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Avoiding the stigma. A qualitative study of socially included women's experiences of drug use and dealing, health services and the police in France

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ABSTRACT

The figure of drug user and dealer is stigmatized, linked to violence and illness. This is due to a reductionist discourse which implements othering processes generating scapegoat figures in the drug world. All drug users and sellers are assimilated with these spoiled identities in the media or in drug policies, while the reality is much more diverse. This article draws on relational sociology to focus on figures who are the antithesis of stereotypes: socially integrated women who use or sell drugs (WUSD) and are invisible to the health and control enforcement agencies. By seeking to avoid the stigma of the drug user's and dealer's identities, how do socially included WUSD distance themselves from the control enforcement agencies and health institutions? This qualitative research is based on 26 semi-structured interviews conducted with socially included WUSD in France. Participants were recruited using a snowball sampling strategy. It appears that the participants normalized their drug use and integrated it into their professional and personal lives. Some were drug user-dealers and had social supply practices, selling the drugs they used to their friends in order to finance their consumption. None of the participants have ever been in contact with harm reduction and addiction services, both because they do not identify with the users of these services, and because these services are not designed to support this population. With the police, the participants play gender games and show their social inclusion to protect themselves from arrest. In both cases, the stigmatized figure of the drug user and drug seller alienate the participants from the health systems and control enforcement agencies. One of the consequences of the othering process is the invisibility of those who do not want to be identified as "others" by the health and law enforcement services. Rethinking drug policy is essential to reach populations that may need information and support.

Introduction

The drug user and the drug dealer are figures that are stereotyped and stigmatized in our collective representations, linked to crime and disease (Askew & Salinas, 2018; Sattler et al., 2017). Stigma is considered here as the result of a "*stereotypical and overall damaging process*" (Corrigan & Wassel, 2008) leading to a relationship between oneself, others and the social structure that includes reductive labeling, loss of status and discrimination (Link & Phelan, 2001). As Smith et al. (2016) said: "*The structural and social stigma associated with substance use is experienced by individuals as enacted, anticipated and internalized stigma*".

Thus, the drug user is linked to the figure of the junky: dependent, marginalized, unable to control himself, a drug slave, prone to delinquency (Radcliffe & Stevens, 2008). The drug dealer is considered as dangerous and violent, interested only in profit to the detriment of the health of his clients (Coomber, Moyle & South, 2016; Taylor & Potter, 2013). The identities of drug users and sellers are therefore spoiled identities (Neale, Nettleton & Pickering, 2011), and this stigma is one of the consequences of the reductionist discourse on drugs that dominates in public policy and the media today (Taylor, 2008). Among other things, this reductionist discourse involves an othering and scapegoating process which aims to define drug users and sellers as deviant, violent and problematic strangers threatening social balance.

However, as Taylor (2016) pointed out, *"by focussing on this minority of 'problematic 'users we concentrate on a group of seemingly desperate individuals who take no pleasure from their addiction*". The vast majority of drug uses and sales do not correspond to the description given by this reductionist discourse (Taylor, Buchanan & Ayres, 2016). In fact, most drug uses are recreational and do not have dramatic consequences (Askew, 2016). The use of certain substances such as cannabis has

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become largely normalized, and in certain friendship and cultural networks, the recreational uses of drugs such as cocaine or amphetamines are considered commonplace (Askew & Salinas, 2018). The literature on social supply has shown that with the normalization of drug uses, some ways of selling drugs have also become common (Coomber et al., 2016; Taylor & Potter, 2013). However, the media, public policies and research organizations, for funding reasons among others, have *de facto* essentially focused on the populations of drug users and drug dealers targeted by the othering and scapegoating process (Askew, 2016; Askew & Salinas, 2018; Taylor, 2016). These populations are also those found among those arrested for drug use or drug dealing by the police or in addiction treatment centers.

This paper addresses a hidden population that is the antithesis of stereotypes: socially included women who use or sell drugs (WUSD). It is an exploration of a figure who is not present in health institutions or control enforcement agencies, who is not targeted by public policies related to drugs and who is a prominent absentee from research on uses and sales of substances.

Indeed, WUSD are underrepresented in the French public health services. These women account for approximately 20% of people who have used harm reduction and addiction services since they were established in the 1970s (Vitte, 2018). This issue is not just a French one: women also make up approximately 20% of all entrants to drug treatment in Europe (Arpa, 2017) and in Canada (Brochu et al., 2014), 30.4% in the United States of America, 1 to 10% in India, and 16 to 25% in China (United Nation Office of Drug and Crimes, 2004), according to the latest data we have. As a result, less is known about women's addictive behaviors than men's, and this is also due to a lack of research (Vitte, 2018).

Women also represent only 8% of individuals arrested by French police for violating narcotics laws (Barbier, 2016). In France, since 1970, the laws have been very prohibitive concerning the illicit use or sale of drugs, including cannabis. For example, the French Public Health Code – (CSP) states that “the illegal use of any substance or plant classified as a narcotic is an offence punishable by sentences of up to one year in prison and a fine of €3750”; low-level drug dealers can receive up to 5 years’ imprisonment and a fine of €75,000 (Article 222–36 of the Criminal Code).

These numbers could indicate that fewer women than men consume or sell drugs. However, it should be remembered that the statistics from health or law enforcement institutions do not reflect the diversity of profiles of drug users and drug dealers (Radcliffe & Stevens, 2008). More women use drugs than these statistics suggest, perhaps because women's drug uses are more likely to be hidden (Neff, 2018).

According to the data collected by Beck et al. (2017) for the French Observatory for Drugs and Drug Addiction, when compared with data from previous decades, the gap between men's and women's regular cannabis use is shrinking. In France, in 2005, among 18–64 year-olds, there were 3.9 times more regular male cannabis users than women whereas in 2014, the sex ratio was 2.6. The gap between men's and women's regular alcohol consumption has also followed this trend. In 2014, among 18–64 year-olds, 3.3 times more men used alcohol than women. In the 15–30 age group, the gender difference in drug use is even less marked (International Narcotics Control Board, 2017). Men tend to use more drugs than women, yet the gender difference is less pronounced at the end of adolescence than in adulthood (Beck et al., 2017). Indeed, in 2014, among 17 year-olds, there were 2.17 times more regular male cannabis users than women. Regarding other drugs, among 18–64 year-olds, 2.7 times more men had tried cocaine than women, while among 17 year-olds, the sex ratio was 1 (compared to 1.6 in 2005). On amphetamine experimentation, in the general population, there were 2.4 more men who had tried amphetamines than women, compared to a sex ratio of 1.2 among 17-year-olds (against 1.5 in 2005). As we can see, compared to previous data, men's and women's drug consumption behaviors are tending to converge (Obradovic & Beck, 2013). According to some international studies, this trend is a corollary of the reduction in inequalities between men and women (Bloomfield et al., 2005).

Regarding the proportion of women selling drugs, to our knowledge there are no statistics from surveys on the general population which can be compared with police statistics, but in view of the previous findings, we expect them to outnumber the 700 women arrested in 2010 by the French police for importing, exporting, trading or transporting drugs (Barbier, 2016). Yet the literature sees drug dealing as a male-dominated activity (Grundetjern, 2015; Humbolt, 2013), although the market is more diverse than in the past (August, 2013; Ludwick, Murphy & Sales, 2015).

It also appears that people who are socially included are underrepresented in drug-related health and law enforcement systems. The concept of social inclusion is defined here as the result of the social integration process whereby individuals are socialized to live in society by learning norms and values (Baumgartner, 2014). We know that police officers arrest more men living in fringe locations who are often unemployed and poorly educated (Barbier, 2016). We also know that the vast majority of people using French harm reduction and addiction services are homeless and have no resources (Vitte, 2018). Police and harm reduction services have both been focused on a specific segment of drug users or dealers (Askew & Salinas, 2018), that is, men in precarious positions. Precariousness is here understood as a “*situation of instability and discontinu*ity” (Milewski, 2011) resulting from the “*absence of one or more securities, in particular that of employment*” (Wresinski, 1987).

Finally, only a small percentage of drug users and dealers are known to law enforcement and health institutions (Reynaud-Maurupt, Hoareau, 2010). Being a woman and being socially included therefore seem to be two variables which distance people from drug-related health institutions and control enforcement systems, due to this focus on men and on precariousness (Rosenbaum, 1981). Socially included WUSD thus constitute a hidden population of drug users and dealers. Some studies have begun to analyze the specific nature of women's roles and trajectories in drug use (Hutton, 2004; L'Espérance, Bertrand, & Perreault, 2016; Murphy & Rosenbaum, 1999; Sznitman, 2007) and drug dealing (August, 2013; Denton & O'Malley, 1999; Grundetjern, 2015; Hutton, 2005; Ludwick et al., 2015). Other studies have looked at socially included users (Griffiths et al., 1993; Hausser, Kübler, & Dubois-Arber, 1999; Lancial, 2011; Reynaud-Maurupt & Hoareau, 2010; Spreen & Swaagstra, 1994; Wyart, 2016). However, to date, the articulation between these two variables (being a woman, and being socially included) has not been widely studied.

Current research on WUSD rarely includes studies specifically focused on institutional experiences and trajectories in health and police services (Neff, 2018). We can nevertheless make the assumption that these socially included WUSDs will put in place strategies to avoid stigma (Sattler et al., 2017), through management of their drug uses and drug dealing which allows them to distance themselves from the devalued figures of the junky and the drug dealer, and thus to legitimize their practices so that they do not run counter to the dominant values of the society to which individuals adhere (Askew, 2016). This is in line with what Goffman (1963) said: “*For the discreditable person whose source of shame can be concealed and hidden, there is the possibility of ‘passing’ as normal; it is information about the source of shame which must be managed*”. These strategies to avoid stigma, notably in the eyes of the police, may involve gender performances consciously embodied by WUSDs (Butler, 2016), and should allow them to protect themselves from the police, but could also distance them from health care institutions.

The goal of this paper is to present findings that provide insights into the perspectives and trajectories, understood as the *“pathways or lines of development over the life span”* (Hser, Longshore, & Anglin, 2007) of socially included women WUSDs and their relationships with harm reduction and addiction services and with the police. In France, the

drug issue straddles the areas of health and law enforcement (Langlois, 2014), and it thus seems important to analyze the relations between socially included WUSDs and these two institutions. By seeking to avoid the stigma of the drug user's and drug dealer's spoiled identities, how do socially included WUSD distance themselves from the control enforcement agencies and health institutions? How does the invisibility of socially included WUSD to health and police services highlight scapegoating in the drug world? We will see how, as Radcliffe and Stevens said, "*the fear, real or imagined, of being entrusted with an identity stigmatized by others concerns the feeling of self in relation to a moral community*".

Integrating relational sociology, this research paper first identifies specific individual experiences (Dépelteau, 2015) and then articulates individual practices and social norms and services, with the goal of better understanding relationships between individuals and systems (Burkitt, 2016; Donati, 2018). Although theoretical frameworks in relational sociology have been developed for several decades, empirical studies based on relational frameworks are still rare (Néray, 2016). Relational sociology involves recognizing that the autonomy of social objects is always relative and that we cannot understand individuals without analyzing their relationships with their social and historical environments (Laflamme, 2009).

Method

This qualitative study, which is part of a doctoral thesis, is based on 26 semi-structured interviews with women in Bordeaux (France), all of whom are drug users and/or dealers and are socially included. The female gender was assigned according to the self-categorization of the respondents. The indicators of social inclusion were inspired by those issued by theCouncil of Europe (2014), and were as follows: having French nationality, having housing (private rental or ownership), being employed or studying (seven of the participants are students, and the others have various professions, from babysitter to psychomotor therapist), and not being in significant financial difficulty (the median salary of the sample is €1300 per month; female students form a lower income group, with income mainly derived from social or family assistance, and an average income of € 592; see more details about the participants' situations in Table 1 in the Appendix).

To be part of the sample, participants also must have used at least one illicit drug in the past year. All participants were drug users, and 16 also sold drugs. Participants were recruited using a snowball sampling strategy: some interviewees were met, which led to interviewers being introduced to members of their circles. This explains why participants are all in the same age group (22 to 32 years old, average age of 25.4), and why many of them know each other. None of the participants have children. Seven participants met with researchers several times, several months apart, to provide a better understanding of the changes in their trajectories.

This sample therefore differs in many respects from the profiles of drug users who visit harm reduction and addiction services, in terms of their economic situation, family trajectories (precarious drug users were often in children's homes or foster families, while the participants in this study grew up with their parents), and drugs used (people visiting these services use a wider range of substances on top of cannabis and alcohol, such as medicines and opioids with frequent injection practices, whereas the study participants mostly snort cocaine and amphetamines and have never injected).

Each woman provided free and informed consent to their participation in this research. Anonymity was guaranteed. Participants were told that no questions were mandatory and that they could decide to stop the interview at any time. A consent form was completed at the end of each interview. Data confidentiality was ensured, and the research protocol approved by Université de Bordeaux.

The interviews were conducted using an interview guide divided into five sections. In accordance with relational sociology methods, during the interviews specific attention was paid to participants' practices, representations and statements. Each object was defined in relation to others (Donati, 2018; Laflamme, 2009). Indeed, relational sociology recommends starting from a central object to tackle all the themes related to it. The first part of the guide was about the sociodemographic characteristics of the participants. The second section was about their trajectories as drug users. The objective was to encourage participants to reflect on their trajectories as drug users and their relationships with substances. Next came questions on their trajectories as buyers and sellers. Questions were asked about what they had learned from drug use or drug dealing and the perceived risks and benefits of these practices in their lives. Importance was accorded to the articulation between their trajectories as drug users / buyers / sellers and their professional careers. A fourth part then focused on the relations between the participants and health services. Finally, the fifth and last part of the interview guide dealt with the participants' relationships with the police. The gender influence was addressed throughout the interview by questions such as, "Do you think that the fact that you are a woman could have played a part in your relationships with such and such individual, or have consequences in such and such a situation, and how?"

Interviews lasted an average of an hour and a half and took place either in the participants' own homes or in the researcher's own apartment. All interviews were recorded, then fully transcribed for thematic analysis with Atlas.ti. Eleven groups of codes were created, encompassing the main parts of the interview guide. Thematic analysis helped identify occurrences, consider correlations and isolate specific cases.

A qualitative study seemed the best way to analyze the influence of gender and social inclusion on the relationships between drug use and sales, health services and the police, because it allows participants to describe their trajectories in depth. Qualitative fieldwork and relational sociology applied to empirical analysis reveals the reciprocal influence of individual practices and structural functioning. However, several limitations to this method should be emphasized. While the snowball procedure allows researchers "*to study marginalized populations by harnessing the power of social networking and personal connections, which allows for the more thorough analysis of individuals and groups that may otherwise remain inaccessible*" (Woodley & Lockard, 2016), it also involves biases. Indeed, the profiles of the participants are similar and not representative of the diversity of socially included WUSD, and the relationship between participants and researcher may also be questioned (Donati, 2018).

Results

This section is divided into three subsections. First, participants' drug use and dealing trajectories are analyzed: we see how and why they describe their drug use as mostly manageable, and how they reconcile their illicit activities with their professional or student lives. The second part addresses relationships between the study population and harm reduction and addiction services, looking at how individual practices and structural elements interact with each other. The last part is about the gender games that take place between the women interviewed and the police, and demonstrates how the agency of participants is conditioned by structural characteristics of the police and the relational context.

Trajectories of socially included WUSD

Cannabis was the first illicit substance used by all participants, and they did so with friends during their adolescence. All of them had previously consumed alcohol and cigarettes. Their motivations for smoking cannabis for the first time included curiosity, wanting to fit in with their peers, the allure of forbidden practices, the influence of family or a partner, a need to escape, and a desire to experience euphoria

Table 1
Presentation table of the participants.

Name	Age	Profession	Drugs consumed	Drugs sold
Rose	30	Illustrator	Cannabis - cocaine - speed - hallucinogenic mushrooms - MDMA - mephedrone - ecstasy	/
Naomi	24	Student	Cannabis - cocaine - speed - MDMA - ecstasy - hallucinogenic mushrooms - LSD - ketamine	Cannabis
Julianne	24	Babysitter	Cannabis - ecstasy - LSD - cocaine - speed - ketamine	/
Agathe	22	High school supervisor	Cannabis - ecstasy - cocaine - MDMA	Ecstasy
Anne	25	Psycho motor therapist	Cannabis - MDMA - LSD - ketamine - speed - ecstasy	/
Blondie	27	Bus driver	Cannabis - MDMA - LSD - cocaine	/
Cécilia	25	Temporary worker in a factory	Cannabis - cocaine - MDMA - ketamine - LSD -synthesis drugs (synthacaine)	Cannabis - MDMA - ketamine
Françoise	26	Student	Cannabis - MDMA - speed - ecstasy	/
Marina	24	Project manager	Cannabis - heroin - MDMA - cocaine - ecstasy - LSD - ketamine - speed - hallucinogenic mushrooms	Cannabis
Mélina	22	Student	Cannabis - Poppers - speed - cocaine - ecstasy - MDMA	/
Morane	24	Facilitator in a leisure center	Cannabis - MDMA - LSD - ketamine - cocaine - ecstasy	Cannabis
Stéphanie	23	Student	Cannabis - hallucinogenic mushrooms - MDMA	Cannabis
Sophie	23	Student	Cannabis - MDMA - ecstasy - LSD - mescaline - ketamine - heroine - speed - cocaine - opium - synthacaïne - LSA - mephedrone - 2CB - MXE - hallucinogenic mushrooms	Cannabis - MDMA - LSD
Theresa	25	Decorator	Cannabis - cocaine - MDMA - speed - ketamine - medical drugs (Ataraz, Xanax, Lexomil, codeine, opioids)	MDMA
Chloé	28	Receptionist in an association	Cannabis - ecstasy - ketamine - LSD - MDMA - Poppers - Subutex - speed	/
Emilie	32	Telephone advisor	Cannabis - ecstasy - speed - MDMA - heroin - LSD - hallucinogenic mushrooms - opium - salvia - ketamine - cocaine (sniff and crack) - synthesis drugs	Cannabis - MDMA - cocaine - speed - LSD
Laura	28	Bakery seller	Cannabis - MDMA - ecstasy - ketamine - LSD - cocaine - speed	Cannabis
Céline	26	Nurse	Cannabis - MDMA - ecstasy - LSD - hallucinogenic mushrooms - speed - ketamine - cocaine - opium - synthesis drugs (2CB, DMT)	Ketamine - ecstasy - speed
Pénélope	30	Legal assistant	Cannabis - MDMA - opium	Cannabis
Elisa	24	Research engineer	Cannabis - hallucinogenic mushrooms - MDMA - speed - ecstasy - cocaine - LSD	/
Martine	25	Student	Cannabis - hallucinogenic mushrooms - cocaine - LSD - MDMA - ecstasy	Cannabis
Maïa	25	Barmaid	Cannabis - MDMA - ecstasy - cocaine - crack - LSD - ketamine - GHB - opium	Cannabis - MDMA - cocaine
Sonia	22	Student	Cannabis	/
Charlotte	26	Payroll administrator	Cannabis - hallucinogenic mushrooms- cocaine - LSD - ketamine - ecstasy - speed	Hallucinogenic mushrooms
Lili	27	Graphic designer	Cannabis - ecstasy - LSD - ketamine – hallucinogenic mushrooms - cocaine - speed - MDMA - opium	Cannabis - Hallucinogenic mushrooms
Dorothée	26	Sales advisor	Cannabis	/

and pleasure.

For more than half of the participants ($N = 14$, $=53.85\%$), cannabis use had become a daily occurrence. Smoking cannabis had gradually moved on from the social context with friends in which it began, to become an individualized ritual practice, often justified as wanting to "*fight against stress"* (Naomi, 24, student) or "*fall asleep and relax*" (Lili, 27, graphic designer). For the other participants, cannabis use is currently occasional ($N = 10$, $=38.46\%$) or has been stopped ($N = 2$, $=7.69\%$).

Almost all the women interviewed ($N = 24$, $=92.31\%$) experimented with substances that were new to them. They started using amphetamines ($n = 23$, $=88.46\%$) or cocaine ($n = 20$, $=76.92\%$) in recreational contexts, and then experimented with various other illicit drugs in clubs or at free parties (illegal parties organized with sound systems, electronic music and normalized drug use) with their peers, such as LSD ($n = 17$, $=65.38\%$), ketamine ($n = 15$, $=57.68\%$), hallucinogenic mushrooms ($n = 11$, $=42.31\%$) and sometimes synthetic drugs ($n = 3$, $=11.54\%$). After this period of drug experimentation, the participants went to parties less often and focused their use of drugs other than cannabis on one or two substances that they now take at varying frequencies (four times a month to once a year).

At some point in their trajectories, the vast majority of participants ($N = 25$, $=96.15\%$) had to face some negative consequences of their substance use. These negative consequences could impact the physical health of the participants: for instance, Blondie (27, bus driver) explained she "*was very tired"* and "*lost a lot of weight"* because of "*frequent use of MDMA*", and Morane (24, animator in leisure center) "*was hospitalized because I had an anxiety attack with ecstasy, I had a heart rate of 16*". Participants also talked about their psychological health: Chloé (28, receptionist in an association) spoke about "*black-outs after mixing amphetamines with alcohol",* and Rose (30, illustrator) complained about her "*come-downs from ecstasy"* which "*were getting longer and longer and more difficult, it was really mentally violent*". Finally, some participants reported negative consequences on their social and professional life: Cecilia (25, temporary worker in a factory) explained that she "*smoked at school, and then slept in class, the teachers got mad",* and Celine (26, nurse) said that she *"was taking a lot of MDMA, and at one point I realized that I was missing out on lots of things, people, my days*". Some participants reported risky behaviors: for example, Chloé explained that she was "*putting [herself] in danger with sexual practices and erratic driving*", and Cecilia said that she often tried to go beyond her limits when she was younger.

The participants described their current drug use as self-managed, and reported not having any health, psychological or social problems related to their drug use today. For instance, Pénélope (30, legal assistant) said she smokes on a daily basis, but that it "*affects me without affecting me":*

> It doesn't have any negative consequence in my life. Smoking weed provides me with well-being. (…) I always make sure I have some, to avoid stress. (…) That doesn't stop me from working, shopping or cleaning. (…) It allows me to relax, it gives me pleasure.

Penelope did not consider this impossibility of depriving herself of cannabis to be a problem, and affirmed that she had integrated it in a balanced manner into her daily life. Cécilia said the same thing, qualifying daily cannabis use as a "*necessary pleasure".* After experiencing occasional negative consequences linked to drug use during their adolescence, the participants developed strategies to ensure that their drug consumption did not impact on their professional or personal lives. Their strategies include "*smoking only after work*" (Pénélope), "*not smoking just before driving*" or seeing family (Charlotte, 24, payroll administrator), "*taking drugs other than cannabis only on weekends*"

(Mélina, 22, student), or reducing doses of cannabis in order *"to be less lazy"* (Agathe, 22, high school supervisor).

Most of the women interviewed had sold drugs nonprofessionally at some point in their trajectories ($N = 16$, $=61.54\%$), that is, they were not part of an organized hierarchical drug trafficking network, and selling drugs was neither their main source of income nor a full-time job. The participants started selling drugs to finance their drug use. They sold the same kinds of drugs as those that they were consuming, when opportunities arose, for a few months to their friends, in their homes or at parties (never in the street), after work or on weekends. Drug using and dealing participants bought these drugs to sell from the same suppliers who sold them drugs for their own consumption, who were most often men more involved in drug dealing at semi-wholesale level (i.e. not retail, only supplying resellers), but not belonging to structured networks. The majority of the substances came from the black market, although some participants grew their own cannabis plants, like Cecilia (25, temporary factory worker):

> I sold weed, MDMA and ketamine. For weed, I was a teenager, I was smoking a lot, I had the opportunity, I grew weed plants (…). I was selling to friends, friends of my friends… My goal was to buy a camera. (…) For MDMA it was five or six years ago, with my ex-boyfriend, at free parties. We had good contacts, plenty of MDMA and it was really easy, like a game. We were having fun, we wanted our friends to have fun with us. (…) And for ketamine, it was because for a few months I was really using a lot, so (…) it was expensive, and I had to sell. (…) I don't sell drugs anymore, because I take drugs less than I used to. (…) Now I am working seriously, and I am less interested in parties and all of that, so you know, I don't take drugs like I did before.

Several participants who sold drugs ($N=8$, $=30.77\%$) reported having sold for a while with their boyfriends, because they used the same drugs, belonged to the same group of friends and went to the same parties; and because it was easier and more fun to organize the sale together.

In this study, the juxtaposition of the participants' professional careers and their trajectory as drug users and dealers seemed to encourage them to self-manage their drug use and drug sales by developing strategies to hide their illicit activities from their professional environments. They limited their drug use to ritualized moments and places. For instance, Laura (28, bakery seller) said, "*I only smoke at home, alone or with my friends, when the day is over and I can really chill and take a break*."

The majority of interviewees ($N=19$, $=73.08\%$) anticipated the stigma of their identity as a drug user or drug dealer, thinking that if their co-workers knew about their illegal practices, it could put them at risk professionally. Some participants who were not afraid to tell their colleagues about their drug use ($N=7$, $= 30.43\%$) are students, and in fact their colleagues are also their friends. For the participants with a professional life, talking to colleagues about their drug use might lead to their illegal activities being reported to their hierarchy, which could damage their credibility or even lead to dismissal, depending on the position held. Céline explains that if the hospital staff learned that she was using drugs, they might "*view me differently, trust me less*", while Charlotte thinks that she could *"lose the job, because where I work, there are kids everywhere*". As a result, several participants ($N=\backslash 9$, $=34.62\%$) said they felt they were living a "*double life*" (Fontaine, 2008): on the one hand they were part of a legal professional environment where they had to maintain a certain reputation, and on the other hand they were participating in environments considered as deviant because they are illegal and socially frowned upon. Anne (25, psycho-motor therapist) stated the following:

> I think that if my colleagues knew I take drugs sometimes, it could mean trouble. They (…) wouldn't trust my work (…). So at work, I hide my drug use (…) I always feel like I'm living a double life, because drugs are perceived as bad, and in my everyday life many people think that I'm a good person who wouldn't do that.

This quotation shows how morality comes into play in the articulation of drug use. We can see here how Anne has positioned herself in relation to a moral community where drugs are seen as bad, and how she has had to deal with an inconsistency between the vision of herself that she wants to convey to others and the negative connotation of drug use. By refusing to identify with the devalued figure of the drug user, the participants also distance themselves from harm reduction and addiction services.

Socially included WUSD and health services: a missed appointment

None of the participants had ever been in contact with harm reduction and addiction services, or even with a health professional specialized in drug use. An analysis of our study results reveals four possible explanations: three are related to the individual practices of socially included WUSD. The fourth is linked to the structure of harm reduction and addiction services.

All participants said they do not need help managing their drug use. However, their statements are sometimes paradoxical, shifting between proudly affirming that they can self-manage their drug consumption and are satisfied with their current personal and professional situations, and being somewhat ashamed of certain negative effects of drug use on their lives, such as the need for drugs or the risks linked to the illegality of their practices. Marina (24, project manager) clearly expressed this ambivalence:

> I don't think that I need medical or psychological help to deal with my drug use, no. (…) I'm fine. (…) Actually, it's just sometimes exhausting to be afraid to drive or take a plane because I've smoked or because I have weed in my luggage… (…) When you travel, you always wonder: "Will I be able to consume?".

Daily cannabis use is not considered problematic when it is easily integrated into daily life; but once participants are out of their everyday environment, it puts them at risk. This is what Sophie says:

> Smoking weed every day is not a problem when I'm in my city, with my supplier, my habits, my friends. But the last time I went on a trip for an internship, I was staying in the same hotel as my colleagues, my superiors, and there it was scary. (…) I was not going to not smoke obviously, so I had to hide, I did not go to the restaurant with them because I wanted to smoke my joint, I was afraid that I would smell of it when I joined them … I really felt like a drug addict, I felt lousy.

Participants often had misconceptions about harm reduction and addiction services. Aside from Emilie, none of the participants knew the name of even one harm reduction and addiction center. They are not familiar with these centers, which do not reach out to socially included WUSD. Françoise (26, student) explained that she "*may need support in the future, when I want to reduce my consumption*," but she did not "*really know about what these centers do or about harm reduction; the only thing I can say about them is that I don't see them much.*" If participants do not actively seek harm reduction and addiction centers, they will not find them: there is no advertising or promotion for these centers in the media or in cities.

This lack of information sometimes leads to erroneous conceptions of the objectives and methods of these services. Some participants conflated law enforcement with health institutions, because harm reduction and addiction services take in drug users sent by the police for a local preventive consultation after a therapeutic injunction. For Morane, "*it's not a good way to react, you don't need to see an addiction specialist because you smoke weed. (…) It's not the best way to approach the issue.*" We can clearly see here how the participants refuse to adhere to the medical treatment of drug uses because this would amount to fitting

into a category of patients with which they do not identify.

In addition, almost half of the participants ($N = 12$, $=46.15\%$) had already spoken about their drug uses to health professionals outside harm reduction and addiction services, and most of them ($N = 8$, $=66.67\%$) felt judged or misunderstood. For instance, Sophie (23, student) argued with her psychologist because he no longer wanted to see her after she spoke about her cannabis use. Rose talked to her speech therapist about her drug consumption because she was worried that it could affect her voice. The therapist immediately gave her the contact information of addiction specialists. These health professionals are not always trained in harm reduction and addiction, and when a patient raises this issue they may not know how to react without stigmatizing it. The problem here is that general health professionals are the first points of contact of socially included WUSD. Once they had felt judged or misunderstood, the participants sometimes no longer trusted health professionals.

Only Emilie had heard about some harm reduction and addiction services. Emilie used to have crack cocaine addiction problems, and was socializing with other crack cocaine users in more precarious situations than her own. She had heard about harm reduction and addiction services, but said that she "*would never have gone there*" because for her, "*it's associated with street people and addicts*." Because she was socially included, she did not identify with the precarious population visiting this center, and not identifying with this population acted as barrier to engagement.

Several individual factors may explain the absence of a relationship between participants and harm reduction and addiction services, but, as prescribed by the relational approach, they must be associated with structural elements that contribute to excluding women from the centers. We can therefore make another assumption, which is that if participants did not plan to use harm reduction and addiction services, it was because these centers were not created to support socially included WUSD. Several structural factors can be noted as deterrents for socially included WUSD, such as spatial organization and a focus on precarious, problematic and male populations. Reception hours are not adapted to the lifestyle of a working drug user, and nor are the services offered such as showers, toilets, Internet access or appointments with social workers. Moreover, women may feel insecure in these centers, because there are fewer women than men and because the centers are mixed. There therefore seems to be a reciprocity in the non-identification among participants with harm reduction and addiction centers: these centers do not identify WUSD as people who may benefit from their services. Gender and social inclusion seem to alienate the participants from the health devices, and we will see that this is also the case with the police.

Gender games with the police

We now look at how women turn the attitudes they think the police have towards them into something they can use to protect themselves from the risk of arrest. The term "gender games" is used here to refer to gender performances consciously embodied by the participants and influenced by institutional services.

None of the participants had ever had legal problems linked to using or selling drugs, but they all knew men who had (even for the simple use of cannabis or minor drug dealing). They did not feel particularly threatened by the police, but expressed feelings of mistrust. As stated in the introduction, the police arrest men much more frequently than women for violating narcotics laws. The participants were sensitive to this fact, and had tried to take advantage of it. They reported being aware of and able to exploit certain structural characteristics and preconceived ideas that they believed police officers have about people who use drugs, in order to avoid the risk of being questioned and to protect their male friends and partners.

The study participants have exploited the structural characteristics of police services in order to carry drugs. They know there are more policemen than policewomen, and feel protected because, as Chloé says, "*only women police officers can body-search girls; so I have less chance of being searched than boys*." Before entering a club or going through a security check, women reported that they offered to take their male friends' or partners' drugs and hide them. They stashed the substances in their underwear, purses, or sometimes in "*a tampon box*" (Stéphanie, 23, student). The participants knew that these kinds of articles are identifiably feminine and that the police would not look there:

> Stéphanie: *When security staff or police open my bag, they see a box of tampons and never search the rest of my bag, because they are ill at ease. I do it every time I go out.*

The participants have also played on the use of gendered stereotypes by the police to avoid the risk of being stopped. When they bought or sold drugs and walked around with the drugs on them, they tended to dress in a more feminine way to avoid police attention. Some participants even acted innocent, naïve or stupid if they were confronted by police officers. A few women mentioned that they played a kind of seduction game with police officers to avoid excessive controls. One example is Blondie:

> Women have less chance of being arrested by the police, especially if you wear a short dress and high-heeled shoes. I have already escaped arrest because I am a woman: I just put out the joint; I was driving, we were three girls inside smoking and there was a road check (…) I immediately saw that the three cops were very happy to check a car with three girls inside, they joked as they bickered to decide which of them would deal with us. So you know, I played along, I was laughing very loudly at their jokes and trying to put on a sexy attitude. They only made me take the alcohol test.

It is interesting to analyze here the way in which participants avoid the stigma of the drug user or dealer by wearing high heels and skirts, applying makeup and adopting a "*silly*" attitude (Martine, 25, student). It is about embodying the female gender, but also showing their social inclusion. As Cécilia said, "*clothes matter*":

> *It's all about the little details, if you have a piercing, if you have dreadlocks, if you have pants with holes, if your eyes look tired… Cops find their way around with this stuff. But on the contrary, if they see that you are a well-dressed girl, very clean, with a short dress, a little ponytail … they will never detain you.*

We can see here again how the participants always positioned themselves in relation to a moral community whose valued or devalued codes they were fully aware of. They knew that such and such an outfit or such and such an attitude would suggest that they were similar to the stereotyped figure of the drug seller or drug user, and that conversely, other outfits or attitudes would accentuate the "presumption of innocence" that surrounds socially included women. The participants act according to prescribed gendered roles to protect themselves. They use their bodies in different ways, playing on clothing, sexual connotation, posture and attitude.

Discussion

After having often experienced the negative consequences of their drug use, the participants developed consumption management strategies that allow them to project themselves as abstinent people, in line with the dominant values of our society such as work. They do everything possible to show that their use of substances does not interfere with their liberty and integrity, in order to avoid the stigma of the junky who cannot control himself. Drug use is normalized (Askew & Salinas, 2018) and integrated into a conformist lifestyle. The main trajectories of these socially included WUSD can be categorized as follows: cannabis use begins during adolescence, for the usual motivations (Becker, 1953; Brochu, Brunelle & Plourde, 2018; Finestone, 1957). This is followed by experimenting with many other

substances, and sometimes includes risk-taking (Grundetjern, 2015). The focus is then directed to a few drugs and to progressively learning to self-manage consumption, which enables WUSD to have professional or student lives and avoid the anticipated stigma (Smith et al., 2016). As Fontaine (2008) explained, drug use is not always about defying society and is not necessarily linked to rebelling. Users legitimize their drug use by showing that they can control their consumption (Askew, 2016).

Drug dealing starts in order to fund drug use within friendship networks (Atkyns & Hanneman, 1974; Brochu et al., 2018; Denton & O'Malley, 2001; Jacques & Wright, 2015). This dealing occurs through a "drift" (Taylor & Potter, 2013), and is integrated into a lifestyle where conformist attitudes and deviant practices coexist. These user-dealers can be qualified as social suppliers because, unlike professional and financially-motivated drug dealers, their transactions are almost exclusively to friends with whom they have strong ties (Coomber & Moyle, 2014; Werse & Bernard, 2016; Bright and Sutherland, 2017). Social supply can be linked to the normalization of drug use (Askew & Salinas, 2018; Coomber et al., 2016). These profiles show that drug use and drug dealing are not two distinct activities, as demonstrated by Taylor and Potter (2013) in an empirical study on a group of drug user-dealers in a small English city. In that study as in this article, the market is not overly structured or hierarchically controlled, and is not dominated by organized crime or characterized by violence.

The participants in our study do not want to be seen as drug users or dealers because they anticipate the stigma resulting from these spoiled identities (Neale et al., 2011). They do not want to be the "others" in the othering process. Their strategies to avoid stigma lead them to escape from health systems and control enforcement agencies, linked to both a lack of information and misconceptions about services (Wagner et al., 2017), judgments by health professionals outside of these services (Sattler et al., 2017), self-management of drug use (Reynaud-Morupt & Hoareau, 2010), and also because participants do not identify with the people who use addiction and harm reduction services. According to Jauffret-Roustide (2017), "*hidden non-precarious drug users (…) do not identify with an environment of drug use and seek to separate from it*". Moreover, historically, French harm reduction and drug addiction services were intended to receive and support the most precarious drug users (Radcliffe & Stevens, 2008; Reynaud-Morupt & Hoareau, 2010). The system is not intended for women or socially included people, which raises the following question: is this only a health system, or is it also a system of social control, because it excludes populations that it does not define as problematic?

Additionally, since the respondents do everything they can not to fit the stereotype of the drug user or dealer, their strategies allow them to protect themselves from the police through the social class they embody and their gender performances (Butler, 2016), which play on structural elements and collective representations held by the French police. Indeed, the participants rightly think that more police officers and security staff are male than female,[1] resulting in women being body-searched less often than men. Going further, in her thesis on processes that make women invisible in criminal proceedings for infringements of narcotics laws, Barbier (2016) demonstrates that French police officers essentialize women as non-criminal, that is, as naturally less focused on crime and violence than men. Police officers often think that women are naturally more docile and less focused on crime, and do not consider women as "great catches." Therefore, it is legitimate to think that the police are less likely to suspect a woman than a man of being a criminal. It seems that repression prioritizes control over populations defined as problematic by public authorities (Askew & Salinas, 2018; Taylor, 2008). The trajectories of socially included WUSD and their relationships with law enforcement reveal how these structures operate, and the criteria upon which interrogations are based.

The relational skills and practices outlined above to avoid stigma in relation to the police are not specific to these study participants. In qualitative research on the variations in women's experiences in the illegal drug economy, Grundetjern (2015) also reported that most of the female Norwegian drug users she met also played gender games with the police by wearing feminine clothes to avoid being checked, for instance. In another study, Ludwick et al. (2015) met women who sold street drugs and also hid drugs in their underwear, dressed "like a lady", or flirted with policemen to reduce risks. Although it appears that socially included WUSD do not have a monopoly on these gender games with the police, we can assume that it is easier for them to set these games in motion, precisely because they appear to be socially included. The participants in our study can embody their social inclusion through their appearance and talk and through the things they own, making it easier to use their bodies and their relational skills with the police (Perrin, 2018). These different practices can be analyzed from the perspective of "doing gender" (West & Zimmerman, 2009) and of embodied gender performances (Butler, 2016 and Connell, 2005). Their agency is relational (Burkitt, 2016) and inseparable from the dynamics of the situation (Néray, 2016), so like Donati (2018), we can say that "*social relations are the mediators between agency and social structure*".

This desire to avoid stigma stems from the stigmatization of the identities of drug users and dealers, from an othering process that turns certain populations into scapegoats deemed dangerous, unhealthy and violent. Socially included WUSD know how precarious drug users are treated by control enforcement agencies and health institutions, how they are stigmatized and devalued, and want to distance themselves from this traditional scapegoat category. The invisibility of socially included WUSDs comes through this othering process and this figure of the scapegoat. It is a side effect of the stigmatization of a group: individuals who do not correspond to the characteristics of these spoiled identities are left alone. This invisibilization generates both vulnerabilities and agency, both risks and protections, by keeping WUSDs away from care and repression. The fact of being socially integrated is helpful in this desire to distinguish oneself from the stereotype of the drug user or dealer. But we can hypothesize that women have an even greater fear than men of having the devalued identities of the junky or of the drug dealer, because these identifies conflict with gender norms in western society associating the feminine with motherhood, care, calm and fragility (Murphy & Rosenbaum, 1999; Mutatayi, 2019; Pederson, Greaves, & Poole, 2015; Vitte, 2018). We know, for instance, that women with an alcohol dependency are more stigmatized than men (Kalant, 2013). Socially included WUSD would therefore have a particular interest in remaining invisible.

Conclusion

It is necessary to eschew the caricatured, stereotypical and stigmatizing vision of drugs in order to think differently about drug uses and drug dealing, and to consider drug users and dealers in all their diversity. Drug use is not limited to poor and delinquent individuals, but is widespread throughout society as a whole.

From our results, some recommendations can be made. First, concerning the low proportion of women in harm reduction and addiction centers, actions specifically targeting women have been put in place in several French centers, and have had positive results in terms of the presence of women in these services (Vitte, 2018). Medical and welfare services should improve their accessibility to women. Health professionals should also be trained to receive women and should learn to listen without judging. Non-mixed areas and reception times specific to women have been trialed, but are not widely accepted among caregivers (Mutatayi, 2019). However, these measures only concern precarious and marginalized women targeted by these centers.

It therefore seems necessary to change the way we think about harm

[1] In 2016, 21% of European police officers (Eurostat Statistics Explained, 2019) and 13% of French private security officers were women (Observatoire des Métiers de la Prevention and Safety, 2017).

reduction and prevention in order to reach socially included people. Lute and Roche (2016) recommended that workers in harm reduction services meet drug users who "*are not marked by precariousness and difficulties*", and who might take risks because they lack information. It is important to attend to socially included WUSD and to consumer populations that are not to be found in harm reduction and addiction services, without pathologizing or medicalizing their behavior, by finding ways to reach them in their environments. Parties or the Internet may be interesting ways to reach this population. Integrating the notion of pleasure and drug-use management into the approach seems essential in order not to stigmatize a population that is already trying at all costs to reject the othering process. Health policies should be relational and should consider how gender and social inclusion, among other factors, influence health care (Connell, 2005; Pederson et al., 2015), within a logic of global health and gender-transformative policies. A systems approach to care delivery (Kaplan et al., 2013) encourages proactivity: we must not wait for this population to become precarious and their drug use to become problematic before intervening. It is important to reduce discrimination and moralist representations to reach hidden populations (National Treatment Strategy Working Group, 2008).

Finally, some researchers suggest that the decriminalization of all drugs would be the only truly lasting solution to the social, criminal and health problems generated by drug uses and drug sales. Repressive policies would only perpetuate class, gender and race inequalities, in addition to being ineffective (Askew & Salinas, 2018). The authorization of certain drugs such as cannabis only strengthens the drug apartheid and accentuates moral distinctions between drugs (Taylor et al., 2016) and their consumers and sellers (Askew & Salinas, 2018). Abandoning a moral vision of drugs to adopt a scientific and pragmatic approach is essential today. As Taylor (2016) recommends, researchers must dare to go against the dominant reductionist discourse by talking about the risks associated with drugs but also about their pleasures, positivity and functionality.

To conclude, relational sociology allows us to consider the scapegoat process in all its complexity and interdependences, by looking at the consequences of stigma on the relationships between individuals and the social structure, among individuals and between the individual and himself. Further research on hidden drug users would enhance our understanding of factors that make some populations invisible to health services and law enforcement, and highlight the othering and scapegoating processes still ongoing in the drugs world.

Author statement

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Declaration of Competing Interest

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Appendix

Table 1

References

Arpa, S. (2017)., « Women who use drugs: Issues, needs, responses, challenges and implications for policy and practice », Background paper commissioned by the European Monitoring Centre for Drugs and Drug Adicction for *Health and social responses to drug problems: A European guide*.

Askew, R. (2016). Functional fun: Legitimizing adult recreational drug use. *International Journal of Drug Policy, 36*, 112–119.

Askew, R., & Salinas, M. (2018). Status, stigma and stereotype: How drug takers and drug suppliers avoid negative labelling by virtue of their 'conventional' and 'law-abiding' lives. *British Society of Criminology, 19*, 311–327.

Atkyns, R. L., & Hanneman, G. J. (1974). Illicit drug distribution and dealer communication behavior. *Journal of Health and Social Behavior, 15/1*, 36–43.

August, K. (2013). Women in the marijuana industry. State University Department of Sociology. *Journal of Social Relations, 35*, 89–103.

Barbier, K. (2016). *Accessoires. L'invisibilisation des femmes dans les procédures pénales en matière de stupéfiants.* thesis presented iUniversité Paris-Saclay.

Baumgartner, J. N., & Burns, J. K. (2014). Measuring social inclusion - a key outcome in global mental health. *International Journal of Epidemiology, 43*(2), 354–364.

Beck, F., Obradovic, I., Palle, C., Brisacier, A.-C., Cadet-Taïrou, A., Díaz-Gómez, C., Lermenier-Jeannet, A., Protais, C., Richard, J.-B., & Spilka, S. (2017). *Usages de drogues et conséquences: Quelles spécificités féminines ?*, Observatoire Français des Drogues et Toxicomanies, « Tendances ».

Becker, H. S. (1953). Becoming a marihuana user. *American Journal of Sociology, 54/3*, 235–243.

Bloomfield, K., Allamani, A., Beck, F., Bergmark, K. H., Csemy, L., & Eisenbach-Stangl, I. (2005). *Gender, culture and alcohol problems: A multi-national study. An EU concerted action. projet final report.* Berlin: Institut for Medical Informatics, Biometrics and Epidemiology.

Brochu, S., Brunelle, N., & Plourde, C. (2018). *Drugs and crime: A complex relationship* (3rd revised and expanded edition). University of Ottawa Press.

Brochu, S., Landry, M., Bertrand, K., et al. (2014). « Chap. 5. Les trajectoires d'utilisation de services ent toxicomanies et les principaux enjeux associés: La perspective des usagers ». In S. Brochu, M. Landry, & K. Bertrand (Eds.). *A la croisée des chemins: Trajectoires addictives et trajectoires de services. La perspective des personnes toxicomanes* (pp. 151–197). Presses de l'Université de Laval.

Burkitt, I. (2016). Relational agency: Relational sociology, agency and interaction. *UK European Journal of Social Theory, 19/3*, 322–339.

Butler, J. (2016). *Vulnerability in resistance.* Broché.

Connell, R. (2005). *Masculinities.* Broché.

Coomber, R., & Moyle, L. (2014). Beyond drug dealing: Developing and extending the concept of 'social supply' of illicit drugs to 'minimally commercial supply'. *Journal Drugs: Education, Prevention and Policies, 21*(2), 157–164.

Coomber, R., Moyle, L., & South, N. (2016). The normalisation of drug supply: The social supply of drugs as the 'other side' of the history of normalisation. *Journal Drugs: Education, Prevention and Policies, 23*(3), 255–263.

Corrigan, P., & Wassel, A. (2008). Understanding and influencing the stigma of mental illness. *Journal of Psychosocial Nursing and Mental Health Services, 46*, 42–48.

Council of Europe (2014)., « Integration measures and indicators », Inter-community relations, Directorate of Social Affairs and Health, Council of Europe Directorate, online.

Denton, B., & O'Malley, P. (1999). Gender, trust and business: Women drug dealers in the illicit economy. *The British Journal of Criminology, 39/4*.

Denton, B., & O'Malley, P. (2001). Property crime and women drug dealers in Australia. *Journal of Drug Issues, 31/2*, 465–486.

Dépelteau, F. (2015). Relational sociology, pragmatism, transactions and social fields. *International Review of Sociology, 25/1*, 45–64.

Donati, P. (2018). In F. Dépelteau (Ed.). The Palgrave Handbook of Relational Sociology, Palgrave MacMillan.

Eurostat Statistics Explained (2019). Personnel in the criminal justice system by sex - number and rate for the relevant sex group. Retrieved 15th August 2019 from https://ec.europa.eu/eurostat/web/products-datasets/product?code=crim_just_job.

Finestone, H. (1957). Cats, kicks and color. *Social Problem, 5/1*, 3–13.

Fontaine, A. (2008). Des usagers de drogues qui travaillent ou des salariés qui se droguent ? *VST - Vie sociale et traitements, 98/2*(2008), 42–51.

Goffman, E. (1963). *Stigma. notes on the management of a spoiled identity.* Pelican Book.

Griffiths, P., Gossop, M., Powis, B., & Strang, J. (1993). Reaching hidden populations of drug users by privileged access interviewers: Methodological et practical issues. *Society for the Study of Addictions, 88/12*, 1617–1626.

Grundetjern, H. (2015). Women's gender performances and cultural heterogeneity in the illegal drug economy. *Criminology; An Interdisciplinary Journal, 53/2*, 253–279.

Hausser, D., Kübler, D., & Dubois-Arber, F. (1999). Characteristics of heroin and cocaine users unknown to treatment agencies. Results from the Swiss Hidden population study. *Sozial – und Präventivmedizin, 44/5*, 222–232.

Hser, Y., Longshore, D., & Anglin, M. D. (2007). The life course perspective on drug use. *Eval Rev. 31*(6), 515–547.

Humbolt, K. A. (2013). « Women in the marijuana industry ». *State University Department of Sociology, Humbolt Journal of Social Relations,* 35.

Hutton, F. (2004). Up for it, mad for it ? Women, drug use and participation in club scenes. *Health, Risk and Society, 6/3*, 223–237.

Hutton, F. (2005). Risky business: Gender, drug dealing and risk. *Addiction Research and Theory, 13/6*, 545–554 Victory University of Wellington, New Zealand.
International Narcotics Control Board. (2017). *Report of the International Narcotics Control Board for 2016.* United Nations.
Jacques, S., & Wright, R. (2015). *Code of the suburb: Inside the world of young middle-class drug dealers.* University of Chicago Press.
Jauffret-Roustide, M. (2017). *La vulnérabilité des usagers de drogues en question: Enjeux de définition et de mesure. conference paper, institut de veille sanitaire, cermes3, inserm U988.* Université Paris Descartes, CNRS UMR8361, EHESS.
Kaplan, G., Bo-Linn, G., Carayon, P., Pronovost, P., Rouse, W., Reid, P., & Saunders, R. (2013). *Bringing a systems approach to health.* Washington D.C.: Institute of Medicine and National Academy of Engineering Discussion Paper.
Laflamme, S. (2009). Sciences sociales et approche relationnelle. *Nouvelles Perspectives en sciences sociales, 5/1*, 79–85.
Lancial, N. (2011). *(thesis presented in and directed by Dominique Duprez). The hidden population of recreational cocaine users: Analysis of usage practices in the North of France. (thesis presented in and directed by Dominique Duprez). The hidden population of recreational cocaine users: Analysis of usage practices in the North of France. 1.* Université Lilles.
L'Espérance, N., Bertrand, K., & Perreault, M. (2016). Cross-training to work better together with women who use substances: Care provider's perceptions. *Health and Social Care in the Community, 25/2*, 505–513.
Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology, 27*, 363–385.
Ludwick, M. D., Murphy, S., & Sales, P. (2015). Savvy sellers: Dealing drugs, doing gender, and doing difference. *Substance use & misuse, 50/6*, 708–720.
Lute, G., & Roche, P. (2016). Introduction. Faire avec les drogues, agir avec les usagers. *Nouvelle revue de psychosociologie, 1/21*, 7–20.
Milewski, F., & Périvier, H. (2011). *Les discriminations entre les femmes et les hommes.* Les Presses de Sciences Po.
Murphy, S., & Rosenbaum, M. (1999). *Pregnant women on drugs: Combating stereotypes and stigma.* Rutgers University Press.
Mutatayi, C. (2019). Résultats de l'enquête Ad-femina. Accueil spécifique des femmes en addictologie. *Observatoire Français des Drogues et Toxicomanies*.
National Treatment Strategy Working Group. (2008). *A Systems Approach to Substance Use in Canada: Recommendations for a National Treatment Strategy.* Ottawa: National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada.
Neale, J., Nettleton, S., & Pickering, L. (2011). Recovery from problem drug use: What can we learn from the sociologist Erving Goffman? *Drugs: Education, Prevention, and Policy, 18*(1), 3–9.
Neff, M. (2018). Usages de drogues au féminin et production de savoir académique. *Déviance et Société, 42/3*, 569–595.
Néray, B. (2016). The relational approach in sociology: A study of dependence. *Review of Sociology, 26/4*, 5–28.
Obradovic, I., & Beck, F. (2013). Jeunes femmes sous influence. Une féminisation du public reçu pour usage de cannabis dans les dispositifs d'aide ? *Travail, genre et sociétés, 29/1*, 105–127.
Observatoire des Métiers de la Prévention et de la Sécurité. (2017). Enquête de branche Prévention-Sécurité. Données 2016. *Institut d'Informations et de Conjonctures Professionnelles*.
Pederson, A., Greaves, L., & Poole, N. (2015). Gender transformative health promotion for women: A framework for action. *Health Promotion International, 30/1*, 140–150.
Perrin, S. (2018). Femmes et dealers. Une recherche de terrain au sein du deal de classe moyennes bordelais. *Psychotropes, 24/1*, 15–37.
Radcliffe, P., & Stevens, A. (2008). Are drug treatment services only for 'thieving junkie scumbags' ? Drug users and the management of stigmatized identifies. *Social Science & Medicine (1982), 67*(7), 1065–1073.
Reynaud-Maurupt, C., & Hoareau, E. (2010). Les carrières de consommation de cocaïne chez les usagers 'cachés'. Dynamique de l'usage, conséquences de la pratique et stratégies de contrôles chez des consommateurs de cocaïne non connus du système de prise en charge social et sanitaire et des institutions répressives. *Observatoire Français des Drogues et Toxicomanies*.
Rosenbaum, M. (1981). *Women on heroin.* New Brunswick, NJ: RUtgers University Press.
Sattler, S., Escande, A., Racine, E., & Göritz, A. S. (2017). Public stigma toward people with drug addiction: A factorial survey. *Journal of Studies on Alcohol and Drugs, 78*, 415–425.
Smith, L. R., Earnshaw, V. A., Copenhaver, M. M., & Cunningham, C. O. (2016). Substance use stigma: Reliability and validity of a theory-based scale for substance using populations. *Drug and Alcohol Dependence, 162*, 34–43.
Spreen, M., & Swaagstra, R. (1994). Personal network sampling, outdegree analysis and multilevel analysis: Introducing the network concept in studies of hidden populations. *International Sociological Association, 9/4*, 475–491.
Sznitman, S. R. (2007). Drugs and gender. Stockholm university. *Nordic Studies on Alcohol and Drugs, 24*, 107–126.
Taylor, M., & Potter, G. R. (2013). From 'Social Supply' to 'Real Dealing': Drift, Friendship, and Trust in Drug-Dealing Careers. *Journal of Drugs Issues, 43*(4), 392–406.
Taylor, S. (2008). Outside the outsiders: Media representations of drug use. *Journal of Community and Criminal Justice, 55*, 369–387.
Taylor, S. (2016). Moving beyond the other. A critique of the reductionist drugs discourse. *Culture and Criminality, 6*, 100–118.
Taylor, S., Buchanan, J., & Ayres, T. (2016). Prohibition, privilege and the drug apartheid: The failure of drug policy reform to address the underlying fallacies of drug prohibition. *Criminology and Criminal Justice, 16*, 452–469.
United Nation Office of Drugs and Crime. (2004). Substance abuse treatment and care for women: Case studies and lessons learned. Drug abuse treatment toolkit. *United Nations*.
Vitte, O. (2018). Repères: Femmes et addictions. Accompagnement CAARUD et CSAPA. *Fédération Addiction*.
Wagner, V., Bertrand, K., Flores-Aranda, J., Acier, D., Brunelle, N., Landry, M., & Brochu, S. (2017). Initiation of addiction treatment and access to care: Young adults' accounts of their help-seeking experiences. *Qualitative Health Research, 11*, 1614–1627.
Werse, B., & Bernard, C. (2016). *Friendly business: International views on social supply, self-supply and small-scale drug dealing* (directed by)Springer VS, Research.
West, C., & Zimmerman, D. H. (2009). Accounting for doing gender. *Gender and Society, 23/1*, 112–122.
Woodley, X. M., & Lockard, M. (2016). Womanism and snowball sampling: engaging marginalized populations in holistic research. *The Qualitative Report, 21*(2), 321–329.
Wresinski, J. (1987). « Grande pauvreté et précarité économique et sociale », report fort the Economic and Social Council. *Official Journal* online.
Wyart, A. (2016). *(thesis presented in directed by Richard Rechtman). Between deviance, normality and distinction. Ethnography of hidden cocaine users.* Institut de Recherche Interdisciplinaire sur les Enjeux Sociaux.