Negotiating an illicit economy in the time of COVID-19

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Negotiating an illicit economy in the time of COVID-19: dealing and buying dilemmas in the lives of Scottish drug users

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The impact of COVID-19 itself and societal responses to it have affected people who use drugs and the illicit drug economy. This paper is part of a project investigating the health impacts of COVID-19 related control measures on people who use drugs in Scotland. It examines their roles and decisions as economically situated actors. It does this within a moral economy perspective that places economic decisions and calculations within a context of the network of social obligations and moral decisions. The paper uses a mixed methods approach, reporting on a drug trend survey and in-depth interviews with people who use drugs. It finds they were affected by restrictions in the drug consumption context and changes in the supply context, both in terms of what was supplied and changes in the relationship between dealers and buyers. Face to face dealing became more fraught. Participants in more economically precarious circumstances were faced with dilemmas about whether to move into drug dealing. The double impact of loss of income and reduced access to support networks were particularly difficult for them. Despite the perception that the pandemic had increased the power of dealers in relation to their customers, many dealers were reported to be keeping their prices stable in order to maintain their relationships with customers, instead extending credit or adulterating their products. The effect of spatial controls on movement during the pandemic also meant that the digital divide became more apparent. People with good access to digital markets and easy drug delivery through apps were in a better position to manage disruption to dealing contexts. We make recommendations in relation to how policy can respond to the interests of people who use drugs in a pandemic.
Negotiating an illicit economy in the time of COVID-19: dealing and buying dilemmas in the lives of people who use drugs in Scotland

Abstract

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Introduction

During COVID-19 times, as with other epidemics, people who use drugs may be more vulnerable both to the disease itself and to the control measures introduced to manage it that may further disrupt their lives (Chang, Agliata, and Guarinieri 2020). The focus of this paper is the way in which changes in the illicit drug market and distribution systems have shifted use and dealing contexts and decisions. The paper is part of the project ‘[redacted]’\(^1\). It investigated the long term health impacts of COVID-19 control measures on people who use drugs. It also examined changes in drug distribution and consumption, access and availability of harm reduction and other health services, and the provision of addiction treatment services. In this paper we focus on how dealers and buyers of illicit drugs respond to these control measures and disruptions and to the dilemmas created by them. We examine how their roles as economic actors and as people who use drugs are entangled and present complex dilemmas, such as whether and on what terms to take up drug dealing, and how to manage changes in income, drug quality and availability in a scarce resource environment.

\(^1\) [Grant details redacted]
Illicit drug markets have historically been subject to various shocks and challenges. There are those which are typical of any economy: changes in consumer preferences, costs of production, labour and supply problems and innovations (Ciccarone 2019; Moyle et al. 2019). However, in addition they also face hostile disruption from law enforcement, and potentially violent competition from rival groups (Bakken, Moeller, and Sandberg 2018). They are bound up with the global political economy, though in unusual ways, operating sometimes through influential economic and political entities (Ferreira 2019). Generally they exhibit resilience to most shocks, showing a high degree of cooperation, networked intelligence, and responsiveness to threats (Golz and D’Amico 2018). They usually function cooperatively, but selective violence is used during times of competition and disruption (Friman 2009). COVID-19 was expected to be an unprecedented challenge due to the literal and figuratively global nature of its impact (Zolopa et al. 2021). Lockdowns and other disruptions affected multiple systems simultaneously, though not to the same degree everywhere. The impact varied depending on the impact of COVID-19 on each country (Bergeron et al. 2022), but generally did affect drug supply and consumption patterns (Ali et al. 2021).

Due to the precarious and informally governed nature of the illicit drug economy, people who use drugs in marginalised social and economic circumstances maintain a moral economy through a complex set of reciprocal obligations and responsibilities (Bourgois 1998; Wakeman 2016). The illicit moral economy manages a set of instrumental requirements: transactions have to be reliable without the benefit of outside agencies to appeal to. Buyer and seller need to coordinate and reach agreement on pricing in a context where there is a significant power disparity between them (Beckert and Wehinger 2012). Despite the absence of enforceable agreements, exchanges are mostly carried off without threats or actual violence (Reuter 2009). The moral economy limits what otherwise might be predatory and violent interactions (Moyle and Coomber 2017). It binds buyers and sellers into norms of reciprocity and sharing,
distributing resources and helping them limit withdrawal and also avoid certain harms such as overdose. It works both through calculated instrumental reciprocity and emotional bonds of care and mutual support (Harris and Rhodes 2013; Wakeman 2016). However, there are circumstances where it can be put under severe strain such as situations where the market is severely disrupted. Its working can also threaten harmful consequences, for instance in generating obligations that can represent dilemmas for people who want to withdraw from dealing or change their drug use.

In Scotland, as elsewhere (Mathew, Wong, and Krausz 2021), problem drug and alcohol use are closely intertwined with a context of multiple, historic deprivation. 13.5% of adults in Scotland used drugs during 2018/19, an increase over the past decade (National Statistics, 2021). 57,300 people in Scotland are categorised as problem drug users, which is around 1.62% of the population (Information Services Division, 2019). People who use drugs between 35 and 54 years of age are particularly at risk and, given the nature of their vulnerabilities, we expected COVID-19 related disruptions to drug supply to be especially dangerous for this group. In 2020, 1339 drug related deaths were recorded: a historic high. There are also prevalent comorbidities. Dependent users of alcohol and other drugs are at risk of severe responses to COVID-19 due to co-occurring risk factors such as smoking, comorbidities such as cardiac and respiratory problems (Benzano et al. 2021), and worsening psychological problems (Zvolensky et al. 2020).

At the start of lockdown several hypotheses were proposed by the research team that: people who use drugs would stockpile in response to the risk of unreliable supply; risky behaviour would increase as people who use drugs turned to unreliable sources or unfamiliar drugs; and consumption patterns would change as the result of changes in lockdown lifestyles. Various mechanisms affect consumption during times of economic upheaval (Nagelhout et al. 2017). People who use drugs may have fewer resources to buy drugs and may reduce use, move to
cheaper products, or to alcohol. The quality of the drugs being sold may suffer and so encourage people who use drugs to substitute a drug familiar to them with another which is an unknown quantity or which carries greater risk. Countervailing tendencies, such as greater stress, disruption to social networks, and anomie, can also fuel demand for drugs and alcohol during a recession (Nagelhout et al. 2017). The focus of this research was on changes to the everyday nature of dealing and buying practice in this context. We wanted to see how a group of people who use drugs who were often excluded from the digital society responded to the pressures of the pandemic, how they made assessments about drug potency and dosage in uncertain times, and the ways in which it presented a further challenge in maintaining the illicit economy during extensive disruption.

Methods

The research design consisted of two elements, a survey which provided information on changes in the population drug use context, and a qualitative interview study to capture the experiences of people who use drugs during lockdown. We wanted to understand the context of changing patterns of drug supply and use, and how people who use drugs responded to those challenges alongside the many other problems lockdown presented for them, such as potentially reduced income. We did not limit the study to specific groups of people who use drugs.

The methods combined data from a rapid response survey and qualitative interviews. Survey data was provided by our project partner, Crew, the Scottish harm reduction and outreach charity which surveyed people who use drugs and drug services throughout the pandemic. The ‘COVID-19 and drug markets’ survey was conducted online. Descriptive statistics were used from the survey to understand the impact of the pandemic on the drug using population overall.
Ethical approval was granted by the University of Stirling’s General University Ethics Panel (GUEP, 916) and The Salvation Army.

Twenty nine interviews were conducted between July and October 2020 with participants who were over 18 years of age and who identified as using street drugs and/or receiving treatment for a substance use problem. This included 13 women (33–44 years) and 16 men (28–56 years). 16 were recruited via a homeless hostel, two from a recovery community, eight from a stabilisation service, and three from another support service. The sampling was designed to capture a range of experiences according to age, gender, and treatment and drug use status.

The interview topic guide covered: changes to drug use since the start of lockdown, access to and use of drug-related services (harm reduction, opiate replacement therapy (ORT) and recovery services), other health and support services, and impacts on physical and mental health. Interviews were conducted by [author names] in person or via telephone. [Author] is a community researcher and a homeless service worker with lived experience of problem drug use and homelessness. Written consent was obtained when conducting face to face interviews and oral consent for telephone interviews. Interviews were audio recorded, transcribed in full, and analysed thematically.

The drug trend survey was conducted online in one month sweeps from April 2020. The survey was distributed to people who use drugs, service workers, and the general public. Descriptive statistics were used from the survey to understand the impact of the pandemic on the drug using population overall. Interviews focused on the impact of the pandemic on the lives of people who use drugs. Interview transcripts were analysed thematically and coded according to a coding frame which was developed by the project team throughout the analysis period.

Findings
Supply, demand and drug use settings: Changes in drug consumption and availability

The most striking difference between the survey data and the interview data was differences in the way that supply and consumption contexts affected people who use drugs. The population survey showed changes in drug use patterns due to changes in demand caused by restrictions in the drug consumption context. In contrast, interviewees were more affected by changes in the supply context, both in terms of what was supplied, its quality, and the context in which drugs were being sold. The survey reported significant changes in the context of drug use.

There was a general reduction in the use of ‘club drugs’ (drugs traditionally taken in recreational settings such as clubs and festivals) such as MDMA/ecstasy and amphetamine, as the context had changed: social gatherings were not permitted and venues closed. Changes in the illicit economy also had a widespread impact on mental health according to our survey data. In Scotland, 73% said that changes in the market had caused them anxiety as existing opportunities to purchase and use had become limited. Despite concerns about supply, 57% of survey respondents reported taking drugs more often during April 2020, and 60% were taking a greater quantity of drugs than normal.

Among interviewees, most reported a reduction in use. There were those who were impacted positively by assertive outreach to adopt rapid prescribing of ORT, or who changed from using multiple times a day to gaining stability and using only on payday. They appeared to view the lockdown as an opportunity to reduce drug use, and/or to use ‘less harmful’ substances such as cannabis or alcohol. This interviewee used the lockdown as a motivation to find support:

*I know it was a bad thing that happened, but it really benefited me, in, in the long run. Gave me the boot up the backside I needed to get, pushed myself to get the prescription, I was trying to go on a prescription anyway, and when I*

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was on the dihydrocodeine for about a week or two, and then it was...

methadone. C3, Male, 44 years

Most interviewees stated that they were using less but many reported expending greater effort to find drugs, or find the money for them, adding to anxiety and stress. Reasons for increased use were boredom, stress, insomnia and other effects of disrupted life patterns. Reasons for reduced use were reduction in income and buying power, as well as the greater expense of certain drugs.

There were changes in drug use patterns. Several reported a change to the type of drugs they were taking, for example starting to use crack cocaine, despite issues of reliability outlined below. A few reported they had moved to riskier routes of administration, such as injecting cocaine. They linked that change to availability with easier access to those drugs and opportunities to inject.

>> It’s like putting it in your face, and you think if I’ve got a bit of kit [heroin] in my pocket, I was just going to burn it, the next minute somebody’s offering me needles, oh fuck it, I’ll take them, I shouldn’t have done that, what happens if I OD or anything, I’m no wanting to do that again, but now I’ve got a drawer full of needles. C2, M, 31

As with changes in drug use types, the changed context and opportunity altered drug consumption practice. A group of interviewees in one site was reported to have shifted to injecting cocaine use, something that demonstrates how risky practices can develop as localised responses to changes in supply.
Supply and income

The ability to continue to obtain drugs depended on income, opportunity to buy, and place in the existing drug supply network. One user-dealer had an established relationship with his supplier:

It wasn’t that, that hard to get them still. Just contacting the person, because he’s in prison doing a very long prison sentence, that was, there was a couple of times that was a wee bit hard, because they stopped doing visits in prison, so I got over any hurdles with the visits or the contact, the prison gave out mobile phones, so it meant he had two mobile phones and, so I could phone him any time. T7, M, 32

Their relationship continued while the supplier was in prison. The prison gave out mobile phones during lockdown and this helped the communication continue. This interviewee’s dealing later came to a halt when his phones and cash were seized by the police. Policing can interfere with drug transactions in unexpected ways and this incident highlights how the effect of policing varies significantly depending on the social position of people who use drugs and dealers. Policing also affected people’s ability to generate income, for example through begging:

During lockdown it was hard, really hard, because any time you went to sit down somewhere you were getting moved. So you could sit down for 20 minutes somewhere, and you were getting moved, anywhere in the city, anywhere, which was hard. C5, Female, 33

Interviewees who engaged in begging/panhandling reported a restricted ability to do so, but occasioning greater generosity from those providing money. Reduced income affected interviewees, many of whom were already in a precarious financial position. Opportunities for street income came mainly through begging and low level dealing, as opportunities for
acquisitive crime were limited. One response was to reduce their consumption and another to
move into dealing to prop up their income. This interviewee described a reluctant process of
being drawn into a supporting role for other drug dealers:

  Somebody phoned me the other day, 'have you seen so and so', "aye, he was
  there", "go and find him for us, and when you get him, stay with him till he
  phones me, and I'll get him to give you a rock for it?" nd I'm like, 'I'm no
  wanting a rock for it', you know? But that's, you know, and it's no that, after
  that, and he was like, "oh, and another thing, when you get your phone, send
  me your number, I've got a couple of things here for you, I didn't ask for
  anything, you know what I mean? I get offered it. C8, M, 38

C8 wanted to avoid the stress of dealing and becoming responsible for other people's drug use
but found a strong pull as others made use of him to monitor their customers. His experience is
an instance of refusing easy money or access to drugs because of the obligations he would
have to take on if he did accept payment.

Changes to the context of drug transactions

Interviewees like C8 above recognised the existence of a moral economy that could involve
reciprocal obligations. The below interview is with a person who used and sold diazepam and
heroin. T7 highlighted the emotional costs of involvement in dealing:

  I was stressed a lot, but that's, I think a lot of that was due to, I was relied on,
  see when you, when you sell heroin, you're, you are relied on very much. I
  mean it doesn't matter if you go to bed at 4 o'clock in the morning, you get up
  at 9 because there's people relying on you for their habit. T7, M, 32
According to interviewees, dealing practices were adapted to the lockdown. The lockdown meant empty streets and established dealers were making less use of street pitches to deal, instead moving to point to point dealing where they arranged to meet customers at specific times and places. As other dealers’ supplies were restricted, participants had to venture further afield to buy from people unknown to them. There was also greater adulteration of supply, making them uncertain of the quality of drugs that they were buying.

Dealers stretched their customers’ time, keeping them waiting when transaction times had been arranged. A participant who was selling drugs said this was a deliberate attempt to avoid police surveillance. Relatedly, our survey data showed that 33% more people reported using the internet (including the darknet) and social media to purchase drugs during COVID.

> I don’t know, I know there’s a lot more of it going about, than what there ever used to be, cause even on Snapchat you’re able to get these people that are selling stuff now, all over [town], which is quite scary… I think Facebook used to … is bad for that, obviously folk get to you easily. But Snapchat, I think because when they send you a message, or a picture of something, it’s gone, it’s deleted after 10 seconds or something. T5, F, 47

However, most still relied on face-to-face contact. There were dealers who tried to moderate the impact of COVID-19 on their buyers, while others were perceived as exploiting it.

> The prices shot up, because the suppliers were pretending that they were scared of killing us with COVID or catching it, but they’re selling the drugs, you know what I mean? And I’ve sold drugs myself, which I’m not proud of, but I’m no going to lie to you about anything. Z7, F, 38

There were also changes in risk patterns in drug dealing, due to concerns about contracting COVID-19. For instance, dealers were shifting from dealing on the street to dealing from their
cars. When dealers change their terms of business it is presented as a “take it or leave it” proposition. Interviewees highlighted that they had no power over how and when these changes occur, something that aids in creating a further power imbalance between drug dealers and people who use drugs.

Despite these new challenges, interviewees expressed reluctance to switch to app based or internet based supply. Digital devices were often seen as a source of risk and vulnerability, to financial scams, for instance. Mainly they relied on personal contacts and the mobile phone network. That increased the time they had to spend finding a dealer and waiting on them:

> It was, you’ve got to get one of your pals to, I couldn’t talk much... I had to get somebody else, I’ve had to phone a few times eh, because like with the other people, it was normally, we’ll put this, well a couple of them has been put out now, so [...] Prescribed, there wasn’t, I wouldn’t say it was any harder like, it was longer, like the phone calls and stuff like that, and longer we, with having to wait on people, because they’re too dodgy with hanging about eh. T2, F, 44

In contrast to more affluent people who are able to set the terms of their engagement with the illicit market and have dealers come to them, many interviewees reported the opposite experience: a context of being made to wait, being cancelled on, or otherwise having to go to greater effort to secure sometimes limited supplies. For those in the broader drug-using population responding to the survey who were more digitally connected, smartphones and apps worked to mitigate lockdown, while for interviewees digital systems became another vector of perceived exploitation.
Drug dealing, network trust and reciprocity

For interviewees who engaged in dealing, their position and reputation were key to maintaining their position. Reputation was maintained through conducting repeated transactions reliably.

No, no, they want me to deal for them, because they know that I’ll no get taxed. They know that their money will be there when it’s meant to be there, and that, you know, because if I’m, like before when I used to sell drugs and that, when it comes to drugs, I don’t muck about, because drugs can get you murdered. Even a tenner can get you, well I’ve seen guys get stabbed to bits over a fiver, you know what I mean? Or even one Xanax, so it went, it tends to be drugs and things like that. I don’t muck about, you know, I try and be as transparent and as straight as I can. C8, M, 38

Being well connected was reported to place additional demands on participants. For example, C8 was subject to continued demands from ‘higher level’ dealers, and people who knew him as someone who ‘knew the right people’ during lockdown, when other sources of drugs dried up.

The impact of lockdown was to disrupt reciprocity and resource pooling. Opportunities to pool resources were closed down as begging became impossible.

My mate was a drinker, and the rest of them were like addicts, about 5, 6 of them. Now they all sit at different bits of the, you know, in the town, begging, and then we’d all phone one another, right, you ready to go and score, we’d to go score together. That was us, go and score, back up to the town, make some more money. Crazy. C3, M, 44

In this instance sociability and togetherness were halted. People found themselves atomised and disconnected from this source of resource sharing. Disruption to resources, and changes in
personnel signalled the emergence of a more exploitative context. There was much more pressure from both ends: limited income and also greater competition in terms of people willing to and needing to take up roles as dealers.

_“Out right now and trying to sell, because they’ll know that the homeless will be looking for something, so they’ll be trying to mix something together to try and get the money out of us, do you know what I mean?” C5, F, 33_

New faces had come onto the scene and there was a sense that the moral economy had shifted to one that was more instrumental and exploitative:

_“Just more, that’s [name] trying to get a hold of me, they’re just harder, crueller, trying to grab as much money as they can get, and get as much as they get, and consuming far too much as well.” C6, M, 43_

Conflict emerged as people were sold very low quality products, such as paracetamol substituted for crack. Dealers made use of their greater power:

_“They play God with their stuff, because they know the situation, so it’s like they, they like to play God, they choose and pick who they want to give to.” T3, M, 45_

One interviewee stated that COVID-19 had “actually produced more dealers”, and many others share the perception that there are new and younger runners (low level distributors) and dealers on the street since the beginning of the pandemic. Participants also stated that dealers have “been struggling”, most likely due to increased competition and decreased demand. This increased competition within the market was reported to have led to dealers acting more aggressively in a bid to protect their positions within the marketplace. Participants who discussed that they had been feeling more mistreated by their dealers than usual linked this...
change in behaviour to the ways that dealers exploited the pandemic conditions and consequent anxieties that people who use drugs experienced regarding supply shortages or drops in quality.

**Bumping and cutting**

Interactions with dealers had changed. A common experience among participants was being ‘bumped’ (being sold something other than what was expected or agreed). They reported having difficulty challenging being bumped due to the hurriedness of transactions. Those who were involved in dealing described bumping others and also as a result living heightened anxiety, paranoia and credible threats of violence. This change in the emotional texture of drug transactions went along with reduced information along the supply chain:

> It was harder to be honest, a lot of the dealers couldn’t get a hold of supplies, which meant we were having to go further afield to try and find the drugs, which means we don’t know the people that we’re getting them from, we don’t know what they’re cut with, and the prices go up as well, yeah. C5, F, 33

However this was not solely due to the pandemic. There was a general sense of pre-pandemic trends continuing - heroin quality was getting worse before the pandemic and this trend continued and was heightened during lockdown:

> Heroin’s always been very, very weak, for I don’t know, about 20 years. It’s probably been pretty weak, up in my bit, probably since, no maybe about 15 year probably. Just not been that very good, so that’s how you’ve got to Valium on top of it, you know what I mean? Z6, unknown

Crack on the other hand was notably weaker, and much more adulterated due to the lockdown. These changes in supply meant decisions had to be made about consumption. There were
those who made the decision to balance potency, moving from weaker crack to stronger benzodiazepine. Potency was not a straightforward benefit. Unusually strong batches of heroin would lead to overdose as people had become used to a very weak product. C3 described their mistrust of benzodiazepines strength:

I don’t really trust [benzos], because you don’t know what’s in these ones these days. If I could get pharmaceutical ones, like the ones, the ones out the chemist, and you see the wee prescription bag, I would buy some of them. But other than that, I wouldn’t buy they ones, they white roses and that, because you don’t know what’s in them, and you wake up on the street, phew, you don’t know where you’ve been, who you’ve been with. C3, M, 44

Interviewees had to deal with several uncertainties, knowing what drugs had changed, and how to rely on good harm reduction practice in the light of much greater uncertainty about drug content. It was noted that fentanyl had begun to be introduced to heroin.

Discussion

The findings are gathered into the following points: changes in the supply chain, existing inequalities and power differentials, positioning in the moral economy, and digital connection and disconnection.

At the start of the pandemic it was expected that supply chains would be affected and that people who use drugs would have challenges in maintaining their supply. Overall we found that supply was more resilient than expected, and that the greatest disruption was to the context of sale and use. It was drug buyers and user-dealers who were presented with the greatest challenges in adapting purchase and consumption practices. For the sample, the impact of the lockdown and disruption to global trade did not lead to the expected across-the-board increase in drug prices and drop in quality. There was lower quality and lower choice and variety, and
dealers faced challenges as their user base had been reduced due to lower consumption and lockdown restrictions.

The interviewees tended to be in disadvantaged circumstances, with long and sometimes multi-generational experiences of drug problems and comorbidities such as mental and physical health problems, experience of domestic violence and abuse, and homelessness. Where people have fewer resources to fall back on they are more vulnerable to victimisation. The market changes due to COVID re-emphasise existing inequalities, much as they do in the licit economy. People who sell drugs who operate from a house, or another space they control, who have a stable internet connection, their own fixed phone line, or access to darknet markets and other online sources, were able to maintain a more stable habit. Those who are already the least powerful in the drug market were finding it hard, particularly those who were also selling or considering starting to sell drugs as other sources of income were drying up. At the same time, competition between people who sell drugs was reported as increasing. One response was to limit their interaction with the monetised illicit economy and avoid taking up all earning opportunities available to them. A role they were wary of was the dual user-dealer role which rendered them vulnerable in several ways.

The moral economy combines a range of actors and institutions. It includes people who use drugs, their friends and families, dealers, treatment centres and support services, police and social work. Each has different power and influence in the moral economy. They produce a complex network of obligation, surveillance, dependence, punishment and provision. Some found it most protective when they could start extricating themselves from it, using the pandemic as a reason to move into ORT support or treatment or limit their involvement in dealing. Others found that as other income dried up they had to take up dealing as one of few available options. Positioning in the moral economy was important to how participants experienced changes in the market. Drug markets are embedded in a web of reciprocal obligations, affective relationships,
financial and moral debts and other ties which bind buyers and sellers together. These relations distribute risk and opportunity, reward some and disadvantage others. That meant we could not view the disruption to the market purely in terms of its practical effects. Understanding pragmatic decisions about what to do in response to short supply or rising prices was vital as these decisions affect participants’ health and the risks they are willing to take. Beyond that it was also significant for their own relationships and sense of who they were as social individuals, and the choices they made about drug consumption and treatment. These knock-on effects could prove significant in the lives of people who use drugs, especially those who occupy particularly risky positions like user-dealer roles (Moyle and Coomber 2015).

For the most vulnerable people who use drugs the moral economy is closely tied into their support network. Loss of income and reduced access to the support networks are a double whammy for them. Some reported dealers behaving more aggressively as a result of greater competition and lowered demand. The close relationship with the moral economy means that less affluent people have reduced room for manoeuvre when experiencing disruptions like that and limited resources to fall back on. COVID-19 showed the limits of the cash and street nexus. Interviewees highlighted the limits that lockdown placed on the street as a place to earn money and conduct deals. According to our data there was a decline of face-to-face drug purchasing during the pandemic and a further rise in the popularity of social media apps for obtaining drugs. It is likely that these changes further marginalise the moral economy of already vulnerable people who use drugs.

Despite the greater opportunities presented for price gouging, many dealers did not seem to use the situation to increase prices. They instead reduced the potency of the drugs they sold or used other strategies such as extending credit. Expanding use of credit was used to maintain a buyer base and may also have smoothed out the immediate impact of price rises. We see here how the moral economy involves both pragmatic adjustments and a sense of a forward
trajectory with dealers who would try and maintain a basic dealing relationship with their customers. Incidents of violence were not reported in our interviews, however ‘bumping’ was a problem. Dealers were not wholly concerned with exploiting the situation. Extending credit to their customer base keeps their market alive and also generates debt which needs to be paid. The story overall was one of localised, sometimes subtle shifts in power and dealing practice.

Returning to the point mentioned earlier about the lack of scaffolding, in the population survey those who had access to digital markets and easy drug delivery through apps were in a better position to manage disruption to the market. Digital inequalities arise from the inequalities in the distribution of economic, cultural and social resources needed to make use of digital technologies. Having access to a smartphone does not always mean that the owner of the smartphone has the digital literacy to participate fully in a digital social life. These digital inequalities often intersect with off-line inequalities such as class, race, gender, and geographical origin. While some have the means and opportunities to seek out and maintain social and economic interactions online, more vulnerable people might not be able to make full use of what digital technologies have to offer (Robinson et al. 2015). This becomes particularly alarming as digital communication and spaces are increasingly becoming necessities rather than amenities (Beaunoyer et al. 2020). In the case of people who use drugs, being connected to online communities and cultivating online networks of care can be key in managing isolation, or even unwanted reciprocal obligations faced in offline spaces, such as being pressured into taking on a user-dealer role.

An additional affordance of online embeddedness for people who use drugs is access to peer support through online spaces, such as the harm reduction forum Bluelight (Barratt 2017; Engel et al. 2020) and harm reduction subreddits such as r/Drugs. Within these online spaces, individuals can interact with each other anonymously and share personal experiences (around topics such as drug use, drug markets, dependence, mental health, careers, coping with
pandemic pressures), and support each other without the entanglements and restrictions of offline spaces. Online communities, especially those focused on harm reduction, can offer alternative networks of care for people who use drugs. However, access to these networks are dependent on digital capital, a resource which can be challenging to develop for more vulnerable people. Where more affluent people can fall back on home networks and deliveries, those in more precarious and resource scarce circumstances are affected by library and service closures that make access to wifi more difficult.

Within the context of COVID-19, people who use drugs who have the digital literacy to be able to observe, access and use online illicit markets to buy drugs can avoid face-to-face interactions with dealers and potential exposure to COVID-19, among other risks. However, this does not mean that risks, moral obligations and reciprocity do not play a part within digital transactions. Offline and online risks often intersect, as the boundary between them gets increasingly hazier, with people who use drugs adapting to different risks that online drug buying contexts present, for instance cultivating online reputation and trust, purchasing drugs across borders, receiving shipments to home addresses, or online scams (Masson and Bancroft 2018).

We make the following recommendations:

1. The interests and wellbeing of people who use drugs who are living in vulnerable circumstances should be taken into account when designing pandemic response policies. In particular, there are unanticipated knock on effects on their ability to maintain their income to consider.

2. Some assumptions have been made about how different digital platforms and modes intersect in the lives of vulnerable people who use drugs. It is not well understood and we hope this paper has made a contribution to this under-researched area. Further developments could support marginalised people who use drugs in their use of online
harm reduction forums. Critically, digital services cannot fully substitute for face to face work.

Strengths and limitations

We decided to analyse the impact of market changes on people who use drugs as socially situated market participants, rather than as purely economic actors. Using the different data collection methods allowed us to view the market in terms of a range of participants who occupied different roles and positions within it. The interview data meant we were able to understand how participants positioned themselves and approached the drug market in the context of their own resources and experience. Using these methods allowed us to understand the balance of their agency and structural and economic forces affecting their lives and choices.

Conclusion

The study aimed to explore the varied health impacts of the pandemic and associated policies on people who use drugs in Scotland. This paper sought to understand how market-specific changes had affected their experiences and the choices they made. It used a combination of a drug trend survey and interviews with people who use drugs. The moral economy perspective was used in order to situate people within the social context in which they took decisions to buy or not to buy, to change their drug use patterns and habits, to deal or not to deal, and allowed us to understand the price setting decisions of dealers. In each case we could see how the decisions were taken within a complex network of opportunity and obligation. That could include the opportunity to stop using altogether, to limit use, to change use patterns or to change one’s own position in the illicit drug economy.

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