture. Thus, the risks in regards to sharing were not only due to issues of money and optimization, but it was also seen as a risk to share these thoughts. When faced

with the risk of stigmatization, certain management techniques are applied to avoid it, among those being not presenting the stigmatizing characteristics (Goffman, 1986), which some of my interlocutors from the subculturals showed in this situation.

Moreover, the illicit use of cannabis was a big part of the group, even one of their collective goal. Although no one was ever forced or even encouraged to use cannabis unless they themselves stated that they wanted to, the use was the center of their group, and the rules of the usage were rarely changed. Sharing was a big part of the ritual and the only time someone paid for it, where if they bought a piece from someone else in the group to use in another situation. Hence, they were highly influenced by the hippie culture that protruded in the 60s and 70s in the Nordic countries, in which sharing cannabis is seen as important (Sandberg & Pedersen, 2010), although some changes had been made to fit their values and situations. This further strengthens the notion of sharing being one of the most valued parts of the subculturals cannabis culture, and why changing that would only occur if a triggering moment and narratives around it changed (Fine, 2012).

5.2.4 The Risk of Quitting

During one of my last observations with the subculturals, Anthony and I hung out with André at his place. We all sit around his dining room table and talk. Spring has recently arrived and the apartment is chilly from the balcony door being open. Hip hop music is playing in the background and Anthony has started rolling a joint when André tells us about wanting to reduce his intake of cannabis. He tells us about the anxiety it triggers for him, and that it is no longer worth it. But he says it with hesitance in his voice. I ask if he wants to quit altogether and he says:

I'm definitely going to quit smoking while I'm alone but I'm probably going to smoke with others. - André, the subculturals

In my mind, this means he does not experience anxiety while smoking with others, but he goes on to explain that he does, although it is more manageable. However, this is not the reason he is hesitant to quit smoking. Instead, André tells me it is the effects of the drug he does not want to let go. Cannabis can for some people have a small hallucinogenic effect (Barrett et al., 2018). It is important to mention that the hallucinations are not as powerful as with LSD or shrooms. Users of cannabis do not experience intense visual hallucinations in

which they see patterns or objects that do not occur for sober persons. Instead, the hallucinogenic effect was described by my interlocutors as the colors of the surroundings becoming brighter and more pleasant to watch. Moreover, cannabis heightens your senses. Johan described this in our interview:

Everything becomes so good when you have smoked. Everything is good to eat, everything is good to drink, and everything you watch becomes really good *hahaha*. Yes! You can watch whatever shitty movie you want, it is going to become really good. - Johan, the medicinals

The enhancing effects of cannabis and the enjoyment it filled my interlocutors with became difficult to let go of, despite the side effects. Could this be interpreted as an addiction? Probably, although it was never viewed as one by my interlocutors. It was never the addiction or riskful use that worried André, but the loss of a part of his life that had long defined him and had induced positive feelings for him. He was a proud user of cannabis and would himself point out the signs of that, such as his sweat smelling of the plant. Thus, André had embodied the identity of a cannabis smoker, which proved difficult to let go of. Moreover, as has been described earlier, the life of a cannabis user in Malmö involved edgework, taking risks to acquire feelings of exhilaration, and identifying character traits (Lyng, 1990; Lyng, 2014; Quaglietta, 2022). Hence, by quitting cannabis, these positive results of using would no longer be available for André.

However, the side effects of cannabis for André did make him, along the lines of the risks of addiction and the management techniques that my interlocutors applied in regards to this, reduce his intake of cannabis. In addition to his own self-awareness and self-control being part of the process of reducing his intake (Duff & Erickson, 2014; Lau et al., 2015), the group's reaction to this decision became a catalyst. When André spoke about his decision with other group members, they all honored him for it with expressions such as “Way to go!” and “I think this is a good decision”. His behavior was rewarded by his group, which according to the theory of tiny publics means that this behavior would be repeated (Fine, 2012). André did manage to reduce his intake. During the last observations I did with the group, André resisted smoking while the others lit the joint.

Moreover, his behavior and the rewards from the other group members somewhat changed their group culture. The narrative of quitting became more prominent, and Anthony and Fredrik started expressing similar goals as André, wanting to reduce their intake of cannabis. André's decision to reduce his intake due to the side effects it had, together with the positive reactions from amongst others Sabina, who had reduced her intake before, opened up for more discussions about the negative effects, or risks, of cannabis. This resulted in less cannabis use among all my interlocutors within the subcultural group. More people said no when the question of smoking came up, they stopped using it as often and saved it for special occasions only, such as 420. Along the lines of the theory of tiny publics (Fine, 2012), in this case, narratives introduced new values that affected the behaviors of the group members.

6. Discussion

This study has researched cannabis users' views on risks and the techniques they utilize to manage these in Malmö. Through gathering data via interviews and (participant) observations with three different groups who use cannabis, and analyze this with theories on group cultures (Fine, 1979; 2012), stigma (Goffman, 1986), and edgework (Lyng, 1990; 2014), the results show that different groups experience risks both similarly and differently. The external risks were significantly similar between the groups, while the internal ones varied more between groups.

As mentioned, all groups shared the external risks presented in the analysis, consisting of stigmatization from both civilians and people who work in law enforcement, and the risk of supporting criminal networks while simultaneously being affected by their ideas of these people being violent. These risks were managed by avoiding certain places in which the group knew that the risk of getting caught was too high, lying about one's use of cannabis and thus hiding the stigmatizing trait, and hiding or putting out the joint. Thus, they applied similar techniques as Goffman (1986) discusses in his theory on stigma, such as avoiding contact with 'normals', and lying, while at some points involving edgework (Lyng, 2014) under circumstances that allowed it. Moreover, being aware of the risk of severe bodily injury in meeting a person who sells drugs, but still meeting that person, can be explained with the help of edgework (Lyng, 2014). However, the act in itself was not a means to reach certain heightened emotions, but instead an act that had to be performed in order to reach the greater goal (Quaglietta, 2022) of being able to attain the effects of cannabis.

Further, juxtaposed with the external risks, the internal risks proved more varying depending on the group membership. While the medicinals discussed physical health risks in reference to their cannabis use, this was not narrated at all in the other groups. Previous literature on the subject touches upon this as well, as medicinal users are more aware of their health status and use cannabis to enhance this (Duff & Erickson, 2014; Lau et al., 2015). As the worry about physical health issues was not apparent in the other groups, they did not find the narratives of this useful, why it was not part of their group culture (Fine, 2012). Comparatively, the other groups discussed addiction as one of the greater risks of using an illegal substance. Although this could be seen as a health issue, the two were separated by all of my interlocutors, why I

have decided to divide them into different themes. However, the management techniques for both these risks consisted of reducing the individual intake of cannabis.

Moreover, the internal risk of sharing, which has been presented as one of the important values among cannabis users (Sandberg & Pedersen, 2010), was discussed among the self-optimizers and the subculturals, although managed differently. While the self-optimizers group culture (Fine, 2012) allowed them to change their rituals and routines to prevent issues with sharing, the subculturals never brought it up amongst themselves because of the risk of in-group stigmatization (Fine, 2012; Goffman, 1986).

The fact that different cannabis-using groups apply different rules, narratives, rituals, and values, and thus have different in-group cultures, points to how the subcultural framework that has been highly used to analyze cannabis culture(s) before (see for example: Sandberg & Pedersen, 2010) is not useful in the Swedish context. This is further supported by how my interlocutors viewed and carried themselves in regard to mainstream society. They did not inherit an oppositional identity, which is one of the pillar-stones of subcultural theory (Staton et al., 2022). Instead, my data shows that they saw themselves as rather normative, apart from breaching the law by using cannabis.

Further, the suggestion of them adhering to the majority of the norms of mainstream society can be viewed as a form of cultural normalization of cannabis use (Sznitman, 2007). Moreover, although my interlocutors were aware that some people did not approve of their use, they also viewed the attitude toward cannabis use as rather relaxed in Malmö. They would routinely smoke in public areas in which a lot of people moved unless they had (narrative) experience from that place being too riskful. Additionally, they would discuss their use openly, with other people whom they did not know at a hearing distance, without risking stigmatization. This suggests that the societal attitudes, that are part of the normalization thesis (Parker et al., 2002), are at least neutral. Adding to this the fact that cannabis has been tried by about 20% of Malmö's population (Region Skåne, 2020), a rather large amount of people compared to the whole of Sweden (Sznitman, 2008), I suggest that the normalization thesis is somewhat applicable here. However, the normalization thesis has only been applied to analyze whole countries. With my data and results in mind, I suggest that further research

apply the normalization thesis in smaller places as well, such as cities. This would give insights into how different cities think differently about illicit drugs and could lead to further research as to why that is. Additionally, I suggest that Szntimans' (2007) research on normalization of cannabis in Sweden is conducted again, since it was carried out a rather long time ago. If new results are shown, it could lay the grounds for political decisions on however cannabis should be legalized or not.

Moving forward, with this study, I suggest moving from a subcultural understanding of cannabis users to a group cultural understanding, since the groups' values, norms, rituals, narratives, and behaviors often differed from each other. Additionally, no oppositional identity was found in my data. Although some of my findings point to how the groups still referred to the cannabis culture that was brought into Western societies by the hippie culture, the data also suggest a move away from this, with the groups creating their own cultures. Hence, applying different theories than subcultural theory to understand cannabis cultures as they work today would be of benefit to future research on cannabis cultures, since this could pinpoint both the similarities and differences among cannabis users.

Furthermore, stigma was shown to have a great impact on my interlocutors, making them find management techniques to avoid this. However, although Goffman (1986) argues that some instances of stigmatization may function as a form of social control and make the receivers of the stigma change their behavior to adhere to the social norms in that situation, this was not the case in the majority of my interlocutors meeting with stigmatization. Instead, they found other ways to avoid it and kept using cannabis. This poses the question as to when and in what situations stigma actually works as a form of social control and when it does not. Therefore, I suggest that further research conducted on stigma should study the latter and improve the theory of stigma.

7. References

- Barrett, F. S., Schlienz, N. J., Lembeck, N., Waqas, M., & Vandrey, R. (2018). “Hallucinations” Following Acute Cannabis Dosing: A Case Report and Comparison to Other Hallucinogenic Drugs. *Cannabis and Cannabinoid Research*, 3(1), 85-93–93. <https://doi-org.ludwig.lub.lu.se/10.1089/can.2017.0052>
- Beck, F., Legleye, S., Chomynova, P., & Miller, P. (2014). A quantitative exploration of attitudes out of line with the prevailing norms toward alcohol, tobacco, and cannabis use among European students. *Substance Use and Misuse*, 49(7), 877-890–890. <https://doi-org.ludwig.lub.lu.se/10.3109/10826084.2014.889910>
- Becker, H.S. (1997). *Outsiders: studies in the sociology of deviance*. New York: Free Press.
- Blomqvist, J. (2009). What is the worst thing you could get hooked on?: popular images of addiction problems in contemporary Sweden. *Nordisk Alkohol- & Narkotikatidskrift*, 26(4), 373-398.
- Centerpartiet. (2023). *Budget 2023 - Med plan för 2025-2026*. <https://www.centerpartiet.se/download/18.1bb404b218b219cbd372079/1699436410565/C%20i%20Malm%C3%B6%20Budget%202024.pdf>
- Cunningham, J. A., Blomqvist, J., Koski-Jännes, A., & Raitasalo, K. (2012). Societal images of Cannabis use: Comparing three countries. *Harm Reduction Journal*, 9. <https://doi-org.ludwig.lub.lu.se/10.1186/1477-7517-9-21>
- De Villiers, C., Farooq, M. B. & Molinari, M. (2022). Qualitative Research Interviews Using Online Video Technology – Challenges and Opportunities. *Meditari Accountancy Research*, Vol 30 (6), 1764-1782. DOI: 10.1108/MEDAR-03-2021-1252
- Duff, C., & Erickson, P. G. (2014). Cannabis, risk and normalisation: Evidence from a Canadian study of socially integrated, adult cannabis users. *Health, Risk and Society*, 16(3), 210-226–226. <https://doi-org.ludwig.lub.lu.se/10.1080/13698575.2014.911823>

Ferrell, J. (1999). Cultural criminology. *Annual review of sociology*, 25(1), 395-418.

Fine, G. A. (1979). Small Groups and Culture Creation: The Idioculture of Little League Baseball Teams. *American Sociological Review*, 44(5), 733–745.

Fine, G.A. (2012). *Tiny publics: a theory of group action and culture*. New York: Russell Sage Foundation.

Gill, P., Steward, K., Treasure, E., Chadwick, B. (2008). Methods of Data Collection in Qualitative Research: Interviews and Focus Groups. *British Dental Journal*, Vol. 204 (6), 291-295. DOI: 10.1038/bdj.2008.192

Goffman, E. (1986). *Stigma : Notes on the Management of Spoiled Identity*. Simon & Schuster Inc.

Gubriu, J.F., & Holstein, J.A. (2008). Narrative Ethnography. In S. N. Hesse-Biber & P. Leavy (Ed.), *Handbook of Emergent Methods* (pp. 241 - 264). Gilford Press.

Hathaway, A. D. (2004). Cannabis Users' Informal Rules for Managing Stigma and Risk. *Deviant Behavior*, 25(6), 559–577.

Hayward, K., & Young, J. (2004). Cultural criminology: some notes on the script. *Theoretical Criminology*, 8(3), 259-273. 10.1177/1362480604044608

Hine, C. (2015). *Ethnography for the Internet: embedded, embodied and everyday*. Bloomsbury Academic

Kanylballe. (2018, February 2). *Cannabis i malmö, är det inofficiellt legaliserat ?* Flashback. <https://www.flashback.org/t2917307p2>

Krischausky, J. (2023, February 14). "Det har ju funkat i Holland..." – Malmöbor om legaliserad cannabis. *SVT Nyheter*.
<https://www.svt.se/nyheter/lokalt/skane/malmo-bor-om-cannabis-forslaget-ser-inga-problem>

Lau, N., Sales, P., Averill, S., Murphy, F., Sato, S.-O., & Murphy, S. (2015). Responsible and controlled use: Older cannabis users and harm reduction. *International Journal of Drug Policy*, 26(8), 709–718. <https://doi-org.ludwig.lub.lu.se/10.1016/j.drugpo.2015.03.008>

Liamputtong, Pranee (2011). Focus Group Methodology: Introduction and History. In *Focus Group Methodology: Principles and Practices* (pp. 1-18)

Luker, K. (2008). *Salsa dancing into the social sciences : research in an age of info-glut*. Harvard University Press.

Lyng, Stephen (1990): "Edgework: A social psychological analysis of voluntary risk taking." In: *American Journal of Sociology* 95 (4), p. 851–886

Lyng, Stephen 2014. Action and edgework: Risk taking and reflexivity in late modernity. *EUROPEAN JOURNAL OF SOCIAL THEORY*; 17 (4), pp. 443-460

Malmö Stad. (2023, November 24). *Årsredovisning*.
<https://malmo.se/Redovisningar/Arsredovisning.html>

Mansson, J. (2016). The same old story? Continuity and change in Swedish print media constructions of cannabis. *NORDIC STUDIES ON ALCOHOL AND DRUGS*, 33(3), 267–285. <https://doi.org/10.1515/nsad-2016-0021>

Naegler, L., & Salman, S. (2016). Cultural Criminology and Gender Consciousness: Moving Feminist Theory from Margin to Center. *Feminist Criminology*, 11(4), 354–374.

Nazaruk, Maja (2011). Reflexivity in anthropological discourse analysis. *Anthropological notebooks* 17 (1): 73–83.

O'Brien, M. (2005): What is Cultural about Cultural Criminology? *British Journal of Criminology*, 45(5), 599-612.

Parker, H., Williams, L., & Aldridge, J. (2002). The Normalization of “Sensible” Recreational Drug Use: Further Evidence from the North West England Longitudinal Study. *Sociology*, 36(4), 941–964.

Pedersen, W., & Sandberg, S. (2013). The medicalisation of revolt: A sociological analysis of medical cannabis users. *Sociology of Health and Illness*, 35(1), 17-32–32.
<https://doi-org.ludwig.lub.lu.se/10.1111/j.1467-9566.2012.01476.x>

Pedersen, W. (2015). From badness to illness: Medical cannabis and self-diagnosed attention deficit hyperactivity disorder. *Addiction Research & Theory*, 23(3), 177–186.
<https://doi-org.ludwig.lub.lu.se/10.3109/16066359.2014.954556>

Peretti-Watel, P. (2003). Neutralization theory and the denial of risk: some evidence from cannabis use among French adolescents. *British Journal of Sociology*, 54(1), 21–42.
<https://doi-org.ludwig.lub.lu.se/10.1080/0007131032000045888>

Polismyndigheten. (2023, June 13). *Malmö, Rosengård - söder om Amiralsgatan – medborgarloften*.
<https://polisen.se/om-polisen/medborgarloften-och-lokal-samverkan/medborgarloften/malmo-rosengard/>

Presdee, M. (2004). Cultural criminology: The long and winding road. *Theoretical Criminology*, 8(3), 275-285.

Presser, L. (2009). The narratives of offenders. *Theoretical Criminology*, 13(2), 177–200.

Quaglietta, O. (2022). *In Her Words: Women’s Accounts of Managing Drug-related Risk, Pleasure, and Stigma in Sweden*. [Doctoral Thesis (monograph), Department of Sociology]. Lund University.

Regeringen. (2021, November 1). Tydligare reglering av hampa.

<https://www.regeringen.se/rattsliga-dokument/departementsserien-och-promemorior/2021/11/ds-202134/>

Regeringen. (2022, March 4). *En samlad strategi för alkohol-, narkotika-, dopnings- och tobakspolitiken.*

<https://www.regeringen.se/contentassets/4e3f6172f23a4564a8f2604a206e0323/en-samlad-strategi-for-alkohol--narkotika--dopnings--och-tobakspolitiken-samt-spel-om-pengar-20222025-skr.-202122213>

Regeringen. (2024, February 8). Säkerhetszoner ska ge ökade möjligheter att förebygga och förhindra skjutningar och sprängningar.

<https://www.regeringen.se/pressmeddelanden/2024/02/sakerhetszoner-ska-ge-okade-mojligheter-att-forebygga-och-forhindra-skjutningar-och-sprangningar/>

Region Skåne. (2020). *Region Skånes Folkhälsorapport.*

<https://kib.ki.se/skriva-referera/skriva-referenser-apa-vancouver/referensguider/referensguide-apa-7>

Riessman, Catherine Kohler (2005) Narrative Analysis. In: Narrative, Memory & Everyday Life. University of Huddersfield, Huddersfield, pp. 1-7.

Sandberg, S. (2013). Cannabis Culture: A Stable Subculture in a Changing World. *Criminology & Criminal Justice*, 13(1), 63–79.

Sandberg, S. (2022). Narrative Analysis in Criminology. *Journal of Criminal Justice Education*, 33(2), 212–229.

Sandberg S, Copes H. (2013). Speaking With Ethnographers: The Challenges of Researching Drug Dealers and Offenders. *JOURNAL OF DRUG ISSUES*. 2013;43(2):176-197.
doi:10.1177/0022042612465275

Sandberg, S. & Pedersen, W. (2010). *Cannabiskultur*. Oslo: Universitetsforl.

Staton, M., Kaskie, B., & Bobitt, J. (2022). The changing cannabis culture among older Americans: high hopes for chronic pain relief. *Drugs: Education, Prevention & Policy*, 29(4), 382–392. <https://doi-org.ludwig.lub.lu.se/10.1080/09687637.2022.2028728>

Sundin, E., Landberg, J., & Ramstedt, M. (2018). *Negativa konsekvenser av alkohol, narkotika och tobak - en studie med fokus på beroende och problem från andras konsumtion i*

Sverige 2017. Centralförbundet för alkohol- och narkotikaupplysning.

<https://www.can.se/app/uploads/2020/01/can-rapport-174-negativa-konsekvenser-av-alkohol-narkotika-och-tobak.pdf>

SVT Nyheter. (2012, November 28). Lättast att röka på i Malmö – Fler skånska ungdomar använder cannabis. *SVT Nyheter*.

<https://www.svt.se/nyheter/lokalt/skane/lattast-att-roka-pa-i-malmo-fler-skanska-ungdomar-anvander-cannabis>

SVT Nyheter. (2022, September 20). Valresultat 2022 - Kommunval. *SVT Nyheter*.

<https://valresultat.svt.se/2022/kommunval-12800404-limhamn-on.html>

SwedishPsych0. (2018, February 22). *Cannabis i malmö, är det inofficiellt legaliserat ?*

Flashback. <https://www.flashback.org/t2917307p2>

Swidler, A. (1986). Culture in Action: Symbols and Strategies. *American Sociological Review*, 51(2), 273–286.

Sznitman, S. R. (2007). An examination of the normalisation of cannabis use among 9th grade school students in Sweden and Switzerland. *Addiction Research & Theory*, 15(6), 601–616. <https://doi-org.ludwig.lub.lu.se/10.1080/16066350701433233>

Sznitman, S. R. (2008). Drug Normalization and the Case of Sweden. *Contemporary Drug Problems*, 35(2 and 3), 447–480.

Tham, H. (2005). *Swedish Drug Policy and the Vision of the Good Society*. *Journal of Scandinavian Studies in Criminology and Crime Prevention*, 6(1): 57–73.

Tutenges, S. (2019). Narrative Ethnography under Pressure: Researching Storytelling on the Street. In J. Fleetwood., L. Presser., S. Sandberg & T. Ugelvik (Eds.), *The Emerald Handbook of Narrative Criminology* (pp. 27-43). Emerald Publishing Limited.

Tutenges, S., & Sandberg, S. (2013). Intoxicating stories: The characteristics, contexts and implications of drinking stories among Danish youth. *International Journal of Drug Policy*, 24(6), 538–544. <https://doi-org.ludwig.lub.lu.se/10.1016/j.drugpo.2013.03.011>