The rise in the availability of drugs and experimentation with them by Russian youth over the course of the 1990s suggests that drug use has become ‘normalized’ within Russian youth cultural practice. While this is indicative of the global nature of drugs markets, there remain significant differences in local patterns and practices of drug use. In Russia, one such difference stems from the high visibility of heroin on mainstream youth cultural scenes in many urban settings. This results in significant slippage between ‘recreational’ and ‘problem’ drug use that theories of the ‘normalization of recreational drug use’ fail to capture. In such contexts, heroin users talk about their drug use as everyday practices of choice and control in a way that resembles ‘recreational’ drug use. While this is a cause for concern, at the same time there is evidence that such users retain strong social – institutional, family and friendship – bonds that help prevent their slide into the subcultural isolation that normally accompanies drug dependency.

We’ve got a friend who’s been snorting heroin for two years. We’ve all got used to it. For us it’s already normal, like, normal. For us it’s normal because he’s okay. We haven’t seen this [deterioration]. He’s stayed just as fun as he always was. So nothing’s changed really. You see he’s fine and you don’t help. Maybe that’s wrong? I dunno. But you can’t help him – he enjoys it. If he was ill you could help him, but if he likes it . . . (16-year-old female, regular drug user, Vorkuta)1

The ‘Normalization Thesis’: A Local Theory with Global Pretension

By the 1990s the trend towards the gradual ‘desubculturalization’ of drug use in society had extended such that recreational drug use appeared ‘normalized’ within mainstream youth culture.2 This phenomenon – hereafter referred to as ‘the normalization thesis’3 – is arguably a phenomenon as global as the drugs trade that underpins it and the legislative practices of drug prohibition and tolerance that control it. Thus, although the thesis emerged from longitudinal
research in the UK, there is good reason to see it as a mid-level theory that could be applied usefully to understand drug use trends in other late-modern environments. At another level, however, the ‘normalization thesis’ is profoundly local. The research upon which it is based was temporally and spatially specific: to the particular drug using practices in the northwest of England in the 1990s. Indeed, the authors explicitly warn that the thesis ‘refers only to the use of certain drugs, primarily cannabis but also nitrites, amphetamines and equivocally LSD and ecstasy. Heroin and cocaine are not included in the thesis’. The later work of the team, moreover, focuses upon specific patterns of use of such ‘recreational drugs’ within particular youth cultural practices associated with clubbing and dance scenes in the UK in the late 1980s and 1990s. Consequently, the application of the thesis even to different youth populations in other regions of the UK has elicited a number of important qualifiers to the thesis. The most general and persistent of these is that ‘normalization’ is too broad a concept and fails to allow for the ways in which some types of drugs and drug use may (or may not) be normalized for some groups of young people. This overarching argument for making our understanding of changing attitudes to, and practices of, drug use more complex and ‘differentiated’ might be disaggregated into a number of more specific contentions. The present article, however, considers just one of these: whether the sharp distinction drawn between ‘recreational’ and ‘problem’ drug use within the ‘normalization thesis’ accurately reflects patterns of drug use among young people in Russia at the beginning of the twenty-first century.

Early suggestions that traditional boundaries between ‘recreational’ and ‘problem’ drug use were being eroded emanated from the work of Howard Parker as a consequence of his mapping of the geographical and social parameters of the ‘new heroin outbreaks’ of the 1990s. The proposition has been tested, confirmed and elaborated upon by MacDonald and Marsh, whose Teesside study suggests that increasing numbers of youth are ‘crossing the Rubicon’ between recreational and problem drug use in drug careers that extend to heroin use. They show how recreational drug use in early to mid-teens can progress into heroin dependency shortly afterwards, even when the young people in question had previously articulated negative perceptions of heroin users. The explanatory factor is identified by MacDonald and Marsh as the concentration of social exclusionary factors; in some localities, the degrees of social exclusion that Parker, Bury and Egginton link with heroin use in the 1990s (residence on ‘the poorest estates’, poverty, educational under-achievement and unemployment) match a large proportion of the young people who live there.

The present article draws on the literature associated with the ‘normalization’ thesis, the growing body of work challenging it, and dedicated studies of
heroin users, to consider whether the prevalence and practices of heroin use among young Russians suggest that, in some temporal and spatial contexts, heroin use might be considered within the ‘recreational drug use’ framework rather than as the ‘other’ (problem drug use) against which it is defined. After a brief overview of the prevalence data on heroin use in post-Soviet Russia, the article focuses on the cultural context of heroin use among young people in three regions of Russia. Drawing on interview and ethnographic data, a wide range of heroin practices are outlined including experimentation, problem use, withdrawal, abstention and occasional, or ‘safe’, heroin use. Finally, the narratives of respondents are used to consider the implications of the apparently non-subcultural (social, recreational, domestic) context of the practices of heroin use described for theorizing the relationship between recreational and problem drug use.

Methods

This article is based on original research conducted in Russia under the auspices of an ESRC-funded project entitled ‘Everyday but not normal: Drug use and youth cultural practice among Russian youth’. The project was a collaborative one between the Centre for Russian and East European Studies at the University of Birmingham, UK, and ‘Region’, Ul’yanovsk State University, Russia, and developed out of an intensive collaborative relationship between the two centres since the early 1990s. In particular it built on our collaborative work on youth cultural practices as well as earlier research by ‘Region’ triggered in response to a heroin outbreak in Ul’yanovsk. The project was designed and led on the UK side by Hilary Pilkington and, on the Russian side, by Elena Omel’chenko, and although this particular article was written by Hilary Pilkington it is based on the work conducted by the whole team. The whole team was involved also in conducting fieldwork, analysing data and writing reports and publications.

The field-based research for the project was conducted between April 2002 and May 2003 in three regions of Russia: Krasnodar territory, Samara region and Komi Republic. These regions were chosen to reflect a geographical spread from the far south to the far north of the country and capture the full diversity of drug markets in Russia: Krasnodar territory is a natural cannabis-growing area; Samara region is a central crossroads for drug trafficking routes from Afghanistan to Western Europe; and Komi Republic is isolated from both domestic production areas and normal trafficking routes. Within each region fieldwork was conducted in three different sites. In each case one was the second city in the region (Vorkuta, Tol’yatti and Sochi) and two were medium-sized cities or towns (50–120,000 population): in
Komi Republic these were Ukhta and Pechora; in Samara region, Chapaevsk and Otradnoe; and in Krasnodar territory Belorechensk and Slavyansk na Kubani.

The project used four data-gathering methods in an integrated research design: a representative survey; semi-structured interviews; small ethnographic studies; and expert interviews. The representative survey was conducted among a regionally based representative sample of 14–19-year-olds (n = 2814) accessed via educational institutions in each of the nine cities and towns listed above. These data are touched on only briefly in this article and further details of both the results and the methodological underpinnings of this element of the work can be found in the author’s final project report. Semi-structured interviews (n = 95) were conducted in parallel with the survey in each of the nine sites. Respondents were invited to participate in interviews of 45–90 minutes’ duration following completion of the questionnaire. Interviews were conducted anonymously and took place either immediately after the completion of questionnaires, usually in an empty classroom, schoolyard or bench close to the school, or in another (public) place at a time convenient for the respondent. All interviews were recorded, transcribed and analysed using ATLAS.ti and the repeated team meetings to agree the coding scheme in the course of the analysis of interviews required the same intensive collaboration as had the fieldwork. Ethnographic studies were undertaken in three field sites – Sochi, Vorkuta and Chapaevsk – with a total of 19 groups of young people. A young researcher from the Ul’yanovsk team was located in each of these sites for a period of six weeks in spring 2003. Initially contacts were taken up with respondents who had offered their contact details during survey or interview work in the field, but researchers subsequently followed their respondents into their friendship circles and were not bound by the ‘quota’ criteria of the survey and semi-structured interview elements of the project. Thus participants involved in the ethnographic elements of the project were sometimes younger than 14 or older than 19. The researchers were supported by two training sessions prior to fieldwork and were provided with mobile phones and a budget for internet café use to facilitate frequent contact while in the field. Each researcher compiled a diary of observations and invited key respondents to assist the research by making their own diaries (audio or written). Researchers and respondents also included photographs in their diaries and collected local artefacts such as posters, fliers and musical recordings. The fourth method employed was expert interviews with personnel from key agencies in drugs education work in Vorkuta, Tol’yatti and Sochi. Data from this part of the study are not drawn on for the purposes of the present article but form the basis of the article by Erica Richardson in this collection.
The Market Context: Prevalence of Heroin Use Among Russian Youth

Heroin came on to Russian drug scenes late, becoming readily available in Russian cities in the second half of the 1990s as it became a substitute for the less powerful homemade opiate solutions, anaesthetics and medical preparations that were previously commonly found among Russian injecting-drug users. In the context of ‘transparent borders’ with newly independent Central Asian states, supply was rapid and intense. The 1990s saw a rapid rise in the prevalence of heroin use and a number – as yet unquantified – of serious local heroin outbreaks. The number of heroin users registered at drugs clinics increased from 33,721 in 1999 to 117,435 in 2000, making heroin the most rapidly increasing drug ‘of choice’ among drug users.

Prevalence of heroin use for Russia as a whole is difficult to estimate since national surveys that include questions on drugs ask about use of drugs (narkotiki) generally rather than differentiating between types. However, the trans-European ESPAD (European School Survey Project on Alcohol and other Drugs) survey in 1999 included Russia for the first time and found that six per cent of 15–16-year-olds had used heroin at least once. This finding makes Russia an outlier; in none of the other 21 countries participating in the ESPAD survey did the lifetime reported use rate exceed two per cent. A further indicator of the heightened prevalence of heroin on the Russian scene is found in a national survey conducted in June 2001 among young people aged 12–22 (n = 2000), which found that, of the 43.8 per cent of respondents who reported life-time use of drugs, 13.3 per cent had used heroin. A number of surveys conducted at regional level have also distinguished between types of drugs in their prevalence data. A study of drug use among school and university students in Yamalo-Nenetsk autonomous district (okrug) in 2001–2 showed that 18 per cent of 16–17-year-old school pupils had life-time experience of drug use and of these six per cent had used heroin, while 39 per cent of students in higher education had experimented at least once with drugs and, of these, 14 per cent reported having used heroin. A survey in Ul’yanovsk city of 1,330 16–17-year-olds in full-time education found that about a third had tried drugs and that 47 per cent of those who had done so had tried heroin. At face value, therefore, Ministry of Health incidence data taken together with the available national and regional prevalence data suggest that, in terms of ‘drugs availability’ and ‘drugs experimentation’, in Russia by the end of the 1990s heroin was certainly more than a marginal drug and was potentially part of the repertoire of widely available, frequently used ‘recreational’ drugs. As MacDonald and Marsh have argued, in localities showing such high prevalence of heroin use it may become routine for young people to ‘cross the Rubicon’ between ‘recreational’ and problem (heroin) drug use.
Data from the representative survey conducted under the auspices of our own project confirm MacDonald and Marsh’s suggestion. Although our survey showed cannabis (and related hemp-based products) to be the most commonly used illicit drug in Russia, it also confirmed that heroin is the second drug of preference among Russian youth. In the regions considered in the “‘Everyday’ but not ‘normal’” study, 1.8 per cent of respondents had life-time reported use of heroin and 9.3 per cent of all those reporting having used an illicit drug at least once in their lives reported that drug to be heroin. Moreover, when asked what drugs were used by their friends, 6.7 per cent of respondents (varying from two per cent to eight per cent regionally) reported heroin use within their immediate friendship group, and of those who had come across the use or sale of drugs in places they frequented, more than one in five said this drug was heroin. It is important to note also that our survey is prone to a likely underestimation of heroin use because of its quota-based sample and the approaching of respondents via educational institutions; such a sample excludes young people with problem drug use who are not participating in education. It is important to note, therefore, that the results of our survey do not preclude the existence of distinctive ‘subcultures’ of problem drug users. However, the very focus of the survey on youth participating in mainstream social and cultural institutions illustrates the penetration of heroin – symbolically as well as materially – into the cultural knowledges and practices of ‘ordinary’ young people. In this sense the findings confirm the ‘desubculturalization’ thesis of Parker and his associates in that they suggest that previously existing gender and social-class differences in drug experimentation are being eroded. Moreover, they confirm that this tendency holds true for heroin as well as ‘recreational’ drug use. For example, heroin use was found to be as much a drug of the ‘rich’ as of the poor and to be relatively more common among young women than young men; 13.5 per cent of female respondents compared with 7.1 per cent of young male respondents who had tried any drug reported that drug to be heroin. Finally, our survey data indicate that the higher visibility of heroin on the Russian market is accompanied by earlier and more ‘experimental’ engagement with the drug. In the UK the mean age of onset of heroin use is about 17 years. In contrast, the data from the “‘Everyday’ but not ‘normal’” project show that heroin use is reported disproportionately by those in the 14–15-year-old age bracket; whereas 9.3 per cent of all those reporting drug use say they had used heroin, the proportion rises to 11.8 per cent for 14–15-year-olds. This confirms evidence from western and northern Europe that in pockets of ‘new heroin outbreaks’ there is a significant drop in the age of onset of experimentation as heroin rapidly circulates among friends and becomes a widespread habit within their neighbourhoods.
The Cultural Context: ‘Recreational’ Use of Heroin Among Russian Youth

In the discussion of recreational drug use as embedded in the ‘normalization thesis’, the adjective ‘recreational’ describes the kind of drug being used as much as its mode of use. In this section that link is unpicked as the context and mode of heroin use described in the narratives of respondents in the “Everyday” but not “normal” project are interrogated in order to understand just how clear the distinction is between cultural practices of heroin use and the use of less addictive drugs. The narratives provided by the limited number of case studies from the “Everyday” but not “normal” study are compared and contrasted with data from more extensive, dedicated studies of heroin users. Such comparison suggests that there exists within Russian youth cultural practice a mode of occasional, long-term, ‘safe’ heroin use that broadly conforms to that identified in the UK and USA over the past three decades. However, from the limited data available on such heroin use, it would appear that this ‘safe’ heroin use is less subculturalized and more embedded within, or alongside, more traditional forms of peer-group-based ‘recreational’ drug use. This non-subcultural location, it is argued, may itself be an important factor in encouraging but also controlling ‘recreational use’ of heroin; the fact that heroin users continue to maintain strong and diverse friendship and family ties and pursue ‘mainstream’ goals, status and values may help prevent heroin users sliding into the multiple deprivation situations that lead to a downward cycle of social exclusion and compound problem drug use.

Heroin in the Drug Careers of Respondents

The analysis that follows is based on interview and ethnographic data from three respondents who were themselves current or past heroin users, and 11 respondents who talked about individuals in their friendship group who were currently using heroin or who had used heroin in the past. This is a very small sample when compared with dedicated studies of heroin users, although the significance of the findings, it can be argued, stems from the fact that heroin use was outside the main focus of the study. The fact that, within a sample of educationally active, mainstream young people, a significant number of respondents with experience (their own or their friends’) of heroin use were identified provides an alternative perspective on heroin use – one that does not presuppose its subcultural location. This means that the narratives of the ‘addict’ or ‘ex-addict’ do not dominate the account of heroin use which is significant because ‘experimental’, ‘first stage’ or ‘hidden’ users are notoriously difficult to access. Moreover, as Pearson notes, reconstructing first experiences or experimental modes of heroin use
from the accounts of self-acknowledged ‘problem’ users and, especially, ex-users is extremely problematic since the reconstructed story may overplay the negative experiences of later-stage heroin use as the need to ‘get off’ or ‘stay off’ the drug comes to dominate self-narratives.36

The three past or current users in the sample come from geographically different parts of Russia and have very different drugs careers.

The first, whom we shall call Grisha,37 is a twenty-year-old college student with whom we had first contact via the survey and who subsequently participated in both the semi-structured interview and the ethnographic study elements of the project. Grisha was born and brought up in the far north of Russia but had recently settled with his mother in the resort area of Sochi (Krasnodar territory) on the Black Sea. He has a wide poly-drug using experience – cannabis, pharmaceutical drugs (taren, terpenkod and fenozepecem) and heroin – that began at 14 years of age. His heroin debut appears to provide a close fit with what Parker, Bury and Egginton describe as emerging out of the ‘heavy end of recreational use’.38 His experience with heroin was a one–off experiment that he is adamant he will not repeat. However, he does not intend to give up cannabis or other ‘soft’ drug use and his current friends also use a wide variety of illegal substances (cannabis, pills, LSD and heroin). Nonetheless he is trying to cut down his consumption of illicit substances and to stop drinking; he is keen to stop drinking because of concerns about its negative health effects.

The second respondent, whom we will refer to as Kolya, is an 18-year-old student from Tol’yatti, in Samara region, who took part in survey and then participated in the semi-structured interview stage of the project. He was born and brought up in the city and maintains good relations with both parents (who are separated), rotating his residence between them on the basis of mutual convenience. At the time of interview Kolya had been using heroin on a non-daily basis for about four years. His drug debut was early – although he cannot remember exactly when, he places it somewhere between 14 and 15 years of age – and was with heroin. He has been using heroin since then on an irregular basis (ranging from once a week to once a year). He began snorting heroin39 but subsequently moved to injecting use. He was first offered heroin by a friend within his closest friendship group and they continue to use together within a wider non-heroin-using group.

The third respondent, whom we shall call Olya, is 22 years old and from Chapaevsk, which is also located in Samara region but is much smaller and less affluent than Tol’yatti. Olya was part of the wider friendship circle of one of the participants in the ethnographic study in Chapaevsk and took part in this element of the project only. Olya is married and lives with her husband independently of both parental homes. She made her heroin debut later than the other two respondents and in the company of her husband. Her
husband had started heroin use having been offered heroin by his brother-in-law after the latter’s release from prison. Both Olya and her husband began by smoking heroin, moved to snorting and then began to inject, although they avoided intravenous use by injecting into muscle. Olya narrated her drug career as a progressive decline into dependency based on increasing frequency of use and engagement in drug dealing in order to finance her use. She and her husband gave up heroin use after her parents discovered their habit and cut off all financial help. After briefly dabbling with heroin again following first withdrawal, she has remained off heroin and was not using it at the time of interview.

Controlled Heroin Use

There is evidence to suggest that patterns of controlled opiate use on an occasional recreational basis are not only possible but potentially much more common than compulsive, addicted use. The premise for investigating this possibility was provided by the work of Lee Robins in the late 1970s, which revealed that although between a third and a half of American military personnel serving in Vietnam had taken opiates (usually heroin), and about half of these had developed addictions to it, upon discharge and return to the USA they showed remarkably low propensity to readdiction. This led Norman Zinberg to hypothesize that the social context of drug use – rather than the pharmacological properties of the drug itself or the psychological make-up of the individual user – was more important than hitherto believed. This led him to study the cultural practices of heroin use in order to understand how sanctions (values and rules of conduct) and rituals (patterns of behaviour) were developed by occasional users to bring the use of heroin under control.

It is difficult to estimate the extent of this kind of ‘occasional’ heroin use from the findings of the “Everyday” but not “normal” project, since that project had a much broader remit than the study of heroin use. However, the prevalence data do suggest the potential for its existence: a total of 47 respondents in the survey element of the project (n = 2814) reported their own use of heroin and, of these, more than a quarter reported using it ‘occasionally’ (21.3 per cent reported using ‘a few times a year’, while 4.3 per cent reported using ‘a few times a month’). Whether or not this represents a ‘controlled use’ of heroin as presented in Zinberg’s description of ‘chipping’ culture is something that can be confirmed only on the basis of qualitative data revealing specific patterns of use. On the basis of such evidence, it is suggested below, among Russian heroin users accepted ‘safe’ practices have been generated on the basis of local knowledge of the heroin market and upon the capacity for self-monitoring heroin use. In addition to the development of these rules for safe use, however, the Russian narratives also feature accounts of successful withdrawal from (‘getting off’) heroin use as part of their
understanding of the practice of controlling heroin use. This may reflect the wider acquaintance of mainstream Russian youth with heroin users and – since these accounts undermine the ‘one-way street to death and destruction’ reputation of heroin – they need careful consideration when developing drug prevention materials for young people who mix within drug-using circles.

*The rules of the game* The first rule of safe heroin use, according to respondents, is to know what you are taking. This is discussed in terms of the relative purity of the drug; unsafe or problematic use is often attributed to heroin having been ‘mixed’ with chalk, sugar or other drugs (such as the tranquilizer *dimentrol*). For the same reason respondents warn against buying heroin ‘out of town’ since the quality or purity of the drug may be different, opening up the possibility for making a potentially fatal error.

The second rule is to know your own ‘dose’ and to resist the temptation to exceed it. The danger of overdose is presented as being particularly acute in the early stages of use, that is before novice users have learned their optimal dose:

*Respondent:* ‘Those who use, they know their own regular dose. Those who use frequently don’t overdose, or rarely do. That happens at the start when they are just beginning. I know a lot of people who’ve died of overdosing . . . something like seven or eight people, maybe even more.’

(17-year-old male, regular drug user, Tol’yatti)

The respondents who had used, or were still using, heroin regularly also emphasized their active management and control of that use. In the following interview extract, Olya describes how she not only monitored her dose but overcame the temptation to mix heroin with alcohol use:

*Respondent:* ‘Everything has to be measured, not over the top.’

*Interviewer:* ‘How did you keep to this? You said that some people can’t sense this. How did you manage to get it right?’

*Respondent:* ‘It’s just that some people don’t know their limit. Like when someone drinks vodka and can’t stop. He drinks and drinks and then – that’s it. He goes into another world, of his own. It’s the same with heroin. You go “That doesn’t seem quite enough!” You add a bit more. Then . . . you find yourself in a state you don’t want to be in. But we could use, go to a café, sit there and drink juice, beer. Beer was the strongest thing we would drink.’

*Interviewer:* ‘Why?’

*Respondent:* ‘Because you can feel bad even from drinking beer . . . when you snort it’s best not to drink at all in the first hour . . . although
you really crave drink and sweet stuff.’
(‘Olya’, 22-year-old female, former heroin user, Chapaevsk)

This is very much in line with Zinberg’s findings that among controlled users the cardinal rule of using drugs is ‘do it in moderation’. 43 Olya is also keenly aware that the ‘right amount’ differs significantly depending upon mode of use. In the following extract she sounds a note of warning about having to be patient in waiting for the ‘rush’ and indicates her own personal boundary in terms of acceptable use:

_Respondent:_ ‘When you inject intravenously, it gets into your system quickly and you get the ‘rush’ [prikhod] virtually immediately. I have never tried that. I haven’t injected into the vein. When you go into the muscle you need more, and it takes longer to be absorbed. And it’s a nice state, just right. If you are snorting, then you need even more. And with that, too . . . it’s not straight away. You have to wait a while and then it begins to work. And if you are smoking, then . . .’
(‘Olya’, 22-year-old female, former heroin user, Chapaevsk)

Among the Russian respondents the ‘controlled use’ narrative hinged above all on the ability of the user to remain vigilant in tracking, and halting, his or her path to dependency. This manifests itself in the equivalences drawn by drug users between the status of ‘drug addict’ (narkoman) and the state of ‘dependency’. For example, in order to distinguish his own heroin use from ‘addiction’, ‘Kolya’ describes how he monitors his use to avoid dependency:

_Interviewer:_ ‘So, how have you managed to avoid dependency?’
_Respondent:_ ‘I don’t know, maybe it was luck, because I didn’t have time, and, well, I somehow realized that, in the long run, you can get addicted and so I controlled myself.’
_Interviewer:_ ‘How did you control it?’
_Respondent:_ ‘Well, let’s say if I had used for three days on the run, I would say to myself “You could get addicted, maybe that’s enough, I’ll go get some beer instead.” And that was it, no problem.’
(‘Kolya’, 18-year-old, male, regular heroin user, Tol’yatti)

Although Kolya’s description of his practice appears much less strictly formulated than the rules concerning frequency of use found by Zinberg among controlled opiate users in the USA, 44 it nevertheless conforms to the same maxim of ‘don’t become dependent’ where dependency is defined by reference to frequency of use:

_Respondent:_ ‘No, it doesn’t have any effect. It begins to have an effect when you use regularly, every day. I have acquaintances who, you can
see, use it every day and you can tell that when they aren’t using they feel bad. That’s complete dependence already.’
(‘Kolya’, 18-year-old, male, regular heroin user, Tol’yatti)

Grisha confirms this understanding of control and dependency:

Respondent: ‘A drug addict [narkoman] is someone who uses often, uses very frequently.’
Interviewer: ‘How often?’
Respondent: ‘Well if it’s every day then it’s all over. If we are talking about heroin then even a couple of times per week. Once a week is the first step, basically. Several times a week means a person is heading that way [dependency], although you can still get over it, if it’s managed.’
(‘Grisha’, 20-year-old male, heroin experimenter, Sochi)

In telling these stories, respondents seek to show that their own use is not a response to an addiction but a choice based upon reflection, where ‘choice’ is understood as an active engagement with the knowledge they have about drugs and their effects. The drug-using behaviours that ensue thus take into account knowledge about ‘harm’ and ‘health risks’. However, this should not lead us to assume that they are rational, cost–benefit analyses, as is indicated by the following excerpt from the interview with ‘Kolya’ in which he explains how and why he decided to introduce his girlfriend to heroin use, but, somewhat paradoxically, persuaded her to give up smoking cigarettes:

Interviewer: ‘What was her attitude, why did she start to use . . . because you were using or did she have her own reasons?’
Respondent: ‘Yes, because of me. Well, I – with her best interest at heart – offered her it. And with just the same good intention I don’t give her any, I not only control myself but her as well, as it were.’
Interviewer: ‘And can you be sure that she only uses when she is with you, do you think it’s possible that she might use with other friends?’
Respondent: ‘I can’t be certain but let’s say, if I were to see she had used it outside of my control . . .’
Interviewer: ‘What would happen if you saw that?’
Respondent: ‘I wouldn’t be happy and I would do something about it – not sure what. But it’s like I myself don’t smoke and I got her to give up smoking.’
(‘Kolya’, 18-year-old, male, regular heroin user, Tol’yatti)

It is not health-related costs and benefits that are central to the decision making explained here but the regulation of ‘control’ and ‘choice’ within an intimate
relationship; it is the ‘setting’ that is central to the choices and decisions being made about drug use.

‘She just stopped . . . ’: Abstention tales
Among Russian respondents a recurrent element of the ‘controlled use’ narrative are tales of heroin abstention. Moreover, stories about friends and acquaintances who had ‘stopped’ heroin use are not only central to the narratives of heroin users themselves but common also among those who know heroin users; six interview respondents recounted detailed stories of friends or acquaintances who had given up heroin use.

These stories frequently attribute ‘giving up’ to a new stimulus (such as educational or job opportunities) or simply because the individual has ‘more important things to do’.

Respondent: ‘Many people get off it, a lot, really a lot.’
Interviewer: ‘And why do they give up?’
Respondent: ‘Well, one girl, got into [university] in Petersburg and she just stopped [using].’
(16-year-old, female, drug experimenter, Vorkuta)

This finding mirrors research conducted with controlled opiate users in the UK in the early 1980s which suggested that people who had used heroin on a recreational basis over a period of time would sometimes take action to discontinue or regulate their drug use if they felt that it was drifting towards dependence, citing apparently mundane reasons such as ‘getting ready for the football season’ for the momentous decision. The key is the reflexive capacity to ‘catch oneself in the act’ as evidenced by this young woman’s description of the experience of her best friend:

Interviewer: ‘So you were saying she has already experimented four times. And what was it she tried?’
Respondent: ‘Heroin.’
Interviewer: ‘Heroin? And have you talked to her about it? Are you okay with that?’
Respondent: ‘She told me that the day after she had tried, when she got up she was struck by the thought “Where can I get hold of some money?” And then she thought “Oh, what am I thinking?”’
Interviewer: ‘And since then she hasn’t used? Is she using now?’
Respondent: ‘She’s not using now.’
Interviewer: ‘And when did she last use?’
Respondent: ‘Oh, a long time ago, about a year, or maybe six months ago.’
(16-year-old, female, regular drug user, Ukhta)
The routineness of heroin decisions also emerged from respondents’ narratives that situated ‘deviant’ practices in teenage (pre-adult responsibility) lives and assumed a drug-free future (‘when I settle down . . . ’). The fact that heroin use is also treated as a ‘stupid thing I did when I was young’ suggests that it is one of those ‘normal’ parts of being young rather than an absolute state of deviance from which there is no return. An important part of this logic is the demystification of withdrawal (lomka):

Interviewer: ‘And among your friends are there people who used regularly and then managed to give up?’
Respondent: ‘Yes. It’s not as difficult as they say. I don’t know why. Maybe in Moscow or Petersburg drugs are of a different quality and it is more difficult to get off them. Here . . . you put up with it for a couple of days, and it’s all okay.’
(‘Kolya’, 18-year-old male, regular heroin user, Tol’yatti)

A common strand within this discourse is the importance of ‘strong will’ and commitment to getting off the drug. Those who had had this experience themselves, or who had witnessed their friends going through it, often referred to the importance of alcohol or cannabis use in making the transition:

Respondent: ‘How? Tolerance. If you have willpower then you can put up with it. Or, like, instead of using heroin, you can buy cannabis (anasha) and have a smoke. After a while you don’t even miss it.’
(‘Olya’, 22-year-old female, former heroin user, Chapaevsk)

While these descriptions of coming off heroin may appear glib, Pearson notes that those who have experienced withdrawal talk about the discomfort experienced as real, but not worse than a bad dose of influenza accompanied by a craving for the drug; the worst is over in three to four days and is of little import in comparison to the protracted subsequent struggle to ‘stay off’ heroin. Moreover, heroin addiction is not associated directly with particular organic diseases (as are cigarette smoking or alcohol addiction, for example); it is the indirect risks of heroin (possibility of overdose, risks of infection via intravenous use) that explain the very high mortality rate of certain groups of addicts. Indeed, the demythologization of ‘withdrawal’ is important; there is a danger that the untrue belief that one needs to take heroin in order avoid ‘unbearable’ withdrawal sickness can become a self-fulfilling prophecy leading to eventual addiction. Thus there is no real reason why a former heroin user cannot ‘get it sorted’ and return to a fully ‘normal’ life in the way Grisha describes:

Respondent: ‘I have a really good friend – even though she actually lives in Taganrog, we are really good friends – and she used to be
well hooked [khorosho posidela]. Her relatives and friends were worried about her. But she didn’t seem able to do anything about it. Now, as far as I know, she has got it sorted. And now everything is fine.’

(‘Grisha’, 20-year-old male, heroin experimenter, Sochi)

These narratives have much in common with the experiences articulated by heroin users in Zinberg’s much more extensive study of controlled opiate users. The narratives of control and abstention articulated by the Russian respondents above all establish a clear line between heroin’s physically addictive properties and the enslaved minds that characterize ‘addicts’. Like Zinberg’s respondents, users’ fears relate not so much to physical addiction as to transition to a junkie lifestyle. Respondents thus consciously dissociate their own (and their friends’) drug use from the psychological disposition and lifestyle of the narkoman; as the 16-year-old respondent from Vorkuta cited at the very beginning of this article notes, her friend’s heroin use is ‘normal’ ‘because he’s okay . . .’ (that is, ‘not a junkie’). However, Russian respondents articulate more weakly and less specifically the sanctions that operate to limit the frequency, and thus the impact, of use and the rituals that ensure the administration of safe doses. While the reason for this is, at least partially, the small sample size of respondents in the study with experience of controlled heroin use, nevertheless this fact alerts us to the danger of conflating reflexivity with decisions weighing up costs and benefits. The Russian narratives suggest that choices and decisions are made about illicit drug use in a way that routinely positions drug use alongside other interests, activities or relationships. Nevertheless, it is clear that the choices being made concern extreme sensations of pleasure and risk in which rational risk-assessing, cost–benefit analyses play only a limited role.

‘Relaxing’: The Social Side to Heroin Use

Heroin users experience the drug as pleasurable. The pleasure attached to it, however, is not purely physical, but has a strong social dimension; it is, according to users, ‘a real good social drug’. The pleasure of heroin use, as described by respondents, consists of a combination of the immediate physical relaxation effect (experienced as a more or less intense ‘rush’ depending upon mode of use) which turns into a longer-lasting feeling of mental wellbeing. Indeed, it is the fact that heroin does not have a dramatic or mind-altering effect that is one of its attractions, as expressed below by ‘Olya’:

`Respondent: ‘The first time, and afterwards, I smoked it. I smoked, but I didn’t have any strong sensations, like “Wow!” You just relax, the world becomes different somehow . . . From heroin you don’t get any kind of hallucination. No, just tranquility . . . a kind of tranquil state, you feel good, the best . . . The world is colourful. By the way, when dependency`
sets in, or you are trying to give up, the world becomes grey.’
(‘Olya’, 22-year-old female, former heroin user, Chapaevsk)

Within ‘Kolya’s’ friendship group heroin use is referred to metaphorically as ‘relaxing’, a signifier that positions heroin use not as a risk-laden activity, or primary focus of life (where to get the next hit), but as one of many leisure options:

_Interviewer:_ ‘[You said earlier that the first time you agreed it was because you were in a terrible mood] and now, [do you say ‘yes’] when you are in a bad mood, when you feel you want something to help?’

_Respondent:_ ‘Not always because of a bad mood, it can be that I have nothing to do, not enough money for expensive entertainments – for billiards, for example, to go to a night club, or I am fed up of drinking, then I could decide “to relax”.’

_Interviewer:_ ‘And [how was it] the most recent time?’

_Respondent:_ ‘The last time? Oh, I don’t remember, it was maybe four, three to four months ago... It’s in summer usually that it kicks off.’

_Interviewer:_ ‘Why in the summer?’

_Respondent:_ ‘Because there’s more free time, probably.’

(‘Kolya’, 18-year-old male, regular heroin user, Tol’yatti)

The primary association of heroin use is thus ‘relaxation’, where the drug use is associated with a particularly close group of friends or pleasurable time of the year. The initially intense experience (‘the rush’) passes relatively quickly, allowing the continuation of routine activities and leisure practices that are simply enhanced by the effect of the drug:

_Respondent:_ ‘With drug addicts [narkomany], when they inject, or shoot into the vein, then, as they say, there is a ‘rush’ [prikhod]. You can tell. They just sit there, everything flops. But when we did it – it was fine. When I did it... we stayed at home all the time. We did a ‘line’, snorted. I got all the things I had to do done... I ran about sorting things out. I don’t think you could tell. Maybe because I have dark eyes...’

(‘Olya’, 22-year-old female, former heroin user, Chapaevsk)

This description of ‘normality’ is confirmed by Lalander’s study of heroin users in Norrköping, Sweden, for whom smoking heroin is one element of a regular social practice of meeting up with friends, drinking, chatting and ‘hanging out’. Indeed, Lalander’s respondents describe users as ‘ordinary’ people who can walk the city unnoticed, melting into the crowd even after use. The ‘normality’ of heroin use is reinforced by the domestic setting of
its use; it is described as an intimate, domestic activity in which heroin is used by a group of friends as they sit on the sofa and watch films:

Television is a central element in almost all stories about the collective smoking heroin, or basing. In many groups the heroin experience was prepared for by buying sweets, lemonade and, not least, heroin. In most cases, video films were also hired. The formula: TV + sofa + sweets + lemonade, provides associations of a normal TV evening . . . a symbol of intimacy and family existence.57

This family atmosphere around heroin use is articulated also in Olya’s description of the daily visits of her husband’s brother-in-law bringing the heroin that they shared; heroin use appears not as a hidden, subcultural activity but as part of a domestic routine that is fitted in alongside other chores. Grisha also describes his (single) heroin experience as being associated with people close to him – in this case his classmates. This is not surprising; the standard answer of users when asked how they first came across the drug is ‘through my mates’.58 Kolya’s heroin use is a classic example, having begun as a result of repeated offers to experiment with heroin from within his friendship group:

**Respondent:** ‘It wasn’t the first time [that I had been offered heroin], but each time it was roughly the same. It was always one of my acquaintances who suggested going ‘to relax’ *[rasslabit’ya]*. But I knew what he was suggesting as a means of relaxation and for that reason said straightway not to count on me. He goes, “Let’s relax together, just to keep me company”. And I would say straightaway “Don’t count on me”’.  
**Interviewer:** ‘What was he offering you?’  
**Respondent:** ‘Heroin. There’s more heroin than anything else here at the moment.’  
(‘Kolya’, 18-year-old, male, regular heroin user, Tol’yatti)

The strong bonding associated with social opiate use is noted by Zinberg, as is the importance to controlled users of demonstrating that their heroin use had not prevented them from retaining a wide range of social relationships.59 This bonding is facilitated by a perception that heroin use frees individuals for intimate talk.60 However, the literature on problem heroin users suggests that these initial social bonds are destroyed as heroin use increases. Pearson argues that habitual use leads to increasing social isolation and loss of friendship as well as of interest in family, friends and former leisure pursuits.61 ‘Friends’ turn into no more than contacts useful to the scoring process.62 Lalander advances a more economistic explanation for the inevitable breakdown of friendships: as heroin users’ addiction leads them to consume an increasing proportion of the drug they buy in order to support their own
habit, they are forced to abandon the informal rule system that otherwise regulates relationships within the subculture. This, alongside the progression from smoking to injecting (and concomitant loss of the social practice of ‘foil sharing’) and the increasing tendency to remain indoors (for fear of being picked up by the police or running into someone to whom they were in debt), leads to the increasing social isolation of heroin users. 63

**Heroin Lives or Living With Heroin?**

There is insufficient evidence from the “‘Everyday” but not “normal”’ project to confirm or refute the inevitability of the social trajectory that turns drug use from a social bond into a source of envy and conflict; indeed, it remains to be seen whether Kolya’s current use is a prelude to dependent habitual (daily) use described as the end-point in Lalander’s study, or part of a long-term controlled use as described by Zinberg. However, the very different heroin experiences of the three respondents call into question the notion that heroin use always takes place within a ‘subcultural habitus’, as Lalander argues. 64 The evidence for this claim is found in the retention by respondents of non-transgressive, ‘mainstream’ values alongside their heroin experimentation or use and their maintenance of close family and peer relationships.

In the narratives of all three heroin using respondents mainstream activities – education, work, families, relationships – remained central, and relatively more important than drug-related activities. Kolya, in particular, manages his heroin use within a busy and successful work, study and personal life; he is in full-time higher education, works part-time and has a girlfriend. Kolya articulates high aspirations that are fully in line with mainstream social values; a good degree, a good job and a materially sufficient future. Since heroin use and social success are, in his mind, not mutually exclusive, moreover, he perceives no need to alter this way of life:

*Interviewer:* ‘And you don’t want to come off it [heroin]?’

*Respondent:* ‘If there was a reason to give it up, like something more interesting to do, then I might.’

*Interviewer:* ‘And study isn’t a reason to give up?’

*Respondent:* ‘One doesn’t exclude the other.’

*Interviewer:* ‘And what kind of thing might constitute a reason to give up?’

Respondent. ‘Well I don’t know, it’s hard to imagine even, but if you think about it, let’s say a car – you wouldn’t get behind the wheel if you weren’t sober. So that would work.’

(‘Kolya’, 18-year-old male, regular heroin user, Tol’yatti)

Thus, like Zinberg’s ‘controlled users’, Kolya does not put heroin at the top of the list of activities important to him but chooses to use whilst recognizing the
external responsibilities of work and earning a living and indeed consciously aspiring to the material and status values that attach to this.\textsuperscript{65}

Although Grisha’s educational career has been significantly more disjointed than Kolya’s, he retains a strong motivation towards social success. His post-school career comprises a series of failed attempts to be accepted on to prestigious professional tracks followed by periods of employment until the next attempt. After being accepted into lower prestige institutions, he recounts having been twice thrown out as a result of poor attendance and conflicts with members of the teaching staff before finally settling into part-time study (computer science) at college and part-time employment. At this point his education was again disrupted when he moved with his mother from the far north of Russia to the southern Black Sea coast. However, Grisha recounts this move not as a disruption but as a new opportunity. In Sochi he once again successfully enrolled on a higher educational course and, at the time of interview, had developed a wide and diverse range of friends and was seeking part-time employment. Grisha’s drug career, like his post-school career, can be seen as a search for the best on offer and a willingness to make mistakes, and rectify them, along the way. He slips from heavy recreational drug use into heroin experimentation in a process he describes consciously as ‘in the interests of research, I just wanted to experiment’. However, this experimentation acts for Grisha as a way of establishing his own boundaries of transgression. His heroin experimentation induces a fear of disapproval on the part of others and leads him to draw a sharp line for himself in terms of future drug use:

\textit{Respondent}: ‘You feel light, aloof, nothing worries you. But, to be honest, I didn’t like it and afterwards I regretted having tried it because the next day, although very few people knew about it – only a few people knew – but when I was on my way to classes I just kept thinking that people were looking at me, disapprovingly, and thinking to themselves that he had done it, had tried heroin. For several days I went round with a heavy feeling.’

\textit{Interviewer}: ‘A feeling of guilt?’

\textit{Respondent}: ‘Yes, of guilt and heaviness.’

(‘Grisha’, 20-year-old male, heroin experimenter, Sochi)

He goes on to ascribe this sense of guilt to the maintenance of ‘principles in life’. Thus, despite his apparently chaotic life trajectory, Grisha’s preference for mainstream over ‘subcultural’ values remains firm and, indeed, is reconfirmed by the choices (and mistakes) he makes in pursuit of them. What is striking in the narratives of both Kolya and Grisha is the direction and order which they seek, with more or less success, to impose on their lives. This contrasts sharply with the aimlessness and lack of planning characterizing the
‘drifter’ mentality that Lalander describes as underpinning the heroin user subculture of Norrköping.66

Not only do these respondents fail to profess subcultural values, they also live mainstream lives. In this sense they fail to conform to the image of heroin users as isolated and lonely individuals forced to ‘huddle together in small isolated groups that . . . are fragile and drug-centred’.67 Kolya, in particular, stresses the strength and the diversity of his close friendship circles,68 as well as his particularly authoritative status – as a student – in one of them. Moreover, Kolya is adamant that his heroin use is not something that has to be done in secret or at the cost of his normal social life. He does not belong to a subculture of heroin users, but uses heroin with a particular friend within a wider group of tolerant non-users:

[Interviewer: ‘And did you buy the heroin yourself, not the first time, but afterwards?’
Respondent: ‘Sometimes I bought it myself but other times I asked friends for it.’
Interviewer: ‘Always in a group or with some particular friend?’
Respondent: ‘With a friend, never on my own, almost always with the same friend.’
Interviewer: ‘Why with him exactly, because he also used?’
Respondent: ‘No, well because my other friends from this group, they . . . they don’t use. I used with this person who offered it that first time and who afterwards was always up for it.’
Interviewer: ‘Do those other friends disapprove?’
Respondent: ‘No, they know full well about it, they don’t care.’
Interviewer: ‘Did you feel their attitude changed to you?’
Respondent: ‘It didn’t change a bit.’
(‘Kolya’, 18-year-old male, regular heroin user, Tol’yatti)

There is some evidence from the attitudinal data collected in the course of the “Everyday” but not “normal” project to support Kolya’s claim. The survey data show that friendship groups including active drug users have high levels of tolerance towards drug use in the group. For 80 per cent of respondents whose friends use drugs at least once a week, the knowledge that any individual had started use of cannabis would not change their attitude to them at all. For 20 per cent of such respondents, the knowledge that an individual had started heroin use would be equally tolerated. While it is true that attitudes to heroin are much less tolerant among the whole respondent set, it is important to note that the dominant negative attitudes to heroin use do not lead to complete isolation of heroin users; almost 30 per cent of respondents would not abandon friends who had begun to use heroin (see Figure 1).
While this cannot be said to provide evidence that heroin has become like other ‘recreational drugs’ in terms of its degree of accommodation by young people, in some situations young people have learned to live with their peers’ heroin use. In Komi Republic – where the proportion of respondents who would continue contact with friends who use heroin is 37 per cent – the experience of friendship with heroin users has led to a certain acceptance of heroin use:

‘We’ve got a friend who’s been snorting heroin for two years. We’ve all got used to it. For us it’s already normal, like, normal. For us it’s normal because he’s okay. We haven’t seen this [deterioration]. He’s stayed just as fun as he always was. So nothing’s changed really. You see he’s fine and you don’t help. Maybe that’s wrong? I dunno. But you can’t help him – he enjoys it. If he was ill you could help him, but if he likes it . . .’ (16-year-old female, regular drug user, Vorkuta)

The very fact that this respondent questions her own tolerance of heroin use – ‘Maybe that’s wrong?’ – is a classic illustration of the fact that young drug users do not subscribe to wholly transgressive subcultural values but, as Shiner and Newburn argue, continue to support majority norms and values about the pernicious nature of drug use while employing techniques of neutralization which allow them to engage in what are accepted widely as ‘delinquent’ activities.69

Olya’s drift into dependent heroin use also lacks a narrative structure of increasing social isolation.70 Although Olya makes it clear that increasingly
more of her life became devoted to heroin use, her account of her slide into dependent use and of coming off heroin reveals both experiences to be shared intimately with her husband:

*Respondent:* ‘For about six months probably *we* were doing it 2–3 times per week. Then more often. Then every day. Then more and more money was going on it. Then *we* began to inject into the muscle. And after two months *we* were dependent . . . And then they stopped supporting *us*. They found out about it . . .’

*Interviewer:* ‘Your parents you mean?’

*Respondent:* ‘Yes. They stopped the money. Our friend “disappeared”. *We* probably didn’t sleep for about two weeks.’

(‘Olya’, 22-year-old female, former heroin user, Chapaevsk)

Moreover, her abstention from heroin is a product of another set of retained social bonds: those with her parents. While Olya’s story reveals no particular gratitude to her parents for forcing her and her husband to confront the problem, their presence, engagement and influence is clearly central to her abstention story.

The narratives of the three respondents presented above, all of whom have used or experimented with heroin personally, confirm the proposition that the boundaries between recreational and problem drug use are porous; where heroin is widely available, it is used on an experimental, an occasional and a habitual basis. Their very different heroin experiences also provide support for the argument that heroin is subject to the same decisions and choices that young people make routinely about other illicit and non-illicit substance use. Whilst the small sample size of heroin users in the “Everyday” but not “normal” study means it is impossible to estimate the extent of controlled heroin use among young Russians, two conclusions are possible on the basis of the experiences recounted. The first is that heroin experimentation and use cannot be understood as a purely physical addiction: all three respondents in this study had reflected and acted upon their heroin use with the aim of exercising ‘control’ over the drug. The second is that heroin experimenters and users are not necessarily socially marginalized, excluded or disconnected. Far from being the ‘finished’ (*konchennye*) people that peppered both dominant and non-drug-using youth discourses, all three respondents discussed above had secure family and friend networks or were linked into mainstream social (educational, employment) institutions, or both. Their heroin use was not, therefore, the main focus of their lives requiring retreat into a subculture inhabited by similar others. On the contrary, all three respondents, at key moments, subordinated heroin (or banished it completely) in the interests of maintaining more central activities or relationships (parental wishes,
educational aspirations or social approval). Whether or not safe, ‘controlled’ heroin use is common, or even possible, therefore, these narratives confirm Zinberg’s argument that it is not the drug itself but the social setting that is the central differentiating factor between chaotic or ‘problem’ drug use and drug use that is understood as ‘normal’.71

Conclusion

The “‘Everyday” but not “normal’” project was designed to explore the potential for the cross-cultural application of the ‘normalization thesis’. It was hypothesized that the late-modern, urban youth scenes being explored in Russia would generate drug prevalence data that were largely comparable with those in the UK upon which the ‘normalization thesis’ is based. It was also expected that the post-socialist context – characterized by a high proportion of the population living below the poverty line, a strongly punitive official discourse of drug prevention, a barely nascent youth consumer culture and the widespread availability of relatively cheap heroin – would limit the applicability of Parker and his associates’ interpretation of this prevalence as indicative of the ‘normalization’ of recreational drug use. The contention that not only ‘recreational’ drug use but heroin use had become ‘normal’ for some young people in Russia, as indicated by the Vorkuta respondent with whose words this article began, however, was an unexpected challenge to emerge from the project and one that requires a rethinking of the relationship between ‘recreational’ and ‘problem’ drug use as embedded in the ‘normalization thesis’.

The evidence presented here suggests that heroin experimenters and users talk about their drug use in terms of everyday practices of choice, control and management in a way that comes close to situating heroin within the spectrum of drugs for ‘recreational use’. Thus a number of the key tenets of ‘the normalization thesis’ – specifically those relating to drugs’ availability and experimentation – appear to be applicable to heroin as well as cannabis use in the Russian context. Data from the project confirm the significant slippage between recreational and problem drug use identified in the UK on the basis of the study of ‘new heroin outbreaks’ and the ensuing critique of the ‘normalization thesis’. This leads logically to the question of whether it might be more appropriate to include heroin use within the ‘normalization thesis’ rather than explicitly exclude it.

The problem that arises here is that high exposure to, and use of, illicit drugs is not evidence of their ‘normalization’ and, on other criteria of the ‘normalization thesis’, data from the “‘Everyday” but not “normal’” project suggest at best only a partial fit. On the criteria of ‘drug use’, being ‘drug-wise’ and ‘future intentions’, for example, the Russian data confirm a
sustained – in fact dramatic – rise in the number of young people using illicit drugs, including heroin. However, the findings from the project also question the degree to which these decisions are information-rich, cost–benefit decisions as suggested by Parker and his associates. Contact with drugs remains predominantly located in friendship and family networks and the project findings suggest that the relative importance of individual, information-based ‘choices’ and social and culturally embedded practices would need significant adjustment to make the ‘normalization thesis’ helpful in explaining young Russians’ decisions about drugs. Indeed, the group context of drug decisions is central to both the understanding of young people’s experience-based choices about drugs (being ‘drug-wise’) and their ‘future intentions’ regarding drug use.

A second only partial fit concerns the degree of ‘cultural accommodation’ of illicit drug use evident among Russian youth. Although, in social and cultural contexts in which heroin is highly visible and available, patterns of heroin use suggest a significant erosion of the distinction between ‘recreational’ and ‘problem’ drug use, there remains a strong division in attitudes towards them. Data from the ‘“Everyday” but not “normal”’ project suggest that young Russians in general continue to draw widely on the tropes of dominant discourse to banish drug use, and in particular heroin use, as asocial, subculturalized and criminalized. Where young people have everyday contact with drugs within their friendship group they show a more complex and differentiated approach: they manifest high levels of tolerance towards cannabis use although rarely extend this degree of tolerance to heroin (or other injecting drug) use. However, there is evidence that a significant minority would continue to engage with friends and acquaintances who began to use heroin. Thus, on the criterion of ‘cultural accommodation’, the normalization thesis can be said to be partially applicable; while the use of heroin remains widely condemned, in some localities heroin use is none the less part of the everyday cultural environment and heroin users are not banished into subcultural isolation and social exclusion.

Thus, in addressing the theoretical implications of the unexpected assertions of respondents that for them heroin use was ‘normal’, a simple conceptual ‘stretch’ – the extension of the ‘normalization thesis’ to include heroin as a recreational drug in those contexts in which prevalence is high – is not sufficient. At the same time, the Russian data fail to confirm alternative conceptualizations of ‘new’ heroin use deriving from more dedicated studies of heroin users. In particular, the widely accepted notion of the subculturalization of heroin use is disrupted by evidence of the retention of social bonds – via formal inclusion in key social institutions such as family and education as well as the maintenance of diverse and mixed friendship circles – by heroin users. Moreover, and in sharp contrast to Lalander’s
study,\textsuperscript{73} the “‘Everyday’ but not ‘normal’” project found the peer group to be an enabling resource in young people’s control and abstention decisions as well as a cultural constraint on them. It is in this respect, also, that the conclusions drawn from the project diverge from the theoretical framework advanced by MacDonald and Marsh for conceptualizing the relationship between recreational and problem drug use on the basis of understanding individual drug careers as the coalescence of multiple social exclusions. The findings from the “‘Everyday’ but not ‘normal’” project confirm high levels of heroin use among communities badly affected by deindustrialization, unemployment or working poverty and poor housing, but also reveal young drug users, including heroin experimenters and users, to describe their lives in terms of multiple social inclusions into local communities rather than exclusions from it. Thus, while Pearson is clearly right to argue that access to decent jobs and housing, around which young people can create and sustain viable patterns of recreation, friendship and kinship, are vital to tackling heroin outbreaks,\textsuperscript{74} evidence from the “‘Everyday’ but not ‘normal’” project warns against writing off existing relationships as part of the problem. It has been argued here, rather, that friends and family are central both to heroin use practices and to young people’s abstention and self-control decisions. The fact that even the most ‘everyday’ accounts of heroin use feature a strong motif of successful abstention is indicative of respondents’ social and cultural embeddedness within mainstream society; not using heroin remains the most frequent choice made by young people in Russia and for heroin experimenters and users exchange of this non-using experience is also ‘everyday’. Recognizing the retention of ‘mainstream’ norms among groups that are discursively constructed as ‘excluded’ is thus central to understanding the very real slippage between recreational and problem drug use that the ‘normalization thesis’ fails to capture, and also to explaining young people’s resistance to its ‘normalization’.

NOTES

1. Respondents in the research upon which this article is based are referred to by age, gender, place of residence and drug-using status. Drug-using status is determined by respondent responses to a question during the semi-structured interview when they were invited to choose one of 14 descriptions presented to them on a card to describe their own drug experience. These responses were used to classify respondents into four broad categories: ‘abstainers’ (otkazniki) capturing respondents choosing the descriptor ‘have never tried any drug and never will’ or ‘have experimented with drugs but now abstain’; ‘experimenters’ (razoviki) indicating respondents who described their drugs experience in terms of a single or series of one-off ‘experiments’ with drugs; ‘regular users’ (regulatory) designating respondents who described their use as repeated and regular; and ‘future users’ (budushchie) describing respondents who are current abstainers but do not rule out future use.


3. The ‘normalization thesis’ might be summarized as consisting of the following key hypotheses (see Parker et al., *Illegal Leisure*, pp.153–7):

- **Drugs’ availability:** the commodification of drugs, and globalization of their supply, means that by 18 years of age most young people have been in situations where they could buy or try drugs.
- **Drug experimentation:** there has been a sustained rise in drug experimentation such that 50–60 per cent of young people have experimented with drug use on at least one occasion by the age of 18. Previously existing gender and social class differences in drug experimentation are being eroded.
- **Drug use:** there has been a sustained rise in the number of young people using drugs regularly and employing cost–benefit assessments of the risks and pleasures in making their choices.
- **Being drug-wise:** young people exchange drug experiences and stories whether they use or not. Abstainers begin to accommodate the drug use of others as long as it is ‘sensible’, recreational use.
- **Future intentions:** there is an open-mindedness about future drug use even among young adults who went through adolescence without taking illicit drugs.
- **Cultural accommodation of the illicit:** normalization signifies the accommodation of activities previously considered ‘deviant’ by young people themselves into mainstream cultural arrangements. This ‘desubculturalizes’ drug use and allows the recreational use of less physically addictive drugs within a range of busy study, work and leisure agendas.


8. These might be summarized as:

- The thesis is either too embedded in, or disembedded from, the specifics of time and place. ‘Normalization’ has been criticized for being ahistorical inasmuch as it fails to recognize

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its antecedents in critiques of ‘dope fiend mythology’ dating back to the late 1930s (Blackman, *Chilling Out*, pp.137–8.) At the same time, the thesis is criticized for being too dominated by the norms of a particular youth cultural scene (the dance and club scene in North West England in the 1980s–1990s) leading to the universalization of the sharp distinction between ‘recreational’ and ‘problematic’ drug use (Shildrick, ‘Young People, Illicit Drug Use and the Question of Normalization’, p.45).

9. In this article it is drug use *practices* rather than attitudes to drug use that are discussed. It is evident from the methodological critique outlined above as well as the findings of existing research (see, for example, Shiner and Newburn, ‘Definitely, Maybe Not?’; Karen McElrath and Kieran McEvoy, ‘Heroin as Evil: Ecstasy Users’ Perceptions About Heroin’, *Drugs: Education, Prevention and Policy*, Vol.8, No.2 (2001), pp.177–89 (pp.177–8); Shildrick, ‘Young People, Illicit Drug Use and the Question of Normalization’) that what young people *think* about drug use needs to be studied in parallel with measuring their actual drug use. This was built into the design of the empirical research upon which this article is based, and the findings on attitudes to and talk about drugs among Russian youth are discussed separately in Elena Omel’chenko’s article in this collection.


11. MacDonald and Marsh, ‘Crossing the Rubicon’, p.27.

12. Ibid., p.34.

13. This research was conducted with the financial support of the ESRC (Ref. R000239439). For a full report on the findings of the project see Hilary Pilkington, ‘“Everyday” but not “normal”: Drug use and youth cultural practice in Russia’, Final Report, 2004, available electronically at <www.crees.bham.ac.uk/research/everyday/FRReport.pdf>.


16. The main team included: Hilary Pilkington, Elena Omel’chenko, Erica Richardson, Natal’ia Goncharova, Evgeniia Luk’ianova, Ol’ga Dobroshtan, Irina Kosterina and El’vira Sharifullina. Evgeniia Luk’ianova took the lead role in the quantitative elements of the project but also participated in interviewing in the field. Natal’ia Goncharova managed and participated in the fieldwork (both survey and interviewing). Ol’ga Dobroshtan, Irina Kosterina and El’vira Sharifullina conducted the ethnographic elements of the project. Eric Richardson managed and conducted the applied (health promotion-related) aspects of the project. A number of other members of ‘Region’ participated in the project during particularly intensive periods of fieldwork and analysis or provided ‘backroom’ support. These team members included Liudmila Shkliar, Dmitrii Omel’chenko, Vladimir Pavlov, Denis Filatov and Natalia Shaporeva. The team was assisted in the regions of empirical research by Svetlana Iaroshenko, Oleg Obereenko, Dmitrii Nechaevskii, Aleksandr Shekhtman and Svetlana Teslia.


18. ‘“Everyday” but not “normal”’ (note 13, above).

19. A total of five respondents were included in both the semi-structured and ethnographic elements of the project.


22. Paoli, ‘The Development of an Illegal Market’, p.22. It is important to note that the single site of research in Russia was Moscow, which is an atypical Russian city. This is confirmed by the ESPAD survey finding on LSD use, which showed a 4–5 per cent lifetime use rate; this figure is not repeated in any other surveys in Russia since LSD is expensive and difficult to access outside the largest and most affluent cities.


24. Nine per cent were recorded as having tried ‘opiates’ including poppy straw. It is not clear whether this is in addition to heroin, or whether respondents who recorded their use of heroin also included this in a positive response on ‘opiates’ in general. Our data would suggest that it is most likely that they did.


26. Omel’chenko, Podrostki i narkotiki, p.14. Of course research at the regional level is often conducted in response to the identification of, and imperative to resolve, a particular social problem and thus captures an ‘extreme’ moment. The Ul’yansovsk study exemplifies this; it was conducted at the peak of incidence of heroin use in Ul’yansovsk (1998–99) that is now referred to by local narcologists as the ‘heroin boom’ or ‘heroin epidemic’. Continuing research in Yamalo-Nenetsk also shows a clear ‘peak’ in heroin use, in this case in 1999–2000 (Stozharova, Narkomaniya i Region, p.92).

27. MacDonald and Marsh, ‘Crossing the Rubicon’, p.27.

28. However, in other respects, our data are more representative than other youth-targeted surveys on illicit substance use since the research was conducted in medium-sized cities (50–120,000 population) rather than major cities (especially regional centres), which show higher than average prevalence rates.

29. The same is true of reports of heroin use within immediate friendship groups. In Komi Republic, for example, 5.2 per cent of male respondents but 10.6 per cent of female respondents reported heroin use among their friends.


31. Parker, Bury and Egginton, ‘New Heroin Outbreaks’, p.44.


33. As noted above, Parker et al. spell out clearly that their thesis pertains specifically to the recreational use of less physically addictive drugs (Parker, Aldridge and Measham, Illegal Leisure, pp.153–7).

34. The present study took as its starting-point young people in mainstream educational settings and explored substance use as one part of their cultural practice. Heroin use was not the focus of the study and was expected to feature only at the margins of the sample group. Most dedicated studies of heroin users, by contrast, identify respondents by their substance use and access them, for example, through treatment programmes or outreach workers (see Norman

35. Pearson, The New Heroin Users, p.29; Parker, Bakx and Newcombe, Living with Heroin, p.68.


37. These three respondents are referred to by name (pseudonym) and are described in relation to the status of their heroin use while other respondents, commenting on friends’ use, are referenced in terms of their age, gender, place of origin and unspecified drug-using status, as detailed in footnote 1.


39. Although heroin snorting is relatively rare in the UK – where heroin use tends to start with heroin smoking (Gossop, Living with Drugs, p.140) – it is more common in Russia. This is probably explained by the fact that white rather than smokeable brown heroin dominates the Russian market.


41. Gossop, Living with Drugs, pp.35–6; Zinberg, Drug, Set, and Setting, p.12. The explanation for this low rate of recidivism (12 per cent of return to use within three years) was posited to be a combination of two factors: it was the abhorrent social setting of Vietnam that led the soldiers to use heroin and once out of that situation they had no desire to use; and the extraordinary availability and cheapness of the drug in Vietnam – 85 per cent of veterans had been offered heroin and it was so inexpensive that smoking rather than injecting heroin was economical.

42. Zinberg, Drug, Set, and Setting, p.5.

43. Ibid., p.159.

44. Ibid., p.154. Notwithstanding this qualification, his practice appears nearer to Zinberg’s description of long-term ‘controlled use’ than to Pearson’s acknowledgement of ‘elementary precautions’ such as occasional abstention employed by ‘first stage’ users who will go on to develop daily use habits (Pearson, The New Heroin Users, p.54).

45. However, Kolya, an injecting drug user, had to be prompted to include avoidance of needle-sharing in his description of his ‘safe practices’ of heroin use, even though at the time of interview there was a high-profile HIV-awareness campaign in the city.


51. Ibid., p.126.

52. Ibid., p.121; Pearson, The New Heroin Users, p.25.

53. Among Zinberg’s respondents there is also reference to the importance of the power of heroin to ‘relax’ among weekend heroin users (‘chippers’) (Zinberg, Drug, Set, and Setting, pp.115–16).

54. This is confirmed by Lalander’s description, in his study, of a controlled heroin user who smokes heroin about once a month, when he is with a particular set of friends in his town of former residence (Lalander, Hooked on Heroin, p.38).

55. Ibid., p.39.

56. Ibid., p.99.

57. Ibid., p.52.


60. Lalander, *Hooked on Heroin*, p.47. Such bonding, however, is often accompanied by a fear of non-users finding out about the use (Zinberg, *Drug, Set, and Setting*, p.129) and this is something articulated by Russian respondents too.


64. Ibid., p.31.


68. However, Kolya’s insistence that he has retained diverse friendship groups is at least partially motivated by reflexivity; the loss of friends is an external marker of moving into dependency (‘addict’ status).


70. It is difficult to comment on Olya’s aspirations and values as she became involved in the research having joined in a conversation started with younger friends. This meant that she was not present at the start of the interview when respondents were asked specifically about their family, school, friends, leisure pursuits and overall ambitions in life.


72. Elena Omel’chenko’s contribution to this collection shows how non-drug-using youth draw very heavily on dominant abstentionist discourses, but it is also important to note that even drug-using or drug-aware young people may articulate strongly negative views about drugs while displaying tolerance or acceptance of drug use in their cultural practice.


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