CHOOSERS OR LOSERS?

Influences on Young People's Choices about Drugs in Inner-City Dublin

Paula Mayock

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The Centre may be contacted as follows:

The Children's Research Centre
Aras an Phiarsaigh
Trinity College
Dublin 2

Tel. +353 1 608 2901
Fax. +353 1 608 2347
Email ccentre@tcd.ie
www http://www.tcd.ie/Childrens_Centre

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Paula Mayock

September 2000

Preface

Historical evidence highlights that drug-use has several meanings and functions and that in general these reflect both wide and narrow social contexts, embracing variable religious, community and cultural traditions. There are drugs, such as alcohol, which are approved of and accepted in some societies, but yet prohibited in others. There are drugs, such as morphine, which are considered beneficial in relation to certain uses, but considered unacceptable in other circumstances. Opiate-use in western societies during the nineteenth century was primarily associated with middle classes and women, whereas through most of the twentieth century it has been concentrated among poorer, usually male, social groupings.

Variations in drug use are related to changing social contexts, thereby producing different social definitions. Irish society prior to the early 1980s had little experience of drug-abuse, as commonly defined. Since then, the nature and extent of the phenomenon have quite dramatically changed. Definitions have also changed and new terms and distinctions have helped shape and inform public policies. The term 'drug-misuse' has replaced that of 'drug-abuse' in official discourse. Public policy also recognises that actions oriented towards reducing the harms associated with chronic opiate dependency are likely to differ greatly in terms of their intentions, substance and delivery mechanisms from those that seek to influence the social, developmental and recreational choices of young drug experimenters. Over the last two decades, an important factor in influencing changing drug perceptions and policies has been that of local context. The phenomenon of opiate-use - described as The Opiate Epidemic during the early 1980s - was primarily a localised experience. Similarly, related problems associated with HIV infection and death from AIDS were also primarily localised. Initial responses to these problems were directed by local community interests and in recent years it is to local community structures that official bodies have turned, to develop the main elements of revived government policy.

Paula Mayock's study — Choosers or Losers? Influences on Young People's Choices About Drugs in Inner-City Dublin — is concerned with local social context and reflects the obvious importance of community in the Irish drug use experience. The study transcends matters of either individual or structural reference to make the social experiences of young people in their own locality the central focus of enquiry and analysis. It is an authoritative report, set within a qualitative research framework that draws on standard ethnographic fieldwork and interview techniques. The study offers the

young person's perspective and articulates a strong sense of agency with respect to their choices. In so doing, it challenges standard conceptions about young people's drug use. This study will have valuable use for practitioners, researchers and policy-makers in their understanding of local drug problems and their design and implementation of appropriate responses.

The publication of this report is timely. Recently, the government announced the setting up of an advisory group to co-ordinate and commission research on drug problems. This study will help set a standard for future research. The government is also currently conducting a review of its National Drug Strategy: a strategy that was conceived and developed within the context of a social inclusion policy framework. The concept of social inclusion is linked to issues of power and agency. It is fundamentally concerned with people's capacities to be creative and reflexive: to be choice-makers and resistors of others' determinations. Young people do not simply receive services or instruction. In their own way, they resist, they make choices, and they co-produce their social realities. Paula Mayock's study should assist the reviewers of the National Drugs Strategy, along with bodies charged with its implementation, to understand and act on matters from the young person's perspective. If it achieves that, it will achieve a lot!

Barry Cullen
Trinity College Dublin
September 2000

Research Summary

The Study

This research was undertaken against a background of increased drug use nationwide and heightened concern for young people growing up in areas where drug use is concentrated. The primary aim of this report is to examine the use and non-use of drugs by young people, aged 15-19 years, in a Dublin inner-city community considered to be 'high risk' for problem drug use. Young people's subjective experience of drug use and related activities, including a detailed exploration of the social context of drug use, are integral components of this investigation. The role of choice and decision-making in drug use are key issues addressed in this report on drug use by young people.

Methodology

Young people were recruited from within the community following a period of prolonged engagement by the researcher in the research site. Considerable time and effort were invested in the establishment of trust and rapport with prospective research participants. The recruitment effort aimed to access a broad sweep of respondents with differing drug-related experiences, including 'hidden' and 'difficult to reach' young people.

A qualitative approach, utilising the techniques of individual in-depth interviews and focus group discussions, was chosen to generate detailed knowledge of the experiences of users and non-users of illegal drugs. Fifty-seven young people were interviewed individually and twenty-four took part in focus group discussions. Respondents were 'categorised' as *abstainers, drugtakers* and *problem drugtakers,* in accordance with their perceived status as users or non-users of drugs, at the time of the interview.

Keyfindings

Drug Use

- Drug initiation took place, on average, at 13.2 years for drugtakers, and 12.4 years for problem drugtakers. Cannabis, followed by inhalants, dominated as the drugs first used.

- All of the study respondents experienced an extremely high level of exposure to drug use and to the drug scene.

> *"Everyday when you walk out of your house there'd be people smoking hash at one block and doing heroin somewhere else."*

- The majority of young people were introduced to illicit drugs by a close friend or a like-aged acquaintance.

> "*I was with me friends and they were all smoking it (cannabis) so I smoked it. I tried it."*

- Drugtakers reported extensive drug repertories and a large number were polydrug users. The most commonly used drugs were cannabis, inhalants, amphetamine, ecstasy and tranquillisers.

- Among *drugtakers,* two distinct sub-categories - *frequent* and *less frequent* drugtakers - differing in the level and intensity of their drug involvement, emerged from the construction of drug use typologies.

- Drug use was a shared activity and was rarely embarked upon alone.

> *"I wouldn't smoke it (cannabis) now if I was on me own and that. I'd have to have someone with me to have a smoke with."*

- Cannabis played a distinctive role in young people's drug repertories and was the most popular and most frequently used of the illicit drugs.

- Early heroin use was a covert activity and young people went to considerable lengths to conceal their activities from adults and peers.

"When I started smoking gear it was early 1995 ...I used to hide it and me and me friend would go out and do it."

- Young people who reported heroin use at problematic level described a pattern of rapid escalation in drug intake during their early- to mid-teenage years.
- The time lapse between first heroin use and dependence varied from six months to one year. The onset of dependence frequently took young people by surprise.

Drug Avoidance

- One third of abstainers reported a drug history. For most, former drug use consisted of a brief flirtation with cannabis. At the time of interview, all expressed a clear commitment to non-use.

"I tried hash. I didn't like it at all. It was a real dopey buzz, ya know. You're goin' round real stupid or something. I didn't like it at all."

- The majority reported routine exposure to drugs from an early age. Most abstainers expected to find themselves in situations where drugs were on offer.
- The overwhelming feeling among the group was that the potentially negative consequences of drug use far outweighed any possible benefits.
- Health concerns, anxiety about negative consequences and fear of dependence emerged as powerful motivating factors for non-use.

"Hash, that messes up your brain, kills your brain cells and all."

- Several drug-involved young people stated that they used some drugs and avoided others. Others reported discontinued use of individual substances following a period of experimentation or use. The practice of *selective drug avoidance* was widespread across the sample.

"I stopped takin' E. Just got afraid of it."

- Drug avoidance did not necessarily imply total abstinence. Instead, it embodied a range of strategies utilised by young people in an effort to self-regulate their drug intake and to reduce the potential damage or harm resulting from drug use.

> *"The E? I only take them when I'm going to parties or going out dancing. I don't take them just to take them."*

Drug Attitudes and Motives

- Cannabis was invariably referred to as the 'safest' drug. Heroin, on the other hand, was consistently regarded as the most dangerous of all substances. This clear dichotomy between cannabis and heroin emerged as the most distinctive of the drug attitudes.

> *"Ya laugh on hash, it's a smaller drug, an everyday drug."*
> *"I'd say heroin is the worst now because you get strung out on it, you know what I mean ... you HAVE to have heroin every day. I mean like, ya don't have to have hash or E or anything like that."*

- Young people forwarded a range of motives for drug-taking. The most commonly stated incentives for use included drug availability, curiosity, pleasure and fun, peer group membership and interaction, and the alleviation of boredom and negative self-thought.

> *"Hash makes ya feel good and all, nice and relaxed and you enjoy yourself."*

- Regular, heavy and problematic drug users tended to endorse a greater number of drug motives. They were also more likely to emphasise the merits of using substances to counteract negative or unpleasant emotions.

> *"I used ta smoke gear and I used ta feel on top of the world ...I felt bad about meself, I don't know why ..."*

Choice and Decision-Making in Drug Use

- The study findings clearly demonstrate that drug use cannot be reduced to the influence of peers alone. While drug use scenarios invariably involved the presence of friends who, in many cases, endorsed and/or encouraged use, young people expressed their own personal limitations, irrespective of the behaviour of their peers.

- The majority of young people rejected the suggestion that they were pressurised into drug use.

> *"Like everyone was runnin' amok over me being on it (heroin). So, it had nothing to do with peer pressure ... I mean, if anything like, I should have stopped for all the support I had NOT to do it."*

- Informal drugs education, including local drug 'stories', peer advice, lessons from local culture, and the media, informed young people's repertoire of practical knowledge about drugs and drug use.

- Young people assessed the benefits and dangers associated with various drugs. Judgements about the relative 'safety' versus 'risk' associated with using various substances strongly influenced their drug choices.

> *"I just took them (ecstasy) for me own decision. I know I'd be able to stop. Like if I wanted to stop smoking hash I could stop 'cos I tried loads a times ...I could stop takin' E 'cos I don't take them often."*
> *"Everyone says 'I won't get strung out, I know when to stop', everyone says that."*

- Other key influences of drug-related decision-making included access and availability, the perceived risk of dependency, perceived positive and negative physical and psychological repercussions and the consequences of being 'found out' by parents and other authority figures.

- Drug use was rarely pursued in the absence of perceived rewards. Young people proposed a range of explanations for their drug use.

- Young people's drug choices were influenced by numerous powerful contextual factors and the rationality that informed drug use was highly situational. Drug decisions were strongly mediated by individuals' experience of and interactions within their social environment. Furthermore, drug choices did not remain static, and were instead subject to ongoing revision and modification.

- Young people asserted their personal role in the decision to use drugs and invariably claimed ownership of their drug use.

> *"If I wanted to get drugs now I'd be able to go over and get them. Like, it's that easy to get. It's your decision like."*

Key Insights

Despite substantial evidence that problem drug use is concentrated in a number of Dublin's inner-city and suburban communities, little is known about general patterns of drug use among young people living in such localities. Further to uncovering knowledge about the drug-taking practices of young people within areas considered to be 'high risk', the study's focus on subjective meanings and understandings helps to situate drugs within the context of everyday social experiences. The accounts and 'stories' of young people provide important insights into the ways in which drugs are used.

- The dynamics of becoming and remaining a drugtaker are complex. There is no single route or readily identifiable chain of events that leads to drug use at any level. Drug pathways are unpredictable and can move dynamically between elevated or decreased drug intake levels across time.

- Young drug users are a highly heterogeneous group. Levels and patterns of drug involvement were highly differentiated across the sample. Even those who socialised with the same peer networks did not necessarily engage with drugs in a similar manner.

- Drug preferences and choices vary across time. Some young people reported a reduction in their drug intake while others had extended their drug repertoires. Yet others reported heavy and sustained drug involvement from an early age. Heroin was the primary drug of misuse in the case of young people who reported drug problems.

> *"I'm not really pushed on takin' drugs, so if I don't want to I just don't do it."*

- The negotiation of drug offers is an ongoing process. Responses to opportunities to use drugs vary and alter during the teenage years. Virtually all young people described significant modification to their drug-taking since their first drug experience.

> *"I stopped takin' E 'cos you just get mad depressed over it in the end. It wasn't worth it in the end. For days after you'd just feel horrible".*

- Cannabis maintained a distinctive role in young people's drug repertoires. For the majority, cannabis use was an accepted reality or norm and was not considered to be a 'deviant' activity. Very few respondents expressed profound disapproval of the activity.

> *"That's just like smoking a cigarette, smoking a joint of hash".*

- Drug-taking had a perceived value and function. The vast majority of young people expressed a clear rationale for their drug use.

Implications for Prevention/Intervention

The study findings highlight the importance of considering the perspectives of young people in the planning and implementation of drug prevention strategies. It is vital that intervention efforts aimed at minimising the risk of drug involvement reflect the reality of young people's experiences. Six key recommendations arising from the research are documented below.

- The Need to ‘Target’ High Risk Groups: Resources clearly need to be targeted in areas where drug use is concentrated. The risks associated with early drug initiation suggest that ‘at risk’ young people need to be targeted at the earliest possible stage.

- ‘Difficult to Reach’ Groups: Alternative and innovative strategies are required to reach ‘difficult to reach’ and particularly marginalised young people who may well have disaffiliated from school. Outreach services play a vital role in attracting young people into services. Peer-led approaches may be an effective means of imparting information to particularly vulnerable young people.

- The Role of Harm Reduction: Given that large numbers of young people are likely to experiment with or use drugs at some level, harm reduction messages play a vital role in reducing the health risks associated with drug use. Young people clearly need information on how to reduce risks, avoid problems and prevent abuse.

- School-based Drugs Education: School-based drug prevention programmes need to be tailored to meet the needs of specific sub-groups within the population,

- Treatment Interventions: Attracting young heroin users into treatment services at the earliest possible juncture is an issue of critical importance. This goal is unlikely to be achieved in the absence of well-resourced designated services. Treatment services for young drug users need to be attractive to young: people and will require intervention from a variety of agencies and professionals to respond to their multiple needs.

- Interagency Co-operation: The collaboration of a range of interventions, including health services, youth workers, education and social services, criminal justice and drug services, that proactively identify and target vulnerable young; people, is critical if the goal in the longer term is to reduce the likelihood of drug: involvement among groups who are particularly susceptible to drug use.

Introduction

Drug use has attracted unprecedented attention during the past decade, due largely to a quite dramatic rise in the recorded incidence of drug use among young people. Although prevalence figures vary, current indicators suggest that young people have far greater opportunity to use psychoactive substances than previously. It is also clear that illicit drug use is not confined to marginal subcultures and can no longer be viewed as a minor activity. Increasingly, the perceived ubiquity of drug use and its relationship with modern-day youth culture is considered a threat to society's ability to protect and care for its young citizens.

Current widespread concern for the health and well-being of young people is not without foundation. Hard evidence suggests that drugs are more readily available than previously and prevalence figures indicate a steady increase in the number of young people reporting *lifetime* use (i.e. that they have *ever* used) an illegal substance. Furthermore, growing numbers are attending drug treatment units and it is now apparent that the majority of problem drug users initiate use during their early- to mid-teenage years. Finally, Dublin's 'heroin problem' has maintained its prominence as an ongoing social problem, with little evidence to suggest a decrease in the numbers becoming involved in serious drug use.

This report is concerned with the use of illicit drugs by young people in a Dublin inner-city community. In the larger study, of which the findings presented here form a part, contact was made with a sample of 15-19 year olds considered to be particularly 'at risk' for drug use/misuse. The research locality, one of a number that endured the heroin epidemic of the 1980s (Dean *et al.,* 1983; Cullen, 1991), currently hosts an endemic heroin-using population. The precise enumeration of drug users within any geographical area is fraught with difficulty and no single prevalence assessment is likely to encompass the entire spectrum of drug use (Frischer & Taylor, 1999). However, the most recent estimate indicates that the research site and surrounding locale hosts the highest number of male opiate users in the Dublin metropolitan area (Comiskey, 1998).

The Policy Context

Since the 1980s a great deal of attention has focused on Dublin's heroin problem, with the bulk of research focusing on individuals receiving treatment. The difficulty with this narrow research focus lies in its failure to place drug use within the context of everyday lived experiences. Moreover, it neglects more general patterns of drug use as well as critical questions pertaining to *where, how and why* young people use drugs. Put differently, there is a dearth of research to inform the crucial issue of how best to understand drug use. While knowledge about types and levels of drug use/misuse has greatly improved in the Irish context, this type of information is more suited to strategic policy making than to practical interventions (Frischer & Taylor, 1999). This point is critical in view of a growing consensus on the need to tailor intervention and prevention initiatives to suit the needs of specific 'at risk' groups within the population (Gilvarry, 1998; Newburn, 1998).

It is vital that drug prevention and education initiatives reflect the reality of young people's social experiences. The current report, by uncovering much-needed information pertaining to how young people participate in drug use, and how they construct, experience and perceive their involvement with psychoactive substances, has much to contribute to the planning of appropriate preventive programmes and interventions at community level.

Purpose and Layout of the Report

The primary aim of this report is to document the drug-taking practices of the young people interviewed and to examine a range of possible influences on drug-related decisions. The findings presented here are drawn from a larger qualitative study of drug use by young people in a Dublin inner-city community (Mayock, 1999). This report documents the findings relevant to drug-related decision-making and not all findings uncovered in the larger study.

Chapter one considers the research context by discussing current knowledge and understanding of youthful drug use. The key concepts underlying the study's approach to drug use are presented.

Chapter two documents the dominant methodological features of the research. Study definitions are outlined and the sampling and recruitment process is described. This chapter also provides a brief sample profile and a descriptive account of important demographic and physical characteristics of the research site.

Chapter three outlines the main findings relating to the drug-taking practices of study respondents. This includes details of the circumstances surrounding initial and continued use of a range of psychoactive substances. Entry routes to heroin are outlined and the chapter documents a number of key transitions relevant to understanding the move to problematic drug use.

Chapter four addresses the issue of drug avoidance and documents the experiences of abstainers, including their stated motives for not using drugs. The topic of selective avoidance, a key protective behaviour emerging from the reports of study informants, is dealt with in some detail.

Chapter five turns to the question of choice and decision-making in drug use. As a starting point, the dominant drug attitudes of drug users (both drugtakers and problem drugtakers) are documented. Young people's stated motives for drug involvement are then addressed. Finally, drawing on the findings presented in this and preceding chapters, the issue of substance-related decision-making is discussed.

Chapter six draws together the main findings of the study and provides an overview of key issues arising from the research. The final chapter of the report discusses the implications of the study findings for the planning and implementation of preventive strategies at community level.

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Chapter One Title Page – 5

Chapter 1: Research Context and Study Rationale

This chapter discusses current knowledge of the prevalence and distribution of drug use among young people in Ireland, with specific reference to 'high risk' groups. Popular myths and misconceptions about drug use are examined in light of recent research findings. Finally, the importance of understanding the context and meaning of young people's drug use is discussed.

Drug Prevalence: The Irish Context

In Ireland, we depend on a relatively small number of school-based surveys for estimates of the prevalence of drug use among our adolescent population. While the first official documentation of drug use by young people emerged during the mid-1960s (Walsh, 1966), little was known about the possible extent or nature of drug use by adolescents for quite some time. School-based surveys investigating the prevalence and nature of smoking, drinking and other drug use among post-primary school pupils during the 1970s and 1980s (Nevin *et al.,* 1971; Shelley *et al.,* 1982; Grube & Morgan, 1986) suggest that the rate of illegal drug use by adolescents remained relatively low during this period. However, the 1990s marked a clear departure from previous decades and signalled increased contact with and use of illicit substances by young people.

The most recent national study of substance use by Irish adolescents was completed as part of the European School Project on Alcohol and Drugs (ESPAD) and involved the administration of a questionnaire to a random sample of sixteen-year-olds, averaging around 2,000 students in twenty-six countries. This survey found that 37% of Irish sixteen-year-olds had tried a drug at some time (Hibell *et al.,* 1997). It should be noted, however, that a much smaller percentage of young people (16%) reported lifetime use of any illicit drug other than cannabis. In a more recent survey of 14-15 year olds in the Dublin area, approximately 30% reported having ever used an illegal substance (Brinkley *et al.,* 1999). Only half this number (15%) reported having used a drug in the last year.

Drug use is not spread uniformly across regions and there is strong evidence of geographical variation in patterns and types of reported drug use. This variation is reflected in the findings of survey data on smoking, alcohol and drug use in the South- and Mid-Western regions. Reporting on survey findings for Cork and Kerry, Jackson (1997) found that while a high percentage of respondents, aged 15-24 years,

reported current use of alcohol, only 18% reported lifetime use of an illegal drug. Gleeson *et al.'s* (1998) study of post-primary school students in the Mid-West region revealed a lifetime prevalence rate of 19% for cannabis and 3.3% for ecstasy. In sharp contrast, problem drug use is largely confined to the Dublin area (McKeown *et al.,* 1993; O'Higgins & Duff, 1997), and is most acute within geographical areas marked by persistent evidence of social and economic disadvantage (Comiskey, 1998). Concentration of drug problems has long-since been associated with localities that endure high levels of social adversity. In Ireland, as in Britain, research has consistently found that heroin outbreaks tend to occur in the poorest areas and estates of towns and cities (O'Kelly *et al.,* 1988; McKeown *et al.,* 1993; Fahey, 1999; Parker *et al.,* 1988; Parker *et al.,* 1998b).

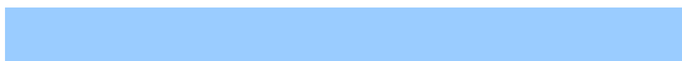
'High Risk' and Heroin-Involved Youth

Most drugs research in Ireland, as elsewhere, has concentrated on opiate use. Prevalence figures for drug use vary and reflect the difficulties associated with estimating this frequently hidden and 'difficult to reach' population. However, it is thought that in excess of 7,000 opiate users reside in the greater Dublin area. The most recent prevalence study revealed 13,460 heroin users in Dublin in 1996 (Comiskey, 1998).

Available research consistently demonstrates a concentration of problem drug users in a number of Dublin's inner-city and suburban communities (O'Higgins, 1996; O'Higgins & Duff, 1997; Comiskey, 1998). This and a number of other important indicators suggest that young people living in these localities may be particularly vulnerable to drug involvement at some level. First, data published by the National Drug Treatment Reporting System (Health Research Board) clearly indicate that a large proportion of those who seek treatment for drug problems initiated use during their early or mid-teenage years (O'Higgins, 1996). Secondly, the mean age of those citing opiates as their primary drug dropped from 24 years in 1990 to 21 years in 1994. Opiates were the primary drug of misuse in the case of 70 percent of 15-19 year olds seeking treatment. Finally and importantly, available research suggests an upward trend in the number of adolescents smoking heroin, giving rise to particular concern regarding young people's perceptions of the relative 'safety' of smoking versus injecting heroin.

While it is clear that heroin users are over-represented within particular geographical areas of Dublin city, it is important to state that the vast majority of young people living in these localities never engage in heavy or damaging patterns of drug use. Available data pertaining to individuals receiving treatment have gone some way towards generating a

broad profile of ‘typical’ young heroin users: living in a disadvantaged community, having left school at an early age and unemployed (O’Higgins, 1996; O’Higgins & Duff, 1997). However, less information is available on ‘soft’ and recreational drug users, who do not come to the attention of health services or law enforcement agencies. To date, no research in an Irish context has investigated the drug using behaviours of young people not in contact with drug treatment agencies and living in areas where drug use is concentrated. Consequently, little is known about the range of possible drug use practices of individuals living within so-called ‘high-risk’ localities. In short, there is a lack of understanding of — and attention to — more general patterns of drug use among ‘high risk’ sub-groups within the population. Furthermore, little is known about the social and interpersonal dynamics surrounding drug initiation and/or continued use of one or more psychoactive substances. In particular, there is a conspicuous absence of knowledge about the circumstances surrounding drug initiation, experimentation or sustained use of substances. This makes it difficult to intervene effectively with young people who may be particularly susceptible to heavy or problematic patterns of drug involvement.



The Nature of Youthful Drug Use

Drug use is an emotive topic and is prone to a vast array of popular and often-unchallenged myths and misconceptions. For many, the mention of the word drug evokes images of individuals who, having used one illegal substance, inevitably traverse the slippery slope towards addiction, becoming slaves to a psychoactive 'hit'. The stereotype of addict as 'junkie', or as helpless victim of dangerous liaisons, has popular appeal and is easily cultivated in the minds of the masses.

The aim of this section is two-fold: first, to present a more accurate and realistic portrayal of young drug users and, by so doing, to unravel some of the standard myths surrounding drug use. This section also aims to highlight a number of gaps in existing research on youthful drug use. The discussion draws heavily on British literature, due largely to the absence of relevant research conducted in an Irish context. The close geographical proximity of Ireland and Britain, coupled with obvious similarities between youth cultures in both jurisdictions, provides considerable grounds for comparison. It is important to state, at the outset, that this discussion is not seeking to underestimate the risks associated with drug use: clearly, drug use can have serious negative repercussions for health and can seriously jeopardise the quality of young people's lives. However, in order to comprehensively respond to drug use, it is critical that an understanding of drug-related risk is firmly grounded in research and not myth.

Several British researchers currently claim that young people are demonstrating unprecedented levels of drugs knowledge and involvement (Coffield & Gofton, 1994; Hirst & Camley-Finney, 1994; Parker *et al.,* 1995; Parker *et al.,* 1998a;

South, 1999). This assertion is based on available drug prevalence figures, which reveal a substantial increase in the number of young people in the general population reporting the use of illicit substances, particularly during the past decade. Current evidence also suggests that teenagers are increasingly susceptible to new patterns of polydrug use, that is, they have tried a repertoire of drugs (Parker *et al.,* 1994; Measham *et al.,* 1998a). While cannabis remains the most popular drug, young people are increasingly likely to experiment with a range of other substances, including ecstasy, LSD and amphetamine. This practice is at least partly the result of a proliferation of a range of substances currently available for use. It appears that drug use has moved from peripheral subcultures to a situation where drugs are widely available and frequently used (South, 1999). Similarly, in Ireland, both empirical and anecdotal evidence suggest that drug use can no longer be viewed as a minority activity. The realisation that a growing proportion of young people meet with the opportunity to use drugs underlies much current public concern for their health and well-being.

One of the most enduring assumptions pertaining to the use of drugs is that first use signifies the onset of an inevitable journey towards dependence. The use of tobacco and alcohol, by contrast, are not associated with this downward spiral of decline towards 'addiction'. Both are socially acceptable despite their far greater potential to have negative repercussions for health (Rosenbaum, 1987; Laslett & Rumbold, 1998). 'Gateway' and 'stepping stone' theories of drug use, despite their popular appeal and widespread application in drug prevention programmes, are not grounded in empirical evidence (Rosenbaum, 1998). Several studies have in fact found that the vast majority of marijuana smokers do not progress to the use of more dangerous drugs (Zimmer & Morgan, 1997). For the majority, drug use can be reasonably described as experimental, casual or recreational. Contrary to popular belief, the use of illicit drugs does not escalate to problem proportions in the case of most young drug triers or users (Plant, 1987; Shedler & Block, 1990; Davies & Coggans, 1991; Farrell & Taylor, 1994; Measham *et al.,* 1998b; South & Teeman, 1999).

Related to conceptions of all drug use as 'addiction' is the notion that a predictable pattern of drug involvement ensues following initial use. According to this perception, the physical effects of psychoactive substances lead, within a relatively short time-span, to heightened tolerance and an uncontrollable need for increased consumption. This preoccupation with the pharmacological properties of the substance itself has been challenged for some time due to its failure to account for social, situational and experiential influences on individual responses to drug use (Becker, 1963; Zinberg, 1984). Indeed, drug use patterns tend to lack predictability and are strongly influenced by a range of social and cultural factors (Peele, 1985). As Getting & Beauvais (1988) point out:

> Whatever orderly progression does exist in the use of drugs is probably highly related to availability and general attitudes toward drugs (p.142).

For a host of reasons, young people move into and out of drug use of various kinds and their drug status can alter substantially, even over a relatively short time-span. For example, a young person who experiments with a substance (e.g. cannabis) may go through a phase of occasional use and/or experiment with one or more other substances. Alternatively, s/he may discontinue use. These are just two of numerous possibilities. 'Progression' to more serious levels of drug involvement and/or the development of a drug 'problem' is confined to a relatively small proportion of all young people who try or use a drug during their teenage years. Only in a minority of cases do young people progress to heavy, serious or problematic patterns of drug involvement.

The bulk of research on youthful drug use in most jurisdictions, and practically all of that available in Ireland, is epidemiological in orientation. Survey data is successful in generating much-needed prevalence figures and in tracing drug-taking patterns and trends across time. However, in Ireland, we are some distance from being able to produce accurate prevalence estimates of drug use in either general or adolescent populations. Furthermore, if interpreted in isolation,

these figures are clearly limited in their ability to convey an understanding of drug using behaviour. More often than not, attention focuses on lifetime use, the figure representing those who have ever used a drug. This preoccupation with the number who have 'ever used a drug', and its frequent interpretation as evidence of a drug 'problem', is questionable due to its failure to distinguish between drug use and the harm that may result from such use. Moreover, it fails to take account of the social and cultural context of use. There is little recognition in most drug use epidemiology of the way in which drugs are used and of the fact that the circumstances or contexts surrounding drug use are at least, if not more, important as consumption levels in the determination of problematic patterns of use.

Whilst it is acknowledged that drug use is intimately interwoven with other behaviours and attitudes (Castro *et al.,* 1987; Donovan & Jessor, 1985), few studies have focused on the meaning young people attach to drug-taking. Research on drug attitudes and motives has relied mainly on large-scale questionnaire surveys undertaken within educational settings (Grube *et al.,* 1984; Grube & Morgan, 1990; Francis & Mullen, 1993; Wright & Pearl, 1995). This approach, whilst providing useful information on young people's level of exposure to drugs as well as insights into the reasons why young people take drugs, fails to elucidate how young people 'think' and 'feel' about drugs. In particular, survey data fails to place drug use within the broader context of everyday life events, activities and leisure time. Drug-taking does not occur in an environmental vacuum but is rather a behaviour which is embedded in a sociocultural context that strongly determines its character, meaning and manifestations (Newcomb & Bentler, 1989; Pearson, 1992; Peele, 1985). Research has failed to give adequate attention to the *whys* and *wherefores* of youthful drug use. In particular, it has failed to consult with the 'experts', that is the drug users themselves, in the pursuit of explanations and understanding. Consequently, we have little knowledge of the factors underpinning the choices young people make in relation to drug use. As Coffield & Gofton (1994) point out:

> A fresh, more dynamic and revealing version of young people's drug use, based on their own accounts, is needed to counteract the sensationalism of the media and bring the skeleton of statistics to life (p.8).

This, in part, is what the current study set out to achieve. The research aimed to generate in-depth knowledge of the drug using practices, attitudes and motives of young people living in an inner-city area where heroin users are disproportionately represented. A qualitative approach, utilising the techniques of in-depth interviewing and focus group discussions, was chosen to generate detailed knowledge of the experiences of users and non-users of illicit substances. Critically, the study's sample included drug users no? identified as having a drugs problem, as well as young people who considered their drug use to be problematic. By documenting the experiences of young people, frequently referred to as 'hidden' users, the study draws on a diverse range of drug-related experiences in its aim of generating a more comprehensive understanding of drug use within 'high risk' localities. The key methodological features of the research are presented in Chapter 2.

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Chapter 2: Research Methodology, Area and Sample Profile

The Study

The research sought to address a number of important gaps in knowledge concerning drug use by young people within areas considered to be 'high risk' for problem drug use. One of the main concerns in undertaking the study was to provide a detailed understanding of the range and types of drug-taking evidenced by a purposive sample of young people in their mid- to late-teenage years.

The social dimension of drug use, that is the locations and individuals associated with use, were key components of the investigation. The study included a thorough investigation of respondents' daily routines, their experience of school and leisure, and their interaction with adults and peers. Drug use was not viewed as an isolated activity but as one of numerous everyday options. In this way, there was a distinct orientation towards understanding the working intricacies of human agency and circumstances. From the outset, the research was guided by the premise that, in order to comprehend individual experience, one must understand the actor's perspective (Becker, 1970). This emphasis on accessing respondents' perceptions of their social world, including their views on their own and others' behaviour, meant that the subject and the subjective featured as integral components of social life.

As stated earlier, a qualitative approach was considered to be the most appropriate means of accessing the information required to fulfil the study aims. The researcher invested a great deal of time in direct contact with prospective and participating subjects within the research setting. In this way the information gathered was firmly located within the broader context of sub-cultural rules, beliefs and meanings. The dominant methodological features of the study are outlined below.

Study Parameters and Definitions

Three categories of research participants - abstainers, drugtakers and problem drugtakers - were included in the study. Before defining each, it is important to make an explicit statement about the use of the term *drug* in the current study. The term is used to refer to solvents, inhalants, cannabis, amphetamines, hallucinogens, tranquillisers, cocaine and opiates, most of which are regarded as illicit drugs. Tobacco and alcohol, being licit drugs, are referred to independently throughout the report.

Abstainers: Young people who are not using drugs at present. They may have experimented with a 'soft' drug, e.g. cannabis, at some stage but have not done so for a minimum of six months.

Drugtakers: Young people who use drugs for recreational or experimental purposes. Frequency of use varies among this group as does the type and number of drugs used. In recognition of the widespread availability of stimulants and amphetamine-based drugs, young people who experiment with or use these occasionally are included in this category. These young people do not consider their drug use to be problematic.

Problem Drugtakers: Young people who experience difficulties (social, physical, psychological or legal) as a result of their drug-taking. They may be dependent on opiates (heroin, methadone) or other drugs (stimulants, cannabis) and may or may not be receiving treatment at present. These young people consider their drug use to be problematic.

The definitions above acknowledge the diverse nature of drug use by young people at a time when illicit drugs have become increasingly available. It is important to emphasise that the 'categories' above were conceptualised in relational terms and not viewed as wholly discrete or necessarily distinct groupings. Hence, the definitions are best viewed as parameters that were applied and utilised with a degree of flexibility.

The emphasis in the current study on the exploration of study participants' subjective experiences of drug use placed a critical emphasis on *individual perspectives* on drug-taking. Consequently, the classification system for the categorisation of research participants was organised in accordance with how *they* perceived their use or non-use of drugs. In other words, the study informants, not the researcher, determined the 'drug status' of individual respondents at the time of interview. This approach precluded the imposition of the subjective judgements of either the researcher or professional worker, and allowed the participants' views to guide the categorisation process. In this way, the categorisation procedure was non-judgemental and had the added advantage of permitting an examination of the rationale underlying young people's construction of possible points of differentiation along the drug continuum.

Research Instruments

The individual in-depth interview was the primary research tool used to collect data. The interview schedule was a lengthy document, containing approximately 135 individual items. A high degree of flexibility inhered in the approach to interviewing, and informants' views, interests and concerns were allowed to guide the course of the interview. This meant that the list of prepared topics, while adhered to whenever possible, did not necessarily dominate the course of the interview.

Focus groups were also used to explore broader issues pertaining to young people's perception of their social environment and to explore attitudes and perceptions of drugs and drug use. It was not considered appropriate to seek information on individual drug using practices in the context of a group setting. This task was confined to the individual in-depth interview where it was dealt with in detail. Finally, biographical details were recorded for each participant using a short questionnaire. The questionnaire also recorded respondents' drug-taking history by requesting that each informant indicate the drugs they had 'ever used', 'used within past month', 'used within past week' and 'might use next week'.

Recruitment and Sampling Procedure

Young people were recruited from a Dublin inner-city community where poverty and associated social problems are well documented. The area is considered to have one of the most serious drug problems in the State and has been designated for inclusion in the Government's Local Drugs Task Force initiative *(First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs,* 1996).

The target group for the research was 15-19 year olds as it was felt that this group are particularly vulnerable to drug initiation and/or continued involvement with illicit substances. Research has repeatedly indicated that initiation into drug use peaks between 15 and 18 years (Kandel & Logan, 1984; Measham *et al.,* 1994). The study did not seek a representative sample of young people since the objective was not to gain large-scale quantitative responses to pre-defined questions. Rather, the emphasis was on gaining insight into key issues relating to emerging patterns of drug use.

Participants were recruited from *within* the community with the help of key adult informants. The time invested by the researcher in direct contact with prospective research participants meant that the study embodied many ethnographic qualities. Informants were contacted within a range of community settings including youth clubs, the local community drug team, satellite clinics, drop-in centres and the street. The data collection phase of the study presented numerous challenges, many of which exemplified the difficulties of accessing 'hidden' populations of drug users. Drug-involved youth, particularly those not receiving treatment, are difficult to locate and to engage. This is understandable in view of the illegality of their activities and their reluctance to disclose details of their drug use. In order to overcome the recurring problems of access and recruitment, a great deal of time was invested by the researcher in establishing a trusting relationship with prospective research participants. Regular contact was therefore maintained with a large number of young people during the course of conducting fieldwork. A more detailed account of a number of specific challenges that arose during the fieldwork phase of the research can be found elsewhere (Mayock, 2000).

The recruitment process was largely a social endeavour, and involved the researcher's regular presence and active participation in the young people's social milieu. Many informants were recruited through a process of 'snowballing', a term used to denote the practice of securing additional study participants via the introductions and recommendations of young people previously interviewed. The sample was carefully selected to include respondents who it was thought had diverse opportunities for, and experiences of, drug use. Knowledge of the social terrain was essential to the recruitment process and allowed the researcher to differentiate between informants who could potentially add to the scope of the data and those whose opinions and views were more likely to endorse or replicate those of others previously interviewed.

The principle of voluntary informed consent was applied when recruiting participants. This meant that each prospective informant received a full and detailed explanation of the purpose of the study, a description of the research procedures and assurances relating to confidentiality. Individual participants signed a consent form prior to being interviewed. This document was countersigned by the researcher. In order to preserve confidentiality and anonymity, fictitious names are applied in all written reports of the accounts and 'stories' of study participants. A glossary of terms and expressions used by respondents throughout this report is provided in the Appendix.

Data Analysis

Verbatim transcripts of the fifty-seven individual interviews and six focus group discussions were prepared. The time invested in fieldwork produced high quality data but the sheer bulk of material (in excess of 2,000 pages of interview transcripts) meant that it was highly unmanageable in its raw form. The selection of relevant transcript material for the purpose of analysis was naturally influenced by the research questions. This process commenced during data collection, at which stage topics and themes were identified, based on recurring observations within the research setting as well as insights gained from the recruitment process. In a similar way, Becker (1970) comments that "analysis is carried on sequentially, important parts of the analysis being made while the researcher is still gathering data" (p. 26-7). The process of selecting relevant transcript material for the purpose of analysis was formalised subsequent to the fieldwork phase of the study and a coding system was developed to guide a systematic approach to the selection of transcript material. The initial stage of the coding process involved a thorough reading and re-reading of the entire transcripts, firstly, as a means of immersing oneself in the data and secondly, to gain extensive knowledge of the topics and issues relevant to the study aims. In other words, the data itself was a primary source for generating coding categories (Dey, 1993).

The final coding system consisted of twelve main categories and was based on issues, themes, topics and so forth — as they became evident in the data — as well as the research questions. A list of identifiers (precise definitions) for each separate category was drawn up by two coders and these were agreed upon following several reworkings. All coding was performed manually using two copies of each interview transcript. Coding categories were not always mutually exclusive and in many cases the same segment of data was listed under more than one heading. This process of data reduction (Miles & Huberman, 1994) transformed the data into a more manageable form. The 'chunks' of data for each predefined category were then entered into a computer database to facilitate easy retrieval of the required segments of the transcripts.

A multi-dimensional analytic framework was applied to the current study of youthful drug use. Further to uncovering the types, frequency and quantity of drug use, the study was concerned with exploring the more complex issues of attitudes, motives, choices and decision-making. The coding categories formed the main building blocks of the analysis. The initial identification of recurring themes in the raw data meant that consistency and variation in the case of each informant and between informants could be checked and recorded. This in turn resulted in the formation of concepts. Relationships between a range of relevant concepts were explored following a period of prolonged engagement with the data, the essential aim being to clarify the meaning of emerging themes.

For the most part, the findings are qualitative and are supported by displays of excerpts from the transcripts. Quantitative data presentation is used to summarise data and to compare the responses of the three categories of research respondents. Finally, the coded data relating to the participants' age, gender, family composition, living arrangements, education and training were entered into SPSS, Version 6. Descriptive statistics including frequency counts, percentages and means are used to report the data relating to these variables.

Area Profile

The research locality has a lengthy history of multiple social problems. At the time of the 1991 census, unemployment was almost twice the national average. Data from the 1996 census, suggest a further deterioration, relative to the national picture. While unemployment nationally fell from 16.9% in 1991 to 14.8% in 1996, it remained at 29% in the area under study. Both male and female rates of unemployment are currently well above regional and national averages. The locality is largely working class and the majority of those in full- or part-time employment are involved in skilled, unskilled or semi-skilled manual work. A large percentage of family units (between 30% and 48% depending on the precise locality) are headed by a single parent. Educational attainment levels across the area are low and only a small percentage of people achieve Leaving Certificate level, compared to national figures.

Differing patterns of housing tenure exist throughout the area. 30% of all households rent from the local authority, a figure that is over three times the national average of 9.7%. Local authority housing is concentrated in three large local authority flat complexes. These estates are well known as centres for heroin trafficking and draw a steady stream of drug users from the greater Dublin area (O'Higgins, 1999). In addition, the area has high crime rates. In common with other neighbourhoods throughout Dublin City, the locality endured a local heroin epidemic during the 1980s and currently hosts an endemic heroin-using population.

Visually, the area is quite diverse. Some neighbourhoods are attractive and well-maintained while other locales clearly suffer severe physical and social deprivation. This is particularly acute within the local authority flat complexes, where the physical landscape is quite depressing. Within local authority estates, some blocks are practically vacant and many dwellings are boarded up; walls are graffitied and amenities vandalised. The rather large open spaces between blocks of flats stand gaunt and deserted, making unsuitable play areas for children. Colour is noticeably absent from the physical environment, with graffiti providing the only relief from a predominantly grey surround.

Study respondents, particularly those living in the large housing estates, referred regularly to several undesirable characteristics of the social environment. When asked to identify the 'worst' problems in their area, a large number identified drugs, crime and violence as the three major negative features of community life.

> [What is the worst thing then about living here?]
> *The worst thing is the drugs and all that. Ya get people sleeping out on the stairs and that. It's not really safe to walk through them flats at night, say at two or anything. It's not really safe.*
>
> Drugtaker, 15.9 years.

> *Probably crime. Like, every night... there is not a night that goes by that I don't see somebody trying to rob a car, like robbed cars going up and down the xxx, like everyone does be lookin' at them goin' by.*
>
> Abstainer, 15.0 years.

Young people made constant reference to the area's drug problem and to the visible signs of drugs misuse. Exposure to drugs paraphernalia on the street, the stairs and in the stairwells was a routine part of daily life for many respondents. Typical portrayals of their locality emphasised the presence of drugs and drug users. Many attributed what they perceived as a marked deterioration in the area's character to the problems associated with drug availability and use.

> *Like this morning when we were over there loads of junkies came over to us "are ya lookin'". We get that every day "are ya lookin' for gear" an' all. And when you're walkin' around the flats they're having their turn ons there. Brutal it is. It (the flat complex) has turned into a kip.*
>
> Drugtaker, 15.9 years.

> *Before the drugs was here, everybody was out. Ya know, we used to play football, games, go swimming and all that. It was brilliant, it was, before the drugs. Since the drugs came it fucked the whole place up.*
>
> Drugtaker, 15.7 years.

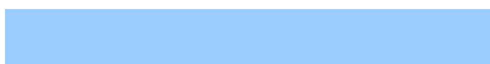
The prominence of drugs and drug use in young people's accounts of daily life will be illustrated further in later chapters of this report. The narratives suggest that an overwhelming majority of study participants experienced regular, if not daily, exposure to the drug scene. One could justifiably conclude that the young people live amidst a thriving drugs culture.

It would be wrong to assume, however, that respondents spoke only of the negative

dimensions of life in the area. On the contrary, their accounts reflected a clear sense of belonging and a strong attachment to their community. This was reflected in the dual articulation of pride in their locality, on the one hand, and resentment of outside representations of the area, on the other. Young people frequently complained that their locality was portrayed by outsiders, and in particular, by the media, as 'a drug-ridden community', 'a junkies' paradise' and other such disparaging and pejorative depictions.

> [What do you think other people think of where you live?]
> *Some people do think this area is a low life, ya know, and say "I wouldn't live in them flats like, everyone in them is a junkie". But they don't, like they don't know everyone, do you know what I mean? Like, they're only reading the like of newspapers and what they have in the papers or listening to other people's stories (pause)... Like, you'd have to live in the flats to know what it's really like.*
>
> Abstainer, 18 years.

Young people were acutely aware of high levels of drug availability in their neighbourhood and of its notoriety as a focal point for the sale and distribution of illegal drugs. However, they were equally conscious of their own marginality, which, in their view, was exacerbated by negative and offensive outside representations of their community.



Sample Profile

A total of 57 young people were interviewed individually and 24 took part in focus group discussions. Tables 1-3 below provide a gender and age breakdown of the sample.

Table 1 Individual Interview Participants (n=57)

Male	24	(42%)
Female	33	(58%)
Total	57	(100%)

Table 2 Focus Group Participants (n=24)

Male	10	(42%)
Female	14	(58%)
Total	24	(100%)

Table 3 Mean Age of Participants (n=57)

	Number	Mean Age	S.D.
Abstainers	18	17.3	1.2
Drugtakers	21	16.8	1.4
Problem Drugtakers	18	17.9	1.5
Total	57	17.3	

Sixty percent of all study participants were living with both parents and more than 25% were living with one parent, usually their mother (Table 4). Compared to the abstainer group, relatively fewer drugtakers and problem drugtakers were living with both parents, with over twice as many living with their mother only. Drugtakers and problem drugtakers were remarkably similar in terms of the number living with both parents or with their mother only. Only a small proportion of the total sample were living with their grandparents, a partner or a friend.

Table 4 Participants' Living Arrangements

Living With	Total Sample (N=57) %(Number)	Abstainers (N=18) %(Number)	Drugtakers (N=21) %(Number)	Problem Drugtakers (N=18) %(Number)
Both parents	61.4 (35)	77.8 (14)	52.4 (11)	55.6 (10)
Mother only	22.8 (13)	11.1 (2)	28.6 (6)	27.8 (5)
Father only	3.5 (2)	5.6 (1)	4.8 (1)	-
Mother and partner	1.8 (1)	-	4.8 (1)	-
Grandparents	1.8 (1)	-	-	5.6 (1)
Partner	5.3 (3)	5.6	4.8 (1)	5.6 (1)
Friends	3.4 (2)	-	4.8 (1)	5.6 (1)
Total	100.0 (57)	18.0	21.0	18.0

No formal measure of socioeconomic status was applied during data collection. However, information was sought on the current occupational status of all of the participants' parents. This data is presented on Table 5.

Table 5 Parents' Occupational Status*

Occupation	Abstainers (%)		Drugtakers (%)		Problem Drugtakers (%)	
	Mother	Father	Mother	Father	Mother	Father
Unemployed	55.6	33.3	66.7	33.3	77.8	38.9
Employed Part- time	27.8	5.6	11.1	11.1	16.7	16.7
Employed Full-time	16.7	50.0	16.7	44.4	5.6	22.2

** Percentages may not equal one hundred in all cases as some fathers/mothers were absent from the home.*

Looking first at the occupational status of the participants' fathers, we find that roughly equal numbers from each category were unemployed. However, substantially fewer fathers of problem drugtakers were in full-time employment. The figures also indicate that only a relatively small percentage of mothers worked outside the home and that abstainers' mothers were significantly more likely to be employed in either a full- or part-time capacity.

Young people were asked whether they were living in rented or private accommodation at the time of interview. Table 6 illustrates some significant differences between the three groups in terms of their housing status.

Table 6 Housing

	Abstainer (N=18) %	Drugtakers (N=21) %	Problem Drugtakers (N=18) %
Flat - Dublin Corp.	55.6	76.2	88.9
House-Dublin Corp.	11.1	19.0	5.6
Private House	22.2	4.8	5.6
Private Landlord	5.6	76.2	88.9
Private Flat	5.6	19.0	5.6

Three-quarters of all study participants lived in one of three large local authority flat complexes. An extremely high proportion of the young people (86%) were living in rented accommodation. Of these, 73.6% were in rented flats and a further 12.3% in rented houses. Substantially more drugtakers and problem drugtakers lived in flats rented from Dublin Corporation. Abstainers were more likely to be living in a privately owned dwelling.

Finally, the young people's current occupation, be they attending school, a training workshop, employed, unemployed or awaiting placement (in a FAS or Youthreach programme) was recorded. These findings are presented in Table 7 below

Table 7 Education, Training & Employment

	Abstainer (N=18) %	Drugtakers (N=21) %	Problem Drugtakers (N=18) %
Attending School	50.0	19.0	-
FAS/Youthreach Training	27.8	33.3	33.3
Employment (part-time)	5.6	9.5	22.2
Employment (full-time)	16.7	23.8	22.2
Unemployed/ Awaiting Placement		14.4	22.3
Total	100.0	100.0	99.9

Only 22.8% of the total sample were attending school at the time of interview. The findings on Table 7 above clearly illustrate that most of the school-goers were abstainers. Less than 20% of the drugtakers and none of the problem drugtakers were attending school at the time of interview. Roughly equal numbers of young people were attending FAS or Youthreach training, with considerably more drugtakers and problem drugtakers in full- or part-time employment. At the same time, higher numbers of problem drugtakers, compared to abstainers and drugtakers, were either unemployed or awaiting a training placement.

School Experiences

School is one of the three key sites of positive socialisation (including family and peers) by which children and young people can become committed to society's values and to specific roles within society's structure (Hill & Tisdall, 1997). As a social environment, it plays a major role in fostering peer relationships and in shaping personal identity. Success in school has profound implications for young people's life opportunities and for their future prospects *vis-a-vis* entry to, and advancement within, the labour market (Hibbett & Fogelman, 1988). Research has demonstrated a strong association between drug use and school difficulties -including low academic achievement (Jenkins, 1996), truancy (Swadi, 1989) and poor attendance. The issue of school was addressed in detail with each respondent during the interview. Young people were asked to describe their school experiences and encouraged to express their attitudes and feelings towards school.

Fourteen of the eighteen problem drugtakers left school without any formal educational qualification, with only three having completed their Junior Certificate and one their Leaving Certificate at the point of leaving school. Nine left before the age of fifteen and a further seven at the age of sixteen. Seventeen of the twenty-one drugtakers had left school at the time of interview. Of these, seven had completed their Junior Certificate and three their Leaving Certificate. Finally, only one abstainer left school without completing any public examination. Hence, problem drugtakers and drugtakers were substantially more disadvantaged educationally at the point of leaving school.

Given the large number of young people who left school without any formal educational qualification and/or before the legal school-leaving age, it is important to examine the circumstances surrounding their departure. A frequently cited reason for leaving school was that the young person "hated school" or "hated the teachers". Declarations of

abhorrence for school were widespread. Some young people did not extend their grievances beyond statements like “ hated the teachers”, but many others defended this negative stance and forwarded a range of explanations. Unjust accusations of wrongdoing by teachers were a prominent feature of these narratives and such criticism was often simultaneously linked to the feeling that they were never given a chance. Others complained that their teachers were “boring”, “too strict” or “didn’t teach them anything”. While negativity about teachers was an obvious feature of the discourse, an overwhelming sense of indifference towards schooling and education was an equally powerful factor underlying young people’s decision to leave school. Many readily admitted that they lost interest in school and that their continued participation seemed pointless at the time. Others saw the opportunity to earn a weekly wage as preferable to remaining at school.

> [Why did you decide to leave?]
> *I wanted to start work. I planned on getting an apprenticeship but I didn’t get one. But it’s work that I want to do. I do welding and all that, metalwork like.*
>
> Drugtaker, 17.9 years.
>
> *I was on holiday after me Junior Cert and I got offered a job in a sewing factory and it was £110 a week and I said ‘I’m taking that’ and I left that then after a while because I didn’t like it and I went to a FAS course.*
>
> Abstainer, 18.1 years.

Taking reports of absences, truancy, behavioural problems, work-related problems, suspensions and expulsions as indicators of school difficulties, some significant difficulties emerged across the three groups of research participants. Abstainers were far more likely to remain within the educational system, despite stating that they didn’t like school and/or their teachers. They were also less likely to report prolonged periods of absence as a result of suspensions or truanting.

A large number of drugtakers and problem drugtakers, on the other hand, reported a range of school problems. A substantial number did not conform to the school’s system of social rules and many reported suspensions and/or expulsion. In many cases, dropping out of school was enforced by the school authorities. Others left of their own volition.

> *The school, I don’t think they really cared about whether I came in or not because I was always disruptive. Whether I was there or not didn’t bother them so I just left.*
>
> Problem Drugtaker, 19 years.

Eleven of the eighteen problem drugtakers (compared to four drugtakers and no abstainers) reported that they were expelled from school. Significantly, only two young people (both problem drugtakers) stated that their drug use was a significant factor in their decision to leave school.

[How did you get on in secondary school then?]
It was alright. I liked it. It was the heroin that made me leave school really. I was only dabbling in it at the time. I wasn't heavy on it. But I was fed up of school then 'cos I was going in (pause), I was takin' tablets not knowing where I was, I was fallin' asleep in class. Like, it was mad, it was. I just ended up leaving 'cos I got a FAS course.

Problem Drugtaker, 19.11 years.

A large number of early school leavers felt that they were unable to cope with the academic demands of the curriculum. Importantly, many began to dissociate from school at an early age. The majority reported a constellation of school difficulties and did not necessarily subscribe to the notion that school was a necessary prerequisite to personal fulfilment. It is important to state, however, that drugtakers and problem drugtakers did not renounce the importance of education and learning. Most, in fact, regretted having left school at an early age. However, their reflections strongly suggested that school held little appeal, meaning or relevance at the time they stopped attending. Some expressed feelings of alienation, others boredom and most were acutely aware of the limitations placed upon them by their lack of educational qualifications.

[Do you ever regret leaving school?]
Yeah, 'cos I've no education to get a good job. I'd like to be a secretary but I can't 'cos I haven't got the exams and that.

Problem Drugtaker, 18.6 years.

[Are you glad you left school?]
No. For the past year now I'd say I was delighted I left school and I hated it and all. But like I miss it now. I wish I'd stayed in school. Me mate is going to college next year and she's after asking me to go with her. I might go back and try to do me Leaving. I don't know. It depends.

Drugtaker, 17.7 years.

School provided abstainers with a rationale they found acceptable. They perceived a rational chain of events ensuing from their personal investment in the school system - if they worked hard in school, they would achieve the necessary qualifications to get a good job and thereby secure the financial wherewithal to have a 'good life'.

[Do you think school is important?]
Ya, like you're going to need certificates for when you get older, for jobs and that.

Abstainer, 15.8 years.

Ya, it is important. I mean unless you have an education you can't get a proper job. I don't want to end up on the labour.

Abstainer, 19 years.

The rate of early school leaving across the sample was high and very few of the young people expressed positive feelings about school. However, abstainers reported fewer difficulties and were more likely than drugtakers or problem drugtakers to remain in school and to complete at least one public examination.

Summary

Using a qualitative approach, the study aimed to provide a detailed understanding of types and modes of engagement with drugs from the point of view of young people living in a community where drug use is concentrated. The fieldwork phase of the study was conducted over several months and involved the researcher's direct involvement and contact with a large number of young people living in the locality. There was a clear emphasis at all stages of the research process on accessing respondents' experiences of, and perspectives on, drug use. The research locality has historically endured high levels of social and economic deprivation. The lived reality of this adversity emerged strongly from respondents' attention to the ongoing problems of drugs, crime, poverty and deprivation when describing routine features of community life.

For the total sample, the overall picture is one of quite substantial disadvantage. The brunt of this disadvantage seems to fall on young people in the drugtaking and problem drugtaking groups. Young people in these two categories were more likely to be living in one of the three large local authority flat complexes. In fact, they tended to live in specific areas of flat complexes, which will not be named in this report for purposes of maintaining the anonymity of research participants. Drugtakers and problem drugtakers were more likely to have left school and to be employed, either full- or part-time. They were less likely to be living with two employed parents. Abstainers in the sample were more likely to be attending school and to be living in two-parent homes. In addition, they were more likely to have the benefit of additional income from fathers in full-time employment and mothers employed outside the home.

Reported school experiences were negative across the sample and all three categories of participants expressed strong dissatisfaction with several aspects of school. However, drugtakers and problem drugtakers were considerably more likely than abstainers to report serious school difficulties including rule breaking, truanting and

academic problems. Abstainers were far more likely to view personal investment in the educational system as central to the achievement of other goals. School lacked relevance and meaning for drugtakers and problem drugtakers at the time of leaving. However, most regretted having dropped out at an early age.

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Chapter Three Title Page – 31

Chapter 3: Using Drugs

This chapter reports on study findings relating to the young people's drug use, including an examination of the type, frequency and intensity of their drug involvement. The aim is to provide a comprehensive account of the drug-related experiences of study participants.

As a starting point, it is helpful to comment on overall patterns of reported drug use across the sample. First, considerable diversity emerged, both *between* and *within* the three groups of research participants, in the types and levels of reported drug use. While the three participating 'categories' of respondents can be said to broadly represent different levels of commitment to drug use, considerable variation was found within each of the research 'categories' — abstainers, drugtakers and problem drugtakers — respectively.

Second, one-third of the abstainer group reported a drug history. Six of the eighteen young people who described themselves as current abstainers reported former use of one or more substance. Importantly, at the time of interview, all former drug triers stated a commitment *not to* use drugs in the future. This finding is important in that it suggests a *pathway to* becoming an abstainer. In other words, it appears that significant social and drug-related experiences precede the decision not to take drugs. The drug-using behaviour and beliefs of abstainers will be discussed in greater detail in Chapter 4.

Third, a detailed analysis of the drug using practices of *drugtakers* revealed marked differences in reported levels of experience and use of a range of drugs. A technique known as profiling was used to unpack some of the complexities of the group's drug use. Two discrete profiles — 'frequent' and 'less frequent' drugtakers — were identified on the basis of the number of drugs tried, the quantity of drugs consumed and the frequency of their use. A third subgroup emerged from the identification of a cluster of respondents who reported significant modification to their drug use between the ages of 16 and 18 years. These young people were former 'frequent' drugtakers, who reduced their drug intake during their mid- to late-teenage years. The identification of these discrete 'styles' or typologies of drug use highlights the range of options and choices available to young people following first drug use. Furthermore, the findings exemplify the fluidity of drug use and suggest that young drug users move through varying levels of drug experimentation during their teenage years. It is important to note that none of the drugtakers interviewed considered their drug use to be problematic.

Finally, *problem drugtakers,* most of whom reported heroin use at problematic level, indicated heavy involvement with illicit substances from an early age.

Despite considerable variation in reported pathways to heroin use, it was possible to identify a number of critical junctures in their 'journey' towards problematic drug use.

The remainder of this chapter examines drug use in its social context. In other words, drug use is examined alongside other aspects of young people's social worlds. As Braucht (1980) has commented, drug use needs to be seen as involving a "dialectic between the individual and the environment which defines the meaning and force which they jointly have for behaviour" (p.360). The circumstances and individuals associated with drug use are critical components of this analysis. Particular attention is given to first and early drug transitions. Study respondents are quoted extensively as a means of ensuring that their accounts are adequately and fairly represented. Throughout the report, young people are referred to using fictitious names to ensure confidentiality and anonymity. Where the aim is to illustrate similarities and differences between the three participating categories of informants, young people are identified as 'abstainer', 'drugtaker' or 'problem drugtaker'.

Drug Availability

It is generally accepted that the environment can encourage or oppose drug use partly through greater or lesser physical access to drugs, the expectation being that those who have greater access to illicit substances are more likely to engage in some level of experimentation or use (Advisory Council on the Misuse of Drugs (ACMD), 1998; Clayton, 1992). In the current study, overall levels of drug exposure were high across the sample, irrespective of individual levels of commitment to drug use. The majority of respondents reported regular exposure to drugs and to drug use. This was evident from routine descriptions of daily life, including their accounts of everyday encounters and events. Most respondents made consistent reference to the ubiquity of drug use in the neighbourhood. Drug encounters and offers were reported in a matter-of-fact way and young people's accounts suggested that the physical vestiges of drug use were an accepted feature of the social landscape. The sample of quotations below are illustrative of respondents' routine knowledge of the drug scene.

> [On a day-to-day basis, do you see people who use drugs?]
> *Yeah well, the shop I work in now — the amount of junkies that come in there! It's unbelievable.*
>
> Abstainer, 16.1 years.

[Can you remember the very first time you saw someone taking a drug?]
It's all so all over the place I can't really remember me first time.

[So, it's something you see every day?]
Yeah. Loads of people smoke hash. They stand at the block selling and ya can get a five deal or a ten deal or whatever.

Abstainer, 16.4 years.

[Do you see people taking drugs most days?]
Everyday when you walk out of your house there'd be people smoking hash at one block and doing heroin somewhere else.

Problem Drugtaker, 15.4 years.

Some degree of contact with the drug culture was an unavoidable reality of living in the locality. Respondents made regular reference to the presence of drug users and dealers when describing routine features of their social environment. Furthermore, young people indicated a high level of drugs knowledge: they knew how and where to procure illegal substances if and when they wished. A large number identified specific areas in the locality where they felt certain they could purchase a range of substances with relative ease. For young people, procuring drugs was a largely uncomplicated matter, provided they had the necessary financial resources at their disposal.

Initial Drug Use

Drug initiation, representing the move from non-user to user, is a key drug transition. Despite the material and symbolic significance of first drug use, surprisingly little is known about the dynamics surrounding the event. A common misconception is that young people are introduced to drugs by 'pushers' or •dealers'. Reports of initial drug use in the current study concur with the findings of other empirical research (Parker *et al.,* 1988), and verify that the most common route of initiation to drug use is via friends or friendship networks. The following reports of first drug use help to illustrate the incidental and casual way in which the event frequently transpired.

[What can you remember about the first time you ever tried hash?]
... the way it was I lived in a Block with a porch 'cause we lived in the bottom and all the people used ta stand in that porch, ya know what I mean, and they just like handed ya a joint.

Sandra, 18.1 years.

I was with me friends and they were all smoking it so I smoked it. I tried it.

Denise, 15.1 years.

Importantly, drug-trying was not embarked upon alone and invariably occurred in the context of a peer gathering. Indeed, peers were central to the process of drug initiation. First, they supplied the drug (usually cannabis). Second, the peer group provided a 'safe' environment for first drug experimentation. Finally and importantly, the presence of peers meant that the experience was shared. The social dimension of drug use, as will be demonstrated later, is an integral feature of positive and rewarding drug experiences.

The vast majority of drugtakers and problem drugtakers reported cannabis as their first drug. The average age of drug initiation was 13.3 years for drugtakers and 12.4 years for problem drugtakers. Indeed, a considerable proportion of the young people initiated their drug 'career' by the early age of twelve. Although the average age of initiation into drug use is falling (Balding, 1997; Parker *et al.,* 1998a), these figures are low compared to general population studies in Ireland and Britain.

Drug Transitions

It is now widely acknowledged that there is no inevitable route of passage from one stage to the next in the career of a drug user (Stimson & Oppenheimer.1982; Davies, 1997). Instead, numerous and diverse pathways are possible. In the current study, substantial variation emerged in reported levels of drug involvement following first use of an illicit substance. As a starting point, it is useful to summarise the percentage of drugtakers and problem drugtakers who reported lifetime use (i.e. having ever used) each of the listed substances. This data is presented on Table 8 and needs to be interpreted with caution. They are not representative, for instance, of the number of young people who engage in regular or sustained use of any of the individual drugs listed.

Table 8 Lifetime Drug Use: Drugtakers and Problem Drugtakers

	% Lifetime Use *	
	Drugtakers (n=21)	Problem Drugtakers (n=18)
Cannabis	100.0	100.0
Ecstasy	47.6	87.5
LSD	42.9	75.0
Amphetamine	61.9	68.8
Cocaine	9.5	87.5
Heroin	9.5	81.3
Psilocybin	19.0	18.8
Solvents/lnhalants	40.9	81.3
Tranquillisers	28.6	75.0
Methadone	4.8	81.3

**Percentage of participants who have ever used each of the listed drugs.*

Not surprisingly, cannabis emerged as the most popular drug and the most widely used of the listed substances. The majority of drugtakers reported that they smoked cannabis during the week prior to interview and 85% intended to use the drug during the following week. Not unexpectedly, a greater proportion of problem drugtakers reported lifetime use of all of the listed substances. A large number were on a methadone maintenance or detoxification programme (either official or self-administered), and/or were receiving treatment at the time of conducting the interviews. Despite this level of treatment, over 75% of problem drugtakers intended to use cannabis during the week following the interview, providing some insight into the difficulty of achieving a 'drug free' status following problematic levels of drug involvement.

The remainder of this section will focus on drugtakers' reported drug use, the central aim being to illustrate the diverse nature of their drug-related activities. The drug-taking activities of problem drugtakers, with particular reference to their heroin involvement, will be dealt with later in this chapter.

Although cannabis was by far the most popular and frequently-used of all the psychoactive substances among drugtakers, clear differences emerged in the level and intensity of their commitment to the drug. For eleven of the twenty-one drugtakers interviewed, cannabis use emerged as a routine affair. The activity was clearly integrated into this group's customary peer meetings, with evidence to suggest that drug-taking was a clear staple of their daily routine. Moreover, cannabis use emerged as a focus for peer group interactions and occupied a distinctive position in their daily lives. The quotes below demonstrate regular, habitual engagement with the drug. More importantly, the narratives provide considerable insight into the role and function of cannabis in the lives of young people. Drug use matched the pace and rhythm of their daily routines and slotted easily into their planned and incidental peer gatherings. Significantly, respondents' chosen drug-using locations were usually in close proximity to their own homes and drug use merged with other activities and interests, all of which took place within a relatively compact geographical area.

> [Can you tell me how you spent yesterday?]
> *Yesterday morning I woke up at ten. I knocked for Brenda and we met a few friends — they were at the Block. So, we went over and had a few joints and then we came up here (youth club) and we stayed (pause) we stayed here. I left here at half four yesterday (pause) and I stood down there at the Block.*
>
> [So, did you smoke hash there again?]
> *Ya. we did. And I went in then for a while and had something to eat. And then I came back out an' straight back over to the Block and smoked hash. I left the Block and was in bed by eleven o'clock, quarter to eleven last night.*
>
> Lorraine, 15.11 years.

[At what times of the day do you smoke hash then?]
The morning. You get up and then when you're walking out of your gaff ya get hash handed to ya. You just go off and smoke it.

[So how many joints would you say you had yesterday?]
(pause) Loads, too much! (slight giggle). Loads 'cos there's a few people that sells the hash at the Block and that. They just keep on buying more and then they're still smoking hash, ya know. Ya see, they just get handed to ya and then ya pass them.

Belinda, 15.9 years.

Most of those who used cannabis in the manner described above acknowledged the drug's importance in their lives, at least to the extent that they would miss it if it wasn't available. Drug-taking scenarios embodied a range of personal rewards: they facilitated peer interaction, enabled them to "buzz off" their friends and created opportunities for social interaction. Hence, the psychoactive 'hit' was only part of the pay-off, with far greater emphasis placed on the benefits accrued from participating in an activity that was predictable, convivial and familiar.

Not all drugtakers reported this level of commitment to cannabis use. An equal number (n=10) described a drug relationship which was evidently less involved and this group of informants were clearly less committed to drug use. Situational factors tended to dictate their access to cannabis and most did not maintain a personal supply of the drug. Instead, they relied on friends or acquaintances for "a smoke" or "a drag". When asked to recount their drug experiences, they were evidently less enamoured by the drug experience than their regular cannabis-using counterparts. A number reported that the pleasure obtained from cannabis was negligible or non-existent.

[What about hash?]
Hash, like, I was smoking it last night and nothing happened to me like. Everyone else gets a buzz like and I do be just sitting there! (laugh)

[How often do you smoke hash then?]
Not often. I used to buy it like with me cousin and all. Now I wouldn't. If someone had it I'd say 'can I have a blow off that'.

Joan, 15.11 years.

Despite a largely indifferent attitude to the drug, these young people continued to smoke cannabis on a casual or intermittent basis. Their interest in the drug centred mainly on the sociability of the activity. Drug-taking scenarios involving the use of cannabis were clearly perceived as a 'normal' and accepted feature of peer group meetings and interaction.

Moving away from cannabis to the use of other drugs, Table 8 indicates that a large percentage of young people had used amphetamines (speed), ecstasy and LSD at some time. Use of the so-called 'dance' drugs differed substantially from that of cannabis in

that it was not street-based. These drugs were associated predominantly with raves, parties and other social events and the vast majority of drugtakers reported only intermittent or occasional use of these substances, certainly compared to cannabis.

> [What about ecstasy then?]
> *I'd just take it going clubbing and that. You wouldn't get anything out of it just sitting around the flats.*
>
> Linda, 17.7 years.

> *The E? I only take them when I'm going to parties or going out dancing. I don't take them just ta take them. That's every say, few months ...I don't do it unless I'm going out somewhere like. I wouldn't do it just to stand around the flats. Let's put it this way - an E is a party occasion.*
>
> Sandra, 18.2 years.

Of those who reported a phase of sustained ecstasy use, most indicated a significant decrease in their intake of the drug following a period of regular use. The dance drugs were praised for their euphoric effects and for their energising qualities. LSD was the least likely of the dance drugs to have been used over lengthy periods of time.

> [How would you describe how you felt when you took ecstasy?]
> *Oh, sociable right, more sociable than ya usually are but that's not why I take it. Ya get a great (pause), if you're in the mood ya get a great dance buzz of it, a nice head buzz. If ya get a good rush outa it ya get a deadly feeling out a that. It's hard to explain.*
>
> James, 18.5 years.

The use of tranquillisers was widespread. This finding was not altogether surprising in the case of problem users who increasingly seek out additional ways of supplementing their drug intake (Pearson *et at.,* 1985; Parker *et al.,* 1988). More surprising, perhaps, was that nearly one-third of the drugtakers reported the use of tranquillisers at some time. A number of young people reported regular use of prescribed drugs. Cost and access emerged as important factors here: prescribed drugs were easily available on the street and in respondents' own homes; they were also affordable.

> [What about Dalmane? Have you ever taken that?]
> *We were standing at the Block when we took them. There was a few of us standing at the Block and we just bought them. You'd get two for £2.*
>
> Belinda, 15.7 years.

[Did you buy the Roche yourself?]

No, me ma used to be on Roche and that so I used to take it off her but then she found out about that and she'd thrown them out so I'd have to go over to a friend or whatever like that to get them.

Linda, 17.7 years.

Cocaine and heroin use was rare among drugtakers and only two of these young people reported the use of these drugs. In general, the mention of either met with extreme negativity. Both were considered to be "dangerous" and "addictive" and a clear distinction was made between these and other drugs in this respect. Heroin, in particular, was firmly rejected, even by experienced users of a range of other drugs.

There's no way I'd go near heroin. No way. I've tried lots a things but that's different. Ya get addicted ta that. Ruins your life.

Sharon, 18 years.

I wouldn't touch it (heroin). I don't like anyone that's on heroin either.

Mark, 17.3 years.

Of the two young women who experimented with heroin at some time, one discontinued use following first experimentation and a second reported occasional use. Given the rarity of knowledge pertaining to heroin experimentation and of occasional users of the drug, it is important to present Linda's description of this particular drug experience. Linda (a drugtaker) had at no stage accessed treatment.

[Have you ever felt that you really needed heroin?]

As I said like, the next mornin' when I'd get up I'd feel sick but then I'd say 'oh yeah, I'd love a Q' but then as the day goes on I do be sayin' to meself 'Jaysus, what am I thinkin' of and all that.

Linda, 17.7 years.

When Linda was asked about the 'seriousness' of her heroin use and the risk of dependence, she claimed to be able to maintain a 'controlled' level of involvement with the drug.

[Would you ever be afraid that you could become addicted to heroin?]

No, I know I wouldn't get addicted to it... I just know that I wouldn't. I know like, if I ever took it like I'd stop it one day but if I wanted it the next day then I'd just take it and I'd know that I could just stop. If I wanted to stop I'd stop ... I have taken it for like four days and that and then just stopped all of a sudden so, if I did it again I'd say I'd be able to stop again.

Linda, 17.7 years.

This young woman claimed to be in 'control' of her heroin intake but simultaneously admitted to having an interest in pursuing the heroin experience. A fusion of desire and rejection could be said to characterise her relationship with the drug.

As stated earlier, a detailed examination of the drug-taking practices of drugtakers permitted the identification of two distinct drug use profiles — 'frequent' and 'less frequent' drugtakers — which were identified on the basis of the number of drugs tried, the quantity of drugs consumed and the frequency and intensity of use. An examination of the way young people used drugs became a critical reference point in the generation of these distinctive drug use profiles. The main characteristics of the drug use behaviours of frequent and less frequent drugtakers are presented on Table 9.

Table 9 Drug Use Profiles: 'Frequent' and 'Less frequent' Drugtakers

	'Less Frequent' Drugtakers (n=10)	'Frequent' Drugtakers (n=11)
Cannabis Use	Once or twice weekly/incidental use. Reliance on friends/situational factors for supply	Daily use in most cases. Part of daily routine. They purchase their own supply on a regular basis.
Other Drug Use	The majority had not tried any other drug besides cannabis.	Most have tried a range of drugs including speed, ecstasy, LSD, tranquillisers and cocaine.
Frequency of Use (besides Cannabis)	Experimental / Occasional	Viewed mainly as recreational drugs and are used most frequently at parties, clubs and other social events.
Multidrug Use	Cannabis and Alcohol Only	Speed & Ecstasy; Cannabis & Alcohol; Speed & Cannabis; Ecstasy & Cannabis.

Table 9 illustrates quite distinctive differences in the use of cannabis and other drugs by 'frequent' and 'less frequent' drugtakers. Apart from the type, number and frequency of drugs used, the sub-groups differed significantly in their 'style' of drug use. Whereas the former group could be described as *heavy, habitual,* and *purposeful drug* users, 'less frequent' drugtakers, in contrast, indicated far less commitment to the act of drug-taking, and emerged as *intermittent* users of cannabis, with little experience of other illicit drugs.

A third sub-group of drugtakers (n=4) described significant modification to their drug intake following a period of regular use of at least two drugs. They used their first drug during their early teenage years and reported past daily use of cannabis. All had used two or more substances in addition to alcohol and cannabis by the age of 15 years.

However, this sub-group of former ‘frequent’ drugtakers reported a dramatic reduction in their drug intake between the ages of 16 and 17 years. At the time of interview, all were occasional users of cannabis and two expected to use amphetamines and/or ecstasy intermittently in the future. This pattern may suggest a process of maturing out of regular drug use during the late teenage years.

As with most typologies, those outlined here need to be viewed in a dynamic sense. The boundaries of each typology are fluid, so that individuals can move between different styles of drug use across time. This picture does not support the natural history paradigm, which depicts an inevitable progression from light recreational use to heavy compulsive or problematic use.

The reported drug using behaviours of the group who described themselves as drugtakers were both complex and diverse. Drug-taking practices emerged as non-static, with many young people indicating an increase, or alternatively, a decrease in their drug intake over time. Respondents exhibited varying levels of commitment to cannabis and other drugs and some engaged in more regular patterns of use than others. ‘Frequent’ drugtakers can, however, be appropriately described as representing the deep end of recreational drug use. For this group, polydrug use was the norm and a large proportion had experimented with three or more drugs. Multi-drug use, or the concurrent use of two or more drugs for the achievement of heightened drug experiences, was commonplace. It is important to reiterate that this group of young people did not consider their drug use to be problematic.

The Move to Heroin

This section concentrates on problem drugtakers’ accounts of their drug involvement from the early stages of substance use through to the initial stages of heroin involvement. The stigma and secrecy surrounding heroin use, particularly at the point of initiation, means that, in general, very little is known about this critical drug transition. Most available accounts of first and early opiate use are retrospective due to the difficulties of gaining access to young users. Although reports in the current study are similarly restricted, participants’ recollections were of relatively recent events and experiences, certainly compared to those of ‘seasoned’ heroin users with far more lengthy drug careers. Eight of the participating problem drugtakers were seventeen years or younger at the time of interview. In this section, the move to heroin will be examined using the young people’s own ‘stories’.

Sixteen of the eighteen problem drugtakers reported heroin involvement at problematic level and virtually all initiated their drug career between the ages of twelve and thirteen years. The majority reported cannabis as their first drug. It was noticeable, however, that several 'younger' problem drugtakers (informants aged between 15 and 17 years) reported inhalants as their initial drug. While most did not become deeply involved with inhalants, and discontinued use following a relatively brief period of experimentation, two young people reported sustained use of these easily accessible products. Christy described his use of aerosols and other volatile substances in the following terms:

> [Did you ever sniff anything like glue or Tippex?]
> *Four years ago I done Tippex, me and a mate. I just done that once and that's it. I never done glue, just aerosols — gas, fly killer, air freshner, body spray ...anything.*
> [What about petrol?]
> *Yeah.*
> [Once you started, were you doing it on a weekly basis or every day?]
> *Every day. I still do it every day.*

Christy, 15.7 years.

In general, problem drugtakers reported a rapid escalation in their drug intake following first drug use. The majority experimented with a range of substances during their early teens and were using two or more drugs (in addition to alcohol) by the age of fourteen, the most commonly used being inhalants, cannabis, tranquillisers and ecstasy. The range of drugs used and the intensity of early use were striking features of the young people's reports. More noteworthy, perhaps, was the rate at which they became immersed in a street-based culture, where drugs were easily available and their use accepted. Movement from one drug to another occurred almost 'naturally' within a social and environmental context which facilitated easy access to a range of psychoactive substances. In this sense, young people's accounts of first heroin use suggested that this particular drug transition did not signify a radical departure from prior drug using activities. Thus, the significance of the move to heroin became somewhat obscured by an already high level of investment in drug use and the drug scene. Young people's first heroin 'hit' was usually supplied by an older and more sophisticated user of the drug. The excerpt below is a typical account of the circumstances under which first heroin use took place.

> [Were you with other people the first time you smoked heroin?]
> *Yeah. I was with two of me friends and I was in one of me friend's shed and ah, whatya call it? they were smoking it. I wasn't smoking it at the time. I wouldn't. And I just said 'give us a line' and I took a line and then I said 'give us another line' 'cos it was good, ya know what I mean. And it just led on from there.*

Lee, 15.7 years.

Heroin initiation occurred within a social context where the drug was readily

available and accessible through networks of friends and acquaintances. Most had already a sizeable drug repertoire prior to first use. Probably of greater significance is that, from an early age, the group were immersed in social networks where drug use was valued and played a significant role in routine patterns of socialisation and interaction. Critically, heroin use, previously viewed as 'serious', gradually gained acceptance by the peer group. This process, it must be emphasised, was gradual and did not necessarily have the knowledge and support of peer group members. Indeed, a significant number of young people stated that they initially concealed their heroin use from both their heroin-using and non-using friends.

> [You said you started smoking hash when you were around thirteen?]
> *I think so. When I started smoking gear it was very early 1995. But I didn't get into it or anything, you know, the first time I tried it and said 'no way, I'm not gettin' into this'. I use to hide it and me and me friend would go out and do it.*
>
> Crystal, 16.3 years.

Concealment was an even greater priority for young women, who reported trying heroin for the first time despite the warnings and advice issued by their male peers. It appears that, for young women, the move to heroin represented an even more serious transgression. A number explained that heroin use was simply "not allowed" in the eyes of their male counterparts. This, however, did not deter first use.

> [Can you tell me about the situation you were in the first time you tried heroin?]
> *Ah, we were in ... a friend of mine was after getting it (heroin). She was after robbing it 'cause her fella was on the gear, she was after robbing a few Qs and all and we were over in the snooker hall just there and I am saying "come on we'll just do it, we'll just do it!" And me other friend was saying "no, we just drink you know, we don't have any of that, we just drink". It was just not allowed you know what I mean. Like the young fellas were allowed to do it but the young ones, no ... like and I mean if we wanted it, it was just NO, you know what I mean. So, like I started going on sly smokes with these other few friends of mine.*
>
> Sabrina, 18.1 years.

Contrary to the findings of other research on young heroin users (Parker *et al.,* 1988), most of the young women in the current study were not introduced to heroin by a male partner. Instead, they embarked on the activity in the company of a female friend. Rosenbaum (1981) similarly found that the young women in her sample were more likely to initiate heroin use in association with female peers.

In summary, entry to heroin use was a complex process, one which involved a significant shift in attitude to the drug. The vast majority of young people revealed that they had some knowledge of the risks associated with heroin use prior to first use. Previously regarded as hazardous and unacceptable, heroin use gradually came to be regarded as a

legitimate form of drug-involvement. This shift took place in the context of high exposure to, and intense involvement in, a strong drug culture. Chapter 5 will provide a more detailed analysis of important mediators in the transition to heroin use.

Progressive Heroin Involvement

Heroin users generally conceal their activities during the initial stages of use. Most are highly unlikely to come to public notice unless they continue to use the drug over time and/or progress to problematic patterns of drug involvement. Consequently, very little is known about the novice heroin user. The aim of this section is to examine how the young people described their early heroin experiences and to explore the early stages of their heroin-using careers.

The majority of respondents found it difficult to impart detailed descriptions of their first heroin experience and surprisingly few emphasised positive drug-induced feelings or responses when describing their initial use of the drug. Feelings of nausea were commonly reported during the early stages of use.

> [What was it (heroin) like the first time?]
> *I just took it. I think I took four lines and I was out of it. I said 'I'm going home'. I was green. I walked down the stairs into the Block and puked.*
>
> Kathy, 19.2 years.

> *When I took it the first time I didn't like it. Ya see, it's very hard to explain. I didn't like it, getting sick and all. I liked the buzz so I had it again for the buzz. I didn't like the sickness part, I was very sick.*
>
> Sylvia, 18.6 years.

Other research has similarly revealed that first opiate experiences are often reported in negative terms (Pearson *et al.,* 1985; Taylor, 1993). Only a small number of respondents in the current study reported a pleasurable first heroin experience. In general, gratification was attributed to immense feelings of relaxation.

> [What did taking heroin feel like the first time?]
> *Brilliant. Real relaxed, didn't care about anything. It just felt the ultimate, do you know? It was brilliant.*
>
> Andrew, 19.11 years.

> *I kept on going to sleep and I thought it was a great buzz 'cos I never had that buzz in me life before.*
>
> Natalie, 19.11 years.

Initial feelings of nausea did not deter subsequent use and all of the respondents described later heroin experiences in extremely favourable terms. Some depicted the 'buzz' as relaxing and sensual and drew attention to the "goofing off" phase, essentially one of helpless oblivion to the world. Other respondents described feelings of personal power and self-confidence and characterised the experience as self-enhancing and personally invigorating.

> *Once I had it (heroin) everything was sweet. And if I was full of heroin I would socialise every way possible, no problem, socialise with anyone. Talk to anyone. The confidence! It gives ya so much confidence, you feel so good in yourself and you feel relaxed.*
>
> Andy, 19.11 years.

The phase subsequent to heroin initiation, frequently described as the 'grey area' of transitional use (Pearson *et al.,* 1985), is a period characterised by increased use of heroin and other drugs. Considerable diversity emerged in how young people described this period and the time-lapse between early heroin use and the development of compulsive or chronic patterns of opiate use varied considerably. Despite this variation, it is possible to identify a number of key developments which help to elucidate the journey towards problematic drug use.

As stated previously, heroin use was hidden from the majority of the early users' friends and acquaintances. The accounts of the young people indicated, however, that, as time progressed, this silence became increasingly difficult to maintain. Somewhat ironically, many discovered some time later that a number of those from whom they had concealed their activities were also involved in heroin use. Peer knowledge and acceptance of the individual's heroin use emerged slowly. Importantly, this openness allowed use to proceed without the constraints imposed by former efforts to mask their activities and frequently marked the onset of more regular patterns of use. This development also marked the onset of more intense contact and interaction with a larger network of heroin users and provided additional access routes to the drug.

> [How did your use of heroin build up?]
> *It would be one of the best drugs I tried but it was just... I don't know? I didn't want to take it again. Ya just say 'I'll have one more and that's it and then ya just start getting more frequent and all. I was dabbling for ages, taking it on the sly and all... a weekend thing, ya know. And then you 'd ask someone to go halves with ya and smoke it. Ya just keep on saying that you'd never get strung out.*
>
> Declan, 18.9 years

It was common for young people to report more frequent use of a greater number of other substances, particularly tranquillisers, alongside a growing involvement with heroin. Multidrug use — the concurrent use of two or more substances — was a commonly-reported practice. At this stage, the young person's daily routine revolved firmly around

the acquisition and use of heroin.

> [Did you do coke when you were on the gear?]
> *Yeah, used to mix it. Used to wash up the coke into the drugs, like cook up the gear into the works, bung the two of them into me together. Then I would be getting a buzz off the coke and then when I'm coming down off the coke, the gear would bring me down nice.*
>
> Andy, 19.11 years.

Finally, respondents reported significant lifestyle changes alongside increased drug involvement. One of the more conspicuous changes related to the effects of use on friendships and peer networks. As compulsion to secure a supply of the drug escalated, the practice of sharing available supplies with friends all but disappeared. The economics of maintaining a growing drug habit meant that a more individualistic approach to the procurement and use of heroin made practical sense.

> [Were you taking gear with other people in the beginning?]
> *Yeah, I started taking it while I was with other people.*
> [Did that change at all?]
> *Dramatically, yeah. Like, I started going on me own and doing it because whatever drugs I had I was keeping for myself. Whatever money I had was for myself... there'd be others that'd do it on their own as well.*
>
> Alan, 19.6 years.

The move to problem or compulsive use was somewhat obscured by the individual's failure or refusal to recognise and respond to the telling signs of dependence. Several young people reported that they were unaware of the depth of their involvement with the drug and attributed first withdrawal symptoms — aches and pains, high temperature and perspiration — to having a 'flu' or to feeling generally unwell. Respondents' estimated time-lapse from first heroin use to dependence varied from six months to one year. Accounts of the emergence of drug-related difficulties suggested that young people went through a lengthy period of denial before admitting to suffering health, social, personal or psychological problems as a direct result of their drug use. Problem drugtakers invariably recalled the outcome of their heroin involvement in extremely negative terms. Respondents typically referred to deteriorating family relationships, loss of self-esteem and a deterioration in their physical appearance.

> [Do you think that heroin changed you?]
> *It did yeah. I was always kinda respectable about meself, I always treat meself but when I started heavy on heroin I didn't give a shite about meself. I let meself go down hill and then getting locked up as well.*
>
> Gerald, 19.1 years.

I was so run down, I was gettin' pneumonia and all of this like. I was getting very sick and I had no fuckin' confidence and no self-esteem. And I could see all these things, that I was so fucked up, that I had no life left and that I was going down hill, that I was going to kill myself with this and I says 7 have to do something about it'.

Alan, 19.6 years.

Somewhat ironically perhaps, parents were usually the last people to acquire knowledge of their son's or daughter's heroin involvement. While young people admitted to avoiding the harsh disclosure of their heroin use to parents and went to considerable lengths to conceal their activities, a number also suggested that parents frequently reject the possibility of serious drug-involvement on the part of family members.

[How long was it before your mother realised you were on heroin?]
Em, Jesus, a couple of years. You know Ma would just say 'no, not my daughter, not my sons', ya know what I mean, they don't want to know that their dear daughter or dear sons is taking heroin, like they just don't want to know. Like, my Ma like, my Ma knows I am no angel but it takes a while for it to sink into them. Then me Ma just tried all the help she could get me, like you know what I mean, like she never gave up.

Sabrina, 18.1 years.

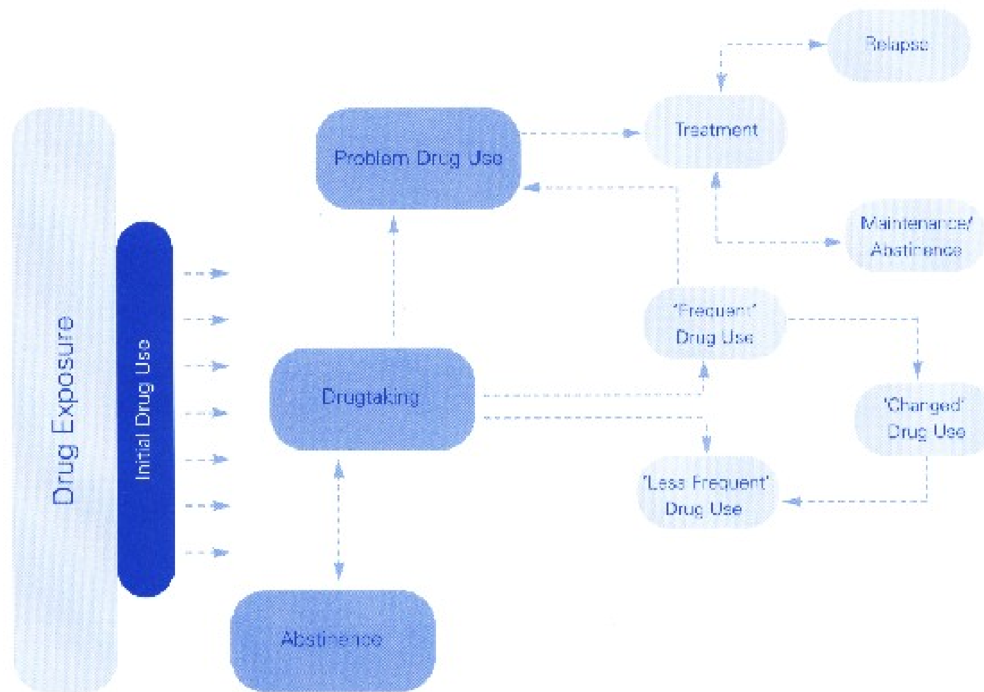
In summary, journeys towards problem use were diverse. Despite this variation, it is possible to identify a number of critical junctures in the process of increased commitment to heroin and other drug use. First, initial use of heroin, clearly a crucial drug transition, appeared to involve a considerable shift in attitude, as well as considerable modification to previously defined boundaries of appropriate and inappropriate drug use. Peer knowledge of the individual's heroin involvement emerged as a second important marker, in that it opened important lines of communication with like-minded individuals and created additional opportunities for use. More importantly, peer endorsement of this forbidden activity created the circumstances conducive to the establishment of regular patterns of use. At this stage, much less energy was invested in the act of concealment, although adults (particularly parents) remained firmly removed from this circle of knowledge. Involvement with heroin intensified, in many cases, without the user's awareness of the changing nature of the seriousness of his/her drug involvement and, as a result, first withdrawal symptoms frequently came as a shock to young people.

Drug Pathways

The findings documented above illustrate the wide range of drug options available to young people following first use. Young people's drug use emerged as heterogeneous,

fluid and changeable. Some engaged in occasional or intermittent use of cannabis while others were clearly more deeply involved with a range of mood altering substances. A diagrammatic representation of the dominant drug use practices to emerge from the reports of study participants is provided in Figure 1. This non-linear model emerged from a detailed analysis of respondents' drug-taking history and should not, it must be emphasised, be interpreted as depicting an inevitable progressive pathway from first drug use towards dependence. The aim in presenting this diagrammatic representation is to illustrate the types and styles of drug involvement evidenced by the sample of study participants. In this sense the model represents a continuum of commitment to drug use, with the range, frequency, intensity and mode of use determining each individual point along that continuum.

Figure 1: Drug Pathways



Summary and Conclusion

This chapter has provided an account of the drug-taking practices of drugtakers and problem drugtakers. The type, frequency and intensity of drug use were key components of the analysis. Repeated emphasis on the social dimension of drug use, with particular reference to drug availability, drug access routes and the role of peer interaction and socialisation, meant that drug-taking was placed within the wider context of everyday lived experience.

Overall levels of drug involvement were high among drugtakers. The majority reported high exposure to drugs and drug use and a significant proportion used cannabis regularly. Polydrug use was the norm and a large number had experimented with at least three drugs since the time of first use. Multi-drug use, or the concurrent use of two or more drugs for heightened drug experiences, was a common practice.

On average, problem drugtakers reported earlier first use of drugs than other participating groups and the majority were polydrug users by the early age of thirteen or fourteen. In general, a rapid escalation in drug intake characterised their early drug use. Most had established routine patterns of drug use by their early to mid-teenage years. Ensuring that their activities remained hidden was a priority during the early stages of heroin use. The majority reported increased involvement with a range of other drugs following heroin initiation.

The major findings relating to the drug-taking practices of drugtakers and problem drugtakers are outlined in the points below.

- Cannabis dominated as the drug first used and continued to occupy a distinctive position in young people's drug repertoires.

- A large number of the young people initiated use by the age of 13. A smaller number tried their first drug at the early age of 12.

- All study respondents, including abstainers, experienced what might be justifiably regarded as exceptionally high levels of exposure to drugs and drug use within the context of their immediate social environment.

- The majority of young people were introduced to their first drug by friends.

- Drug use was a shared activity and not one that was embarked upon alone.

- The social dimension of drug use was a conspicuous feature of all drug-taking episodes. Although problem drugtakers reported a more solitary relationship with heroin and other drugs, contact with like-minded drug users continued to be an important component of their routine patterns of drug use.

- Early heroin use was imbued with secrecy. Young people engaged in a range of techniques to ensure that their activities remained private.

- Young women generally used heroin for the first time in the company of a female friend. Many reported having concealed their heroin involvement from their male counterparts during the initial stages of use.

- The time lapse between first use of heroin and the first signs of dependence varied between six months and one year. This transitional period was characterised by a marked increase in other drug use, alongside growing involvement with heroin.

- Many were unaware of the seriousness of their heroin use and the first signs of dependence frequently came as a shock to young people.

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Chapter 4: Avoiding Drugs

One of the major strengths of the current study is the inclusion of a broad sweep of drug-related experiences. Drawing on the accounts of drug users and non-users from *within* the community, the research included many individuals *not* in contact with treatment or other drug intervention agencies. This is important since most studies of inner-city drug use focus on problem drug users receiving treatment. Attention to the extent and nature of problem drug use is understandable in view of the cost to individuals, families and society of serious drug involvement. A major difficulty, however, with confining knowledge of drug use in inner-city areas to individuals undergoing treatment, is that the majority of young drug users living in such localities do not present for treatment. Consequently, very little account is taken of general drug using practices within areas considered to be 'high risk' for opiate and other serious drug use. Moreover, little attention has focused on the experiences of non-users, and the questions of how and why young people avoid drugs remain poorly understood, representing a significant gap in knowledge. The issue of resistance to drug use is important from a preventive viewpoint since it is equally important to develop strategies that reinforce attitudes and behaviours thought to inhibit drug involvement as to develop strategies aimed at discouraging use.

Studies of drug avoidance are relatively rare. Glasner & Loughlin (1987) drew attention to the issue of non-use in their research on adolescent drug use and suggested that abstainers do not think about drugs in the same way as users. Non-users saw drugs as dangerous and, in general, held the sort of views promoted by government anti-drug programmes. They were also more conscious of the health risks associated with both licit and illicit drugs. A more recent British study examining reasons for non-use among young people residing in both inner-city and suburban localities within the Greater London area (Fountain *et al.,* 1999) found that no single reason for abstinence was given by the majority of respondents. The motive most frequently reported — particularly by older respondents — was a lack of interest in the effects. For younger respondents, non-use was frequently attributed to a fear of drugs and their effects.

The current study revealed a number of 'categories' of drug avoidance. First, there were respondents who explicitly described themselves as *abstainers.* This group had not used an illicit substance during the six months prior to interview and the majority stated a personal commitment *not to* use drugs at any stage in the future. Findings to be presented relating to abstainers, however, reveal greater variation in their drug-related experiences than might have been expected.

A second discrete form of drug abstinence emerged from the data. A considerable number of drug users reported restricted use of substances and others stated that they had discontinued using *particular drugs,* but not others. This finding suggests that drug avoidance is not a unitary concept or one that *necessarily* implies total abstinence. Instead, drug avoidance can be more accurately described as involving a range of strategies exercised by young people in response to diverse and changing life and drug-related experiences. Hence, total abstinence is only one of numerous approaches to drug avoidance and does not encompass the entire spectrum of protective mechanisms adopted by young people in relation to drug use. This finding has important implications for the planning of appropriate preventive approaches and suggests a rationale for the development of strategies aimed at reducing the risks associated with drug use.

The initial focus of the chapter is on the social and drug-related experiences of abstainers. Abstainers' attitudes to drugs and motives for non-use will be documented. The discussion moves then to present evidence of *selective* drug avoidance, and describes the rationale offered by respondents for drug choices involving the use of some substances and non-use of others.

The Experience of Abstainers

Eighteen abstainers, nine young women and nine young men, were interviewed individually. The mean age of the group was 17.3 years. One third of the young people, that is six respondents, reported past use of one or more substances. All six of these former users had tried cannabis and a further two reported lifetime use of other drugs including ecstasy, amphetamines, psilocybin (magic mushrooms) and inhalants.

For most former drug triers, past drug use amounted to a brief flirtation with cannabis. Young people simply had the opportunity to try the drug (usually in the context of a peer gathering) and curiosity was their primary motivation for experimentation. Significantly, most communicated their drug experience(s) without enthusiasm and a sense of negativity or indifference could be said to characterise their accounts of first and later drug-taking episodes.

> [What did you think of hash when you tried it?]
> *I tried hash once. Didn't find it any big deal.*
>
> Jim, 18 years.

> *I didn't like it at all. It was a real dopey buzz, ya know. You're going around real stupid or something. I didn't like it at all.*
>
> Laura, 18.11 years.

Two young men reported a higher level of former drug involvement than was the norm for this subgroup of current abstainers. One reported daily cannabis use and a second had experimented with both ecstasy and amphetamines. It is important to reiterate that all six former drug users stated, in the context of the interview, that they had no plans to resume drug-taking.

> [Could you see yourself using any drug in the future?]
> *No. I have tried things, yea know, like I told ya. But I've no interest now. Someof it was alright but I've done it and I won't be doing it again.*
>
> Jason, 19.9 years.

In fact, the majority of abstainers claimed emphatically that they had no appetite for future drug use. Older abstainers were particularly resolute in their assertions regarding any form of drug involvement.

> [Were you ever interested in drugs?]
> *No. I used to play football and Gaelic and things like that. I'd no need for drugs. No need at all. I just had too much to do all the time. I never, never, never was interested in drugs.*
>
> Luke,19 years

> [Have you ever felt like you'd like to try a drug?]
> *No. One reason I wouldn't do it is 'cause I know I wouldn't be able to handle it. If there was something like that going on inside me I'd be freaked out'cause I wouldn't be able to handle it.*
> [Do you think you'll ever take a drug?]
> *No, I don't think so. I'll never do it now. I've had too many chances of taking them. I think if I was going to take it I'd have taken it about a year ago.*
>
> Laura, 18.11 years.

Despite the group's definite rejection of suggestions of future drug use, it is important to point out that the majority of abstainers had drug-using friends. Furthermore, five young people reported that an immediate family member (parent or sibling) had experienced drug-related difficulties. A further six stated that a more distant family member had a chronic drug problem. Thus, in excess of 60% of the total abstainer sample had direct contact with an individual who experienced drug-related problems. Consequently, it cannot be assumed that this group were protected by lack of contact with drugs and the drug scene. On the contrary, the narratives suggested high levels of drug exposure. The majority expected to find themselves in situations where drugs were on offer. Older abstainers, in particular, were well-acquainted with young people who engaged in a range of drug-taking activities.

> [Do you know any people who smoke hash?]
> *Yeah, like nearly everyone, like none of the girls I know are smoking it but some of the fellas we hang around with get it off their friends around.*
>
> Jaki, 15 years.

> *I have been out to loads of raves like and everyone taking E and all and it still doesn't appeal to me.*
>
> Jason, 19.9 years.

> [What other drugs do you think your friends take?]
> *A couple of them have done some other minor drugs (besides cannabis). One of them does a bit of speed when he goes out. Some of the others take poppers to get a bit of a buzz when they go out. One of me mates was smoking heroin but he's off it now.*
>
> Jim, 18 years.

Abstainers were routinely exposed to drug use through friends, acquaintances and, in some cases, family members, and many were accustomed to drug-taking situations. Natural points of contact with drug users occurred in several contexts — during school-time, on the street and while engaged in routine recreational activities. The following section will examine abstainers' attitudes to drugs and their motives for non-use.

Drug Attitude and Motives for Non-Use

The preceding evidence suggests that some form of contact with the drug scene was the norm for the majority of abstainers. In addition, this group conveyed considerable knowledge about a range of available drugs and many clearly had the wherewithal to secure a supply if they so wished. This point was made succinctly by one young woman:

> *If I wanted to get drugs now I'd be able to go over and get them. Like, it's that easy to get. It's your decision like. If ya want ta take drugs, ya take drugs. If ya don't want ta, ya don't.*
>
> Lisa, 16.10 years.

Abstainers displayed a strong awareness of the presence of drugs within their immediate locale and the majority expected to meet with opportunities to use drugs. Cannabis use was spoken about in a matter of fact way and emerged as a largely accepted feature of everyday life. Heroin, on the other hand, was viewed in extremely negative terms and was considered to carry numerous and serious health risks.

That's just like smoking a cigarette, smoking a joint of hash.

Paul, 16.5 years.

Hash isn't too bad but heroin is a different story. That stuff, people dying from it and all, like yeah when (pause) ya know the way people bang it up into them and ya know, the way people O.D. on it an' all. It could be someone's first time trying it an' just dying, do you know what I mean.

Elaine, 18 years.

Importantly, abstainers considered non-use to be a personal drug choice and did not necessarily expect others to conform with *their* standards and expectations. Although most expressed profound disapproval of drug use, they simultaneously added that many young people were likely to engage in the activity at some level. A rejection of drug use on one hand, and a casual acceptance of the behaviour on the other, could be said to characterise their attitude to drug users. It would appear that an unambiguous rejection of *all* forms of drug use on the part of young people, however commendable, is neither practical nor reasonable within a social environment where drug use is pervasive.

Abstainers forwarded a number of specific reasons for non-involvement with drugs. Of these, health concerns emerged as a powerful factor in discouraging use. Thirteen of the eighteen abstainers referred to health-related concerns when discussing available drug options, the prevailing belief being that drug use had serious negative consequences for physical health and well-being.

[What's the most reason you wouldn't try hash?]
Just me health really. That's the main thing. Hash — that messes up your brain, kills your brain cells and all.

Steve, 16.6 years.

[What do you know about E?]
Makes people jump around and they're real happy and they've loads of energy. But they're bollixed, just fucking up their system. There's only so much your system can take, your liver or whatever.

Luke, 19 years.

[What do you think about hash?]
It made me feel mad unfit when I was running and all. I was always coughing.

Tony, 17.5 years.

Abstainers made frequent reference to media reports of drug-related deaths, predominantly those associated with ecstasy, and to the warnings issued by anti-drug campaigns at both local and national level. Fear emerged as a dominant and recurring theme in the discourse. Some young people expressed fear of 'addiction' while others

worried about having a bad experience or of responding negatively to the drug.

> [What makes you so sure you would never try hash?]
> *'Cause I know meself that I wouldn't go near them. I wouldn't be able to 'cause I would be afraid of what would happen like if you get a bad trip or something or you end up like ... there are dragons around ya or something. Like, you could end up killin' yourself.*
>
> Jaki, 15 years.

> *Just wouldn't go near it 'cos I wouldn't risk getting hooked.*
>
> Barry, 15.8 years.

Parental warnings about the dangers of drug use, coupled with anxiety over parental knowledge of their activities, were other commonly stated motives for non-use. A considerable number of abstainers said that they would be extremely reluctant to disappoint their parents in this way. Neil explained that, given the expectations of his parents, he would be reluctant to betray them by using drugs.

> *... and that's more than likely why I stayed away from drugs and all because I would be afraid of what they'd (parents) say and I would be afraid I would hurt them as well.*
>
> Neil, 19.5 years.

For the majority of abstainers, the risks associated with use far outweighed any potential or conceivable benefits. While a number admitted to feeling curious about certain substances, their interest in drug experimentation was relatively easily discounted against the potential danger of 'getting hooked' or becoming 'addicted'. Abstainers recognised a hierarchy of drugs and most conceded that some drugs were more dangerous than others. However, the general belief that all drug use had serious negative repercussions for physical health and fitness heavily influenced their drug decisions. They were also far more likely than drugtakers or problem drugtakers to believe that 'soft' drug use leads directly to progressive and serious drug involvement.

> [Did you ever wonder what it would be like to take a drug?]
> *It's like everything else, you wonder what everything is like. You wonder what's the big deal. But you wouldn't do it, you'd be afraid. Afraid you'd like it. Then you'd try it again and again and next of all you're an addict.*
>
> Jim, 18 years.

It would be wrong to assume, however, that abstainers were oblivious or naive to the benefits of psychoactive substances. A considerable number conveyed a clear understanding of the benefits of altered states of consciousness.

I drink. I notice sometimes you'd be in a night club sober 'cause you went straight there and you don't feel very loose on the dance floor and you feel like everyone is looking at you. If you get a few drinks in — not drunk — but it gives you a bit of confidence, it relaxes you and you don't care, you're just dancing. You don't care if anyone is looking at you. It's the same with girls. Until you have a few, not drunk, it's hard to go up and talk to her otherwise. The drink just relaxes you.

Jim, 18 years.

Although abstainers readily admitted to getting drunk for pleasure and/or for the achievement of altered states of mood or disposition, they had clear boundaries on the lengths to which they were prepared to go to acquire positive substance-induced states. A powerful sense of not *needing to* go beyond a certain point dominated their analysis of the benefits and costs of drug use.

Mostly people say it gives you a relaxing feeling, you mellow out. I don't feel the need to be mellowed out (giggle).

Neil, 19.5 years.

I don't think I need it (drugs). People take drugs to have a good time but I don't think I need it.

Laura, 18.9 years.

It was common for abstainers to assert "it's not for me" or "I'm different" when attempting to impart a rationale for non-use. Others were more forceful in their rejection of drug use and insisted that, unlike their drug-taking counterparts, they felt no compulsion to engage with drugs for enjoyment or to provide a sense of fulfilment. Many asserted that drug-taking had no bearing on their own personal needs, desires and aspirations. Drugs were viewed as irrelevant to what abstainers aspired to in life and a large number of non-users added that they felt no need to engage with drugs. The overwhelming consensus was the drug use did not 'fit' with their personal and social identity.

Not me. It's not me (smoking hash). I don't know, I'm just not into anything like that. I'm just different.

Kathy, 19 years.

[What do you know about the danger of using drugs?]
I wouldn't know the dangers of them all. I just know they're not for me. Not that I'm not allowed, well, I'm certainly not allowed, but that doesn't mean I wouldn't do it, but they're not for me.

Sandra, 18.3 years.

Just always saw it (drug use) as another thing going on. We were never really interested in it. We always had something else to do. It didn't appeal to me or my friends.

Luke, 19 years.

I play football and Gaelic and things like that. I've no need for drugs. No need at all.

Neil, 19.5 years.

The majority of abstainers indicated a clear and consistent pattern of abstention from drugs. However, as illustrated earlier, a number were former experimenters or users of one or more substance and some variation emerged in their stated motives for discontinued drug use. This group of former drug users invariably drew on their personal experiences of drugs when attempting to articulate their reasons for current non-use. One respondent simply stated that his initial use of cannabis was a disappointing experience.

Even the one time I took hash like, I know it's supposed to relax you but it didn't relax me. So, I just think it's not for me.

Helen, 16.10 years.

A bad drug experience was another common motive for termination.

I felt sick, uncontrollable, dizzy. I'd alcohol at the same time and I couldn't separate the two. I didn't know what was happening to me. I freaked out, I went to the back and stripped down because I was totally dehydrating. I was sick in my own bed.

Laura, 18.9 years.

Finally, fulfilling one's sense of curiosity, but not feeling any desire to continue use, was put forward by a former user of ecstasy.

I have been to loads of raves and everyone taking E and all and it still doesn't appeal to me. I don't know what made me take it that time. I said "I'll take it and see what it's like" so I tried it and that was the end of that.

Jason, 19.2 years.

In common with the findings of Fountain *et al.* (1999), no single reason for non-use was given by the majority of abstainers. Most respondents proposed two or more motives for not engaging with drugs and their reasons varied depending on the substance under consideration. While young people frequently emphasised a general disinterest in cannabis, they pointed to the potential detrimental health-related consequences associated with "harder" drugs, including ecstasy and heroin. Clearly then, different drugs were associated with varying levels of risk and harm. Heroin was consistently cited as the most dangerous drug. Most abstainers were aware of the potential pleasures induced by drugs and had listened to the positive drug 'stories' of their drug-taking peers. Importantly,

however, abstainers conveyed an identity which, in their minds, conflicted with the act of drug-taking. At the time of interview, the vast majority of abstainers felt that drugs and drug use did not 'fit' with their personal interests and priorities. While some expressed an interest in or curiosity about certain drugs, most did not expect or intend to use drugs in the future. The group's attitudes and beliefs about the dangers of various drugs were tightly circumscribed by beliefs pertaining to the risk of addiction, hazards to health and the threat of becoming involved in serious or compulsive drug use.

Selective Drug Avoidance

In this study, drug avoidance was not confined solely to abstainers. A considerable number of drug-takers reported that, for specific reasons, they too refrained from using individual substances. In other words, many drug users curbed their drug intake and had a clear rationale for these decisions. In some instances, young people *restricted* the use of a particular drug, or group of drugs, a practice that was particularly common among ecstasy users and related, in many cases, to the belief that regular intake of the drug was hazardous. Sandra explained that, in her estimation, regular ecstasy use was simply too 'risky'.

> [Do you take ecstasy every weekend?]
> *No. No I wouldn't 'cos it's just... I don't know whether you can get strung out over them or not but I wouldn't constantly take them 'cos that'd be pushing your luck I think anyway, pushing your luck a little bit far.*
>
> Sandra, 18.1 years.

Other young people drew attention to the importance of factors such as mood and disposition in the decision to use particular drugs. It was also commonly stated that some settings were more conducive to enjoyable and fulfilling drug experiences. For this reason, many drug users limited their use of ecstasy and other 'dance' drugs strictly to parties, clubs and other social events.

> *The E? I only take them when I'm going to parties or going out dancing. I don't take them just ta take them ... I don't do it unless I'm going somewhere like. I wouldn't do it just to stand around the flats. Let's put it this way — an E drug is a party occasion. If ya take it not going to a party you'll go on a downer and you'll go on a mad one.*
>
> Sandra, 18.1 years.

> [What was the acid buzz like?]
> *God, that made me hallucinate, it did. It was alright like. You'd have ta take that on a good day, d'ya know what I mean? Like, if seven hours later you're going on a bad trip, that'd wreck your head altogether.*
>
> Linda, 17.7 years.

Reliability of accessible supplies emerged as an important condition of use and several young people regularly questioned the quality of ecstasy. A number of respondents stated that they only purchased ecstasy from individuals who had previously supplied them with the drug. Other respondents stated that their lack of confidence in available supplies deterred their use of ecstasy on several occasions.

> *I haven't taken E in Jaysus, a few weeks, a month, I haven't taken E ... I'm not really into them anymore. Wouldn't trust them. You wouldn't know what kind of E you'd get now. It's a load of shite now.*
>
> Aidan, 19.2 years.

Ecstasy was not the only drug to be curtailed. A number of young people reported significant regulation of their cannabis intake. For example, Janice, a former daily user, stated that she had simply lost interest in the drug-induced effects of cannabis.

> *I got a big mad turn off and I just don't smoke it (cannabis) much anymore. The last time I smoked it was probably about two weeks ago, just a blow when I was drinking. Whereas before I was smoking it all day and all night. You know when you're smoking it a lot you just get sick of it. Then I was cutting down and I was smoking only three times a week. And then about two months ago I got a big turn off.*
>
> Janice, 18.1 years.

Similarly, lan, a former regular cannabis user, reported a dramatic reduction in his consumption of the drug.

> [So you don't smoke hash every day anymore?]
>
> *No I don't. I used to alright, ya know a couple of years ago, or less. Ah, I got fed up of it and started doin' different things, playin' football more and stuff. I only smoke it now around once a week. If I felt in the humour I'd go out and get some but not every week.*
>
> lan, 17.9 years.

Older and more experienced drugtakers were more likely than younger respondents to report deliberate modification of their drug intake and also more likely to articulate a clear rationale for this decision. Discontinued use of one or more drugs was common among both drugtakers and problem drugtakers. A bad drug experience frequently prompted this decision, particularly in the case of LSD.

> [What about acid?]
>
> *Did that a few times last summer but (pause). Not interested. I had a bad trip (giggle). I was going off me head, I kept on thinking there were things all over me and I was freaking out. So, wouldn't do it again.*
>
> Janice, 18.1 years.

I don't like acid. I was after taking it once and I kept saying 'I'm not gettin' a buzz outa this' and then I was in the bathroom and all of a sudden I was jumping out up at the walls trying to grab the flowers off the bleedin' wallpaper! And I was afraid of me mate's fella. I thought (pause) he has blonde hair and I thought he was a snowball! Never again!

Samantha, 17.5 years.

Discontinued use was also prompted by fear. A considerable number of older drugtakers stated that while they had used a range of drugs in the past, they were no longer prepared to take the risks associated with some drug use.

I stopped takin' E. Just got afraid of it. You hear of all the people dying an' all. Janice, 18.1 years.

Several drugtakers also indicated an awareness of the negative repercussions of long-term or sustained use of certain substances. For example, it was common for past regular ecstasy users to modify or discontinue use. Some young people who had used and enjoyed ecstasy in the past considered the physical and psychological side-effects, including sleep loss, physical pain, loss of appetite and mood swings, to pose too serious a threat.

[Why did you stop taking E?]
Well you can't sleep. If you were chewing gum your jaws and all'd be in bits. You could chew into your jaw. The next day you can't eat and you're in bits.

Louise, 18.1 years.

Ya think it's great but when the night clubs are over you're panicking then like going home to your house, an' afraid you'll get caught... 'cause you're all moody, like your mood changes. You're either, you're laughing and joking one minute, ya snap and you're in bad humour the next.

Mark, 17.3 years.

The evidence suggests that, although assessments varied between individuals, a large number of drug users considered the benefits and risks of their drug-taking. Some young people were clearly prepared to take greater risks than others. Judgements about the safety and danger of drug use were mediated by several important considerations. The properties of the substance itself, including its propensity to result in serious negative repercussions, was a factor which noticeably influenced drug choices. The regularity and/or duration of use were other important considerations, with prolonged use of substances considered to carry greater risk than occasional or intermittent use.

Summary and Conclusion

Drug avoidance is not a one-dimensional behaviour. Rather, it embodies a range of responses and is firmly located within the context of routine social interactions. Young people regularly turned down the offer of drugs and this occurred, in many instances, in the company of peers. While some practised deliberate and total abstinence, other young people accepted certain drugs and avoided others. Furthermore, drug avoidance did not remain constant over time and was, instead, influenced by numerous and complex individual responses and experiences.

The findings documented here concur with Glasner & Loughlin (1987) and illustrate a range of circumstances and situations in which young people decide against using drugs. Zinberg's (1984) examination of controlled use of illicit drugs among individuals was instrumental in prompting an examination of the myriad strategies that drug users adopt to moderate their own drug use. For some young people in the current study, non-use extended to *all* substances whereas for others, drug use was modified, restricted or discontinued. In addition, drug avoidance was practised in particular circumstances and determined by specific personal and/or situational factors. All of this implies a process of decision-making in relation to drug use. The critical issue of substance-related decision-making will be explored in greater detail in Chapter 5.

The main findings relating to the experience of abstainers and other forms of drug avoidance are summarised in point form below.

- Abstainers had ample opportunity for drug use and most expected to find themselves in situations where drugs were on offer.

- Non-users were therefore not protected from use by lack of exposure to drugs. On the contrary, a large proportion had drug-using friends and a considerable number had direct experience of drug-related difficulties through family members.

- One-third of the abstainers reported a drug history. For this subgroup, drug involvement was generally a short-lived pursuit. All six former drug users/triers stated a clear commitment not to use drugs in the future. This finding suggests a *pathway to* becoming an abstainer.

- Most abstainers held strong anti-drug attitudes. They regarded cannabis as the 'safest' drug but considered that all other forms of drug involvement carried serious risks to health and well-being.

- Importantly, abstainers felt that drugs and drug use neither conformed nor coincided with their personal priorities, ambitions and interests. Many simply stated that drug use had no place in their lives, that they had no need for drugs.

- For abstainers, health concerns emerged as a powerful factor in discouraging drug use. They were also strongly discouraged by fear of the effects and consequences of drug use, including parental knowledge of their activities.

- *Selective drug avoidance,* essentially a technique used by young people in an attempt to reduce the harm associated with drug use, emerged as an important practice. Self-regulation of drug intake on the part of individual users was a key protective mechanism and suggests that many drug users employ a range of control strategies in an effort to forestall or minimise the risk associated with their drug consumption.

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Chapter 5: Choosing Drugs

Surprisingly little attention has been given to the question of why, from the point of view of users, drugs are used. This is despite the importance of motives in the search for an understanding of how commitment to drug-taking is established and maintained. This lack of attention to the investigation of drug motives might justifiably be interpreted as a reflection of a general belief in the irrationality of drug use. Within popular discourse, little consideration is given to the possibility that drug users, like other individuals, have a clear rationale for their behaviour. A sense of *otherness* commonly underlies depictions of drug users (Blackman, 1996) and strong connotations of inadequacy inhere in popular portrayals of drug-involved youth.

Peer pressure is traditionally singled out, in both popular and academic discourse, as one of the most persuasive forces underlying adolescent drug use. Young drug users are frequently viewed as lacking the ability and skills to 'say no' to enticements to partake in drug-taking. In this way, they fall prey to the negative influences and pressures exerted by others, namely their peers. The widespread acceptance of the peer pressure argument is reflected in the content of drug prevention programmes, most of which incorporate the concept of peer pressure and seek to equip young people with the personal and social skills required to resist pressure to use drugs.

More recent analyses of the role of peer pressure have questioned its dominant position in drugs discourse and several authors have challenged its acceptance as an accurate assessment of how drug-using practices and preferences transpire (May, 1993; Coggans & McKellar, 1994; Bauman & Ennett, 1996). Commenting on the weaknesses of peer pressure explanations for drug use, Coggans & McKellar (1994) draw attention to the need to address the role of the individual drug user within a dynamic set of relationships, including those involving peers, in shaping personal drug-taking behaviour.

> To put it more bluntly, there is a need to reassert the role of the individual in their own development. Their motivation and choice of drug using peers should not be seen simply in terms of personal and social inadequacy (p.16).

The bulk of research into youthful drug use is epidemiological in orientation, focusing on prevalence estimates, emerging trends and the identification of risk factors associated with drug use. Sociological perspectives on drug use, emphasising the role of context, ascribed meanings and interpretations, have emphasised the perceived normalcy rather than the 'deviancy' of drug use (Becker, 1963; Young, 1971; Plant, 1975; Parker, 1974). Within this tradition, qualitative and ethnographic research methods have been used to explore how people perceive and relate to illicit drugs. Parker and colleagues, who

propose the 'normalisation thesis', are key contributors to a view which places young people's drug use within the realm of 'normal' everyday experience (Measham *et al.,* 1994; Measham *et al.,* 1998a; Parker *et al.,* 1995; Parker *et al.,* 1998a). The basic proposition of normalisation is that the unprecedented spread of illicit drug use to all sections of youth populations suggests that drug use is part and parcel of present-day youth culture. Other researchers argue against the notion that drug use has become a normalised feature of life for young people, claiming that this thesis exaggerates levels of youthful drug use and fails to account for the large numbers of young people who do not use drugs (Shiner & Newburn, 1997; 1999). Irrespective of current disagreements over the *role* of drugs use in the lives of young people, there is practically no denying that, by the end of the teenage years, a large number will have encountered illegal drugs and a significant proportion will have experimented with one or more substances.

This chapter is concerned primarily with respondents' subjective experience of drugs, their attitude to drugs and drug use and their stated motives for drug involvement. The findings suggest that drug use cannot be reduced to one-dimensional explanations emphasising personal incompetencies and/or the young person's lack of attention to and appraisal of the risks associated with drug-taking. A detailed examination of the respondents' rationale for drug involvement suggests that drug use is influenced by a range of powerful social and environmental forces. Individual choices and strategies operate within a complex array of social / contextual influences including drug availability and peer relationships, and are strongly mediated by the individual's experience of and interaction with the social environment. Substance related decision-making is also significantly influenced by the individual's personal motives for drug use and by perceptions of risk susceptibility, including the perceived immediacy of the dangers posed by particular drugs.

The following investigation of influences on substance-related decision-making first considers the drug attitudes of study respondents. Second, social aspects of drug use are considered, providing a context for a later examination of respondents' motives for drug use. Finally, the processes involved in drug-related decision-making are explored within a framework which highlights the importance of considering the everyday social context of drug users' activities.

Drug Attitudes

Knowledge about how young people view drugs and drug use is central to understanding the complex web of factors that influence their drug decisions. Recent research in the UK points to increased acceptance of some forms of drug use among young people generally (Parker *et at.,* 1995; Power *et al.,* 1996; Perry *et at.,* 1997; Wibberley, 1997). However, there has been little investigation of the drug attitudes of young people living in 'high-risk' urban localities, a group thought to be particularly susceptible to drug use. It is widely accepted that not all subgroups within a single society view drugs and their use in unequivocal terms. Differences in how drugs are viewed and in how meanings and interpretations are ascribed and upheld are governed largely by social and cultural factors (Pearson, 1987). Hence, whatever the aim of intervention, it must acknowledge that different substances may be used for different reasons by different populations in various settings and at various times (Gossop, 1997).

During interviews, young people were asked to express their views on a range of individual drugs. This data uncovered a considerable sweep of drug attitudes. In general, both drugtakers and problem drugtakers held more tolerant or 'liberal' views on the use and benefits of mood altering substances. This chapter will concentrate primarily on the attitudes and motives of drugtakers and problems drugtakers.

Cannabis – A 'Safe Bet'

Irrespective of the individual's level of drug involvement, cannabis was regarded as the "safest" of all drugs. Many compared the use of cannabis to smoking a cigarette and others felt that it was less risky than alcohol. It was common for young people to respond to questions pertaining to the use of cannabis by saying "hash is nothing" or "hash isn't really a drug".

> [Do you think hash is a drug?]
> *No, not really. Well, it is kind of but I think hash is nothing. Hash is just like a smoke (cigarette) I think.*
>
> Drugtaker, 18.4 years.

> *Ya laugh on hash, it's a smaller drug like, an everyday drug.*
>
> Problem Drugtaker, 15.7 years.

> *The safest drug is cannabis. Hash is alright. It should be legalised in this country, that's the truth. There's fuckin' enough of it here anyway. Everyone fuckin' smokes hash.*
>
> Problem Drugtaker, 19.11 years.

A considerable number of respondents did made reference to a number of risks associated with cannabis use, particularly long-term use, and asserted that the drug "makes you stupid", "kills brain cells" and "slows you down". However, the majority of cannabis users dismissed the potential negative repercussions of cannabis use with relative ease in favour of its perceived positive attributes and its relatively harmless negative consequences for health and well-being. In essence, compared to other more dangerous drugs, cannabis was considered to be an innocuous substance carrying no greater risks than other legally available substances.

Heroin — The 'Demon' Drug

Heroin, on the other hand, was unanimously regarded as the most perilous of all substances and young people forwarded a plethora of justifications in support of this overwhelmingly negative view. The drug's addictive qualities were emphasised by virtually all respondents. Problem drugtakers, most of whom reported heroin as their primary drug of misuse, constantly drew attention to the propensity of heroin involvement to lead to dependence.

> [Which drug would you say is the most dangerous?]
> *I'd say heroin is the worst now, it is because you get strung out on it you know what I mean. And you're sick if you haven't got it and you've got fuckin' pains. When I think about it there's a big difference. You HAVE to have heroin every day. I mean like, ya don't have to have hash or E or anything like that.*
>
> Problem Drugtaker, 15.6 years.

> *Heroin. It ruins your family and it ruins you, it leaves ya with nothing. It fucks everything up for you, it's horrible.*
>
> Problem Drugtaker, 16.5 years.

Whereas young people believed it was possible to maintain 'control' over other forms of drug use, heroin was felt to lead to a compulsive desire for increased consumption levels. This obsessive *need was* perceived as quickly superseding and subsequently displacing the individual's *choice* in the matter of his/her drug intake. Control emerged as an organising construct in the discourse and was central to how young people differentiated between heroin and other drug use. For many respondents, heroin use signified the relinquishment of control and the abandonment of personal priorities. Other drugs were not considered to exert such 'power' over the individual.

Further to highlighting the addictive qualities of heroin, respondents drew attention to non-health risks associated with the drug, including adverse consequences for friendships, family relationships and the wider community. Many drew on their personal experiences of the ravages of heroin, making frequent reference to heightened family stress and deteriorating relationships.

[So you knew about your brother's heroin use?]
Ya. I wasn't able to get on with him when he was on it — mood swings and he'd snap for nothing and be whining all the time. There was always fights in the house. Me other brother would kill him and me Ma and Da then would fight and there'd be ructions in the house.

Abstainer, 16.10 years.

Respondents characterised the consequences of heroin use as highly conspicuous and distinctive. According to young people, other drug use did not carry these overt physical and material manifestations.

Hash is the sort of drug that a lot of people would smoke but you wouldn't know about it. It doesn't pop up in conversation. Like people who smoke heroin you'd know, but hash. you wouldn't know.

Abstainer, 18 years.

Heroin users were portrayed in stereotypically lurid terms by the majority of non-users of the drug. When asked to forward their views on opiate users, non-users focused largely on the visible signs of 'addiction', most notably the user's physical deterioration. Respondents also drew attention to several undesirable lifestyle changes believed to coincide with the need to secure a personal supply of the drug. Young people did not associate this rapid deterioration with other forms of drug use.

Other Drug Use

The most distinctive drug attitudes related to cannabis and heroin, the drugs which, for the majority of respondents, represented opposite ends of the drugs spectrum. Greater diversity emerged in attitudes to the 'dance' drugs and to prescribed drugs, including tranquillisers and methadone, and there was considerably less agreement on the dangers and benefits of these substances. Attitudinal discrepancies across the sample can be ascribed largely to the conflicting perspectives offered by more, versus less, experienced drug users.

Non-users of stimulants tended to adopt a blanket view of the dance drugs. For this group, ecstasy was viewed as a 'dangerous' drug and respondents made frequent reference to media reported ecstasy-related deaths. Hence, much of their negativity centred on the fear of dying.

[What do you think of ecstasy?]
It's very dangerous. You don't know what it will do, and like you are just flying out of your head and could jump off a roof or whatever. Very dangerous.

Abstainer, 17 years.

I wouldn't try E because I'd be afraid I'd die or something. I'd never like to die and me da knowing that I took E, d'ya know what I mean.

Abstainer, 16.1 years.

LSD was viewed negatively by non-users and by several once-off triers of the drug, the dominant focus being on the fear or lived experience of a "bad trip". Many non-users drew attention to the risk of flashbacks. The prospect of not recovering from the experience acted as a strong motivation for non- or discontinued use of the drug.

[What about acid then?]
Ya just see things on that, don't ya (pause) hallucinate, think that things are there when they're not. And then I heard ya can get flashbacks and there's no way now that I'd touch that.

Abstainer, 16.4 years.

There's no way I'd do that again now. I had a bad trip and I didn't know what was happenin' me. It's a dangerous drug, very dangerous.

Drugtaker, 17.9 years.

Both former and current users of the dance drugs, on the other hand, emphasised their positive qualities and most felt that occasional use of ecstasy, amphetamines or LSD was a relatively safe activity. Many emphasised the importance of the individual's condition, referring to both the physical state and psychological disposition of the user at the time of consumption. Others, particularly the more experienced drug users, drew attention to the importance of favourable situational circumstances in helping to ensure a positive drug experience.

[Would you take E at home?]
Let's put it this way, an E drug is a party occasion. If ya take it not going to a party you'll get a downer and go on a mad one.
[Do you take speed more regularly than E?]
No. Take E with the speed and then that's it, don't look at it again 'till the next party and that could be a good even few months.

Sandra, 18.1 years.

To summarise, study respondents displayed an extensive and practically oriented knowledge of illicit drugs. This knowledge clearly informed their drug attitudes and, as will be demonstrated later, played a significant role in their drug decisions. Much of their drugs knowledge was generated through personal drug experiences; others placed great store on the accounts and advice of friends; yet others were influenced by media reports. Few mentioned the advice of teachers, parents or other adults. In other words, routine social and drug-related experiences exerted a dominant influence on the interpretations and meanings ascribed to a range of mood-alerting substances.

Social Dimensions of Drug Use

Drug use is not an isolated activity and has all the characteristics of being integrated into a way of life (Davies, 1997). Irrespective of the individual's level of commitment to drug use, the act of drugtaking cannot be detached from social mechanisms that permit and/or encourage use. It was hardly surprising then to find that peers occupied a dominant position in all descriptions of first drug use. This finding is by no means novel but does serve as a concrete indicator of the importance of friends in the process of drug initiation. Rather less is known about how peers feature in later drug use, and whether in fact they influence young people's later drug transitions.

A detailed examination of the role of peers in subsequent drug-taking revealed that friends continued to play a pivotal role in drug use scenarios following initial use. First, peers played a functional role in drug-taking by supplying drugs and preparing them for use. Regular contact with drug using friends provided the most reliable access route to the individual's drug of choice. Young people also learned the techniques of drug-taking from their friends and peer drug-taking events permitted experimentation with 'new' substances by creating a relaxed and 'safe' environment for use. In some cases, peers had a *direct* influence on individual drug transitions by endorsing, recommending or encouraging use. For example, several young people reported that they learned from their friends that certain drugs were safer than they had previously believed. Moreover, fears about the dangers of particular drugs were dismissed or forgotten as familiarity with a 'new' drug increased.

> [Did you want to try ecstasy right away then?]
> *No 'cause I didn't know what they were or what to expect from them. But when people became familiar with them I tried it just to see what it was like.*
>
> Janice, 18.1 years.

> [What made you change your mind and make you feel that you'd like to try ecstasy?]
> *'Cause everyone that I knew, they had been taking E for a while so one of them just came up to me and said 'do you want half an E' and I was a bit hesitant at first but then I said 'go on'.*
>
> Ray, 18.6 years.

The recommendations and endorsements of peers provided a measure of support to some young people in making the transition to other forms of drug experimentation and use. Importantly, however, the peer group also *regulated* the use of substances by defining the boundaries of acceptable and unacceptable forms of drug-taking. These

standards and expectations were formed and maintained largely through collective understanding of the benefits and dangers of a range of substances. It was common for young people to say "that's not allowed" or "we don't do that" when certain forms of drug use were mentioned during the interview.

> [Have you ever been in a party situation where people were smoking gear?]
> *No. That's one thing that's not allowed in the door is a junkie ... yeah, 'cos everyone is dead against that. They like anything up ta E but dead against anything after that. [And what's above E?] The heroin and the coke.*
>
> Sandra, 18.1 years.

For some, crossing the boundaries of acceptable behaviour presented the risk of exclusion from the group.

> *We used to hang round with young fellas as well and there's three of the young fellas. I know Ronnie is on it (heroin) and the other two is strung out on it. I see them like every day stoned out of their heads.*
> [Do you still hang round with them — stand and talk to them?]
> *Well, like if they were after having a smoke, after coming down from their house, I wouldn't stand there. We used to hang round with them but they had to be big men so ... we don't now. They just wanted to be big men.*
>
> Belinda, 15.11 years.

The significance of the peer group in drug use scenarios related to the opportunities it created for social interaction and to the benefits accrued from sharing in an activity that embodied a unique set of personal and social rewards. Collective responses enhanced the drug experiences and created increased opportunities for social interaction. Many of the stated incentives for drug use related to group processes, behaviours and interaction. Drug use provided an important context for social interaction. This was evident across all types of drug users, be they occasional, regular or problem users of drugs. The social nature of drug use has been emphasised in other studies of young drug users (Plant, 1975; Glasner & Loughlin, 1987; Bell *et al.,* 1998). The findings of the current research verify that drug use is, above all else, a social act (Keenan, 1998), and not an activity undertaken in isolated surroundings. Most drugtakers stated that they did not use drugs alone. The reports of a large number of respondents also suggested that the shared dimension of the drug experience was part and parcel of the psychoactive 'hit'. Drug-taking scenarios provided the opportunity to meet others, to make new friends and to develop and maintain existing friendships and relationships. Within this context, young people shared a common interest, with drug use providing a basis upon which to negotiate relationships as available drugs were shared between friends, or finances pooled as a means of securing their next 'hit'.

Drug Motives

Individual reasons for using drugs are enormously complex, not least because motives, like drug-using behaviour, are subject to change over time. Whilst initially motivated by curiosity to try ecstasy, an individual may later decide to discontinue use following a bad experience with the drug. Drug use can be sporadic, so that patterns of current use are not necessarily consistent with past or future levels of drug involvement. An additional complexity associated with the investigation of drug motives relates to the individual's level of drug involvement and the fact that incentives for occasional drug use may differ substantially to those associated with sustained or heavy patterns of drug use. As illustrated above, drugs are used primarily within socially defined contexts. It follows then that motives for use, and alternatively non-use, are mediated by numerous and potent experiential and contextual forces (Boys *et al.,* 1999).

Rather than proposing a framework for understanding drug involvement, this section is concerned with the empirical demonstration of a number of important motivating factors for drug use. Young people articulated a range of reasons for their drug-involvement. Of these, drug availability was probably one of the most prominent. Casual access to drugs emerged as a conspicuous and accepted feature of everyday life. Drugs were easily obtained and this fact alone provided a powerful incentive for drug experimentation. Moreover, young people were familiar with drug use scenarios from an early age. A substantial number of respondents made reference, for example, to known adults who engaged in occasional or 'social' use of cannabis. The combined presence and perceived acceptance of some forms of drug use within young people's social milieu play an understandably persuasive role in bringing about initial and continued drug use.

> [Do you think that hash is dangerous at all?]
> *No. Everyone does hash, ya see men and women doing it.*
>
> Drugtaker, 18.1 years.

> [Do you think hash is a drug?]
> *No, not really. Well it is kind of. But I think hash is nothing, hash is just like a smoke (cigarette), I think.*
>
> Drugtaker, 18.4 years.

As might be expected, curiosity about the physical effects induced by psychoactive substances was another frequently cited reason for drug experimentation. Young people frequently attributed first use of ecstasy, amphetamines or LSD to curiosity. First use of cannabis, on the other hand, was associated to a greater extent with situational factors related to accessibility.

[Tell me about the first time you tried cannabis]

I was just standing at the Block and someone passed it to me. It was funny, I couldn't stop laughing and then I was really hungry.

Drugtaker, 15.11 years.

[Was there any reason for deciding to try ecstasy?]

Someone was saying 'they're deadly, that's deadly" so I tried them and that was the end of that.

Abstainer, 19.11 years.

An important and frequently ignored motive for drug use relates to the pleasure attained from the experience. Respondents often simply stated that they used drugs because they enjoyed the "buzz" or "high". The psychoactive 'hit' was important to drug users, particularly to those who engaged in regular or sustained patterns of use. Different drugs were praised for the different effects they produced. Cannabis was used mainly to achieve a heightened sense of well-being and to induce feelings of calm and relaxation. The dance drugs (ecstasy, amphetamines and LSD), on the other hand, were praised for their euphoric effects and were used primarily for increased energy and awareness. Young people who reported only moderate levels of psychological or physical enjoyment tended not to maintain a consistent pattern of use. Thus, the pleasure factor emerged as a significant motivating factor for continued drug use.

[What it the hash buzz like?]

It makes ya feel good and all, nice and relaxed and you enjoy yourself.

Drugtaker, 17.9 years.

Makes me feel happy and good about meself and even if I hadn't got it I'd feel good. It's a buzz.

Drugtaker, 18.2 years.

[How would you describe how you felt when you took ecstasy?]

Lots of energy, ya know. Like it's a good feelin' in your head and you're chatty and have a good time.

Drugtaker, 18.5 years.

As demonstrated earlier, a powerful motive for drug use related to the social nature of the activity. For daily cannabis smokers, drug-taking was integrated into a familiar pattern of meeting friends and having fun. Drug use also provided a common interest and a basis on which to build and maintain peer relationships. Hence, the 'doing' of drugs was not simply an attempt to get 'high'. Drug use embodied a range of rewards, many of which revolved around processes of socialisation. The central position of peer interaction in the drug-taking ritual was confirmed further by the emphasis placed on the collective and reciprocal nature of the activity.

[You smoke hash every day. Where do get the money?]

Well, we mostly put money together, ya know, a few of us put our odds together to get a ten deal.

Drugtaker, 18.2 years.

I wouldn't smoke it (cannabis) if I was on me own and that. I'd have to have someone with me to have the smoke with.

Drugtaker, 15.9 years.

For heroin users, the period preceding the onset of dependence was similarly depicted by respondents as having distinctive interactive merits, despite the covert nature of the activity. Individual heroin users acknowledged that sharing in a forbidden activity created a unique bond between those involved during the early stages of use. Heroin use had the added appeal, in some cases, of providing status within the peer group. A considerable number conceded that this in itself provided a powerful motive for heroin initiation.

Trying to be part of the gang really at the start of it, trying to be in with the gang and then wanting to do it 'cos I really wanted ta. But it was really all because ya wanted to be part of your gang, that's what it was, follow the leader.

Samantha, 17.5 years.

The reason was because I wanted to be a big man. I'd say I wanted to be one of the big fucking boys, I wanted to be going like "ah yeah, I was on the gear, I smoked the gear the other night and all".

Danny, 19.11 years.

Young people distinguished clearly between the desire to be part of a social network of drug users and the proposition that peer pressure was a factor in their progression to heroin use. Indeed, a large number of young drug users firmly rejected the notion that they were pressurised into using drugs at any stage.

People always say that people are forced into drugs by their friends and that they're afraid ta say no. I wasn't forced. I WANTED ta do it. Yeah, I was with me friends but it was my choice.

Sabrina, 18.1 years.

A number of young people reported that the use of some substances provided a measure of self-esteem or self-confidence. This benefit was intimated far more frequently by regular drug users and was particularly common among problem drugtakers. More committed drug users reported feelings of personal enhancement and self-worth as a direct result of drug consumption.

Like, when I started smoking gear like, I used ta have no confidence at all. That's probably why I went on it. I used ta smoke gear and I used ta be on top of the world, ya know. Like, I felt bad about meself, I don't know why! Like, I just felt this isn't this way and that isn't that way, ya know. Just hadn't the confidence to wear a little skirt or ta wear little tops and then when I smoked gear, then I had the confidence to wear whatever I wanted.

Sabrina, 18.1 years.

The narratives of those who reported using drugs to generate or heighten feelings of personal worth differed significantly to those of young people who emphasised the sense of thrill, pleasure, excitement and fun associated with their drug experiences. For the former group, drug use embodied a 'therapeutic' value insofar as it helped to dull or alleviate negative self-thought. Consequently, drug use provided distinctive personal as well as social rewards. Problem drugtakers were markedly more likely to emphasise their increased ability to cope with personal difficulties when describing the benefits of drug-taking.

Finally, drug use as a response to boredom and/or depression was common among a significant proportion of the young people. For this group, drug use was portrayed as a response to an environment lacking in stimulation, basic recreational facilities and a sense of belonging. Feelings of alienation resonated strongly from accounts of how drugs provided an inviting alternative to the monotony and tedium of daily life. This particular explanation was again more common among regular, heavy or problematic drug-takers.

When I left school, that's when I'd say I really went into it (heroin and other drugs). There was nothing to do. We were bored and all that.

Problem Drugtaker, 18.6 years.

We were just bored being around ... I'd say that had a good bit ta do with it like. Like, that's how I went back on it over and over again. You're sitting there and ya say 'fuck sake' and then ya have a smoke and then everything's new, d'ya know what I mean. That's the difference between being stoned and not being stoned. Like, when you're not stoned ya have nothing ta do and when you're stoned you've lots a things ta do, ya know.

Problem Drugtaker, 18.1 years.

The evidence above suggests a range of reasons for drug involvement. It is important to note that, for many informants, two or more motives operated concurrently. Hence, while easy access to drugs provided the opportunity to use, a range of perceived benefits generally accompanied the decision to use a drug. Drug use had immediate rewards, ranging from social benefits to personal gratification. Membership of and identification with a peer group, increased opportunity for satisfying peer interaction, pleasure, and the alleviation of boredom and negative self-thought were just some of the range of benefits

articulated by young people. Perhaps more importantly, drug use had a symbolic significance centred largely on the social meanings ascribed to the activity. For drug users there was a sharing of beliefs, values and attitudes and of the rationales for drug use.

Consistent with the findings of Carman (1979), Johnston & O'Malley (1986) and McKay *et al.* (1992), heavy and problematic drug users tended to endorse a greater number of reasons for substance use. There was also evidence to suggest that different motives were associated with different levels of drug involvement. Significantly, less regular drug users attributed their use of substances to positive rather than negative reasons and to interpersonal rather than internal reasons. In other words, they were more likely to say that they used drugs when feeling good or while with friends and less likely to attribute their drug use to unpleasant emotions, interpersonal conflict, negative self-thought or urges to use.

Drug Choices and Decisions

The foregoing evidence suggests that the decision to use an illicit drug is not one that emerged unexpectedly or 'out of the blue'. Young people's reports indicate considerable knowledge about and familiarity with illicit substances from an early age. That drug use emerged as a reality of everyday life for young people living within the research locality is a critical point and one which needs to be acknowledged by all those who seek to intervene positively, with the aim of reducing the likelihood of serious drug-involvement.

The processes involved in drug-related decisions are multifaceted and are not easily unravelled in the absence of longitudinal data tracing the 'progression' from one stage to the next in the career of a drug user. Whilst acknowledging the limitations of the current study in this regard, there is considerable utility in accessing the perspectives of drug users on their own and others' drug use. This section will explore a number of influences on substance-related decision-making. As a starting point, however, it is helpful to summarise some of the study's findings, identified as having a direct bearing on the issue of drug decisions.

- Abstainers did not relate in any meaningful way to the notion that significant benefits might accrue from drug use. They considered that the potentially detrimental consequences of use far outweighed any possible gains. Although they recognised a hierarchy of drugs and distinguished between different levels of drug immersion, abstainers' drug decisions

were predicated on the overwhelming belief that *all* drugs were dangerous. This group expressed frequent concern about the negative health-related consequences of drug use. Furthermore, they felt that drug use had no potential beneficial role in their lives and that the activity did not 'fit' with their priorities and aspirations. This group of young people were more likely than drugtakers or problem drugtakers to adhere to a conventional lifestyle structured around formal agencies and institutions. For abstainers, valued life commitments, including school and work, were incompatible with regular drug use.

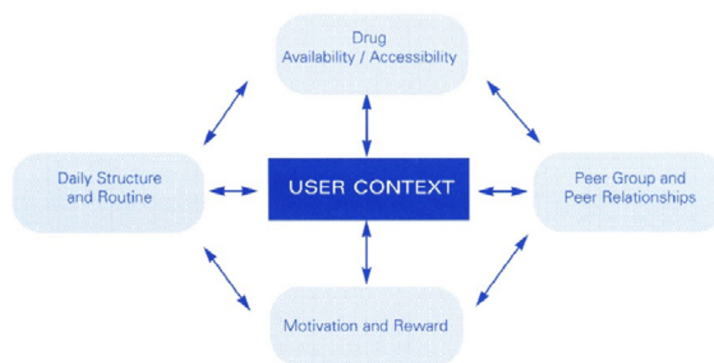
- Drugtakers and problem drugtakers employed a broader set of criteria in their assessment of the benefits and costs of drug use. They were less fearful of negative repercussions, as experience had taught them that certain drug-taking did not necessarily have serious damaging or detrimental consequences, certainly in the short-term. Whilst acknowledging numerous potential negative consequences associated with the use of cannabis, ecstasy, amphetamines and LSD, these risks were associated primarily with regular and prolonged patterns of use, not with occasional or recreational use. Hence, immediate personal gratification took precedence over the possibility of long-term negative outcomes. Furthermore, the majority articulated clear motives for drug use. Assessments of the dangers of individual drugs varied across the group but the vast majority considered the use of cannabis to be no more harmful than tobacco or alcohol use. Ecstasy, amphetamines and LSD were viewed with rather more scepticism and most past and current users of 'dance' drugs articulated a greater number of risks associated with their use.

- Despite high levels of drug involvement across the sample, the evidence suggests that young people did not use drugs indiscriminately. However precarious their activities may appear to adults, the majority did assess and weigh up the costs of drug use against the possible benefits. A range of considerations — drug 'stories', the experience of friends, perceived short-term risks, bad experiences, expected or feared reactions of family and friends — influenced young people's drug decisions.

Young people did not view drug-taking as a generic activity and instead, made clear distinctions between different types and 'levels' of drug involvement. Importantly, they also distinguished between different drugs on the basis of the relative 'safety' of some substances over others. Young people's understanding of "addiction", and their views on the drugs thought to have greater or lesser propensity to lead to dependence, were central to how they constructed a hierarchy of drugs, ranging from the 'safest' to the most perilous substances.

Assessments of the benefits and costs of drug use cannot be detached from the individual's membership of a social world. The theoretical concept of 'user context' is critical, therefore, to understanding drug choices and decisions. Using this perspective, the focus of attention shifts from the individual, as the unit of analysis, to the 'social' (Rhodes, 1997). Bearing in mind that "consumption is eminently social, relational, and active rather than private, atomic or passive" (Appadurai, 1986, p.31), four critical dimensions of *user context* — drug availability and accessibility; peer group relationships; motivation and reward; and daily structure and routine — were identified from the research evidence. The framework presented here does not claim to encompass all possible influences on drug using behaviour. For example, the influence of family, including family relationships and functioning, is not examined in this report. The representation below emerged from a detailed analysis of peer network and related social/contextual influences on drug using behaviour. A major advantage of considering social context is that it allows us to consider approaches which are more relevant to, and congruent with, the world-view of users themselves (Keenan, 1998). Figure 2 provides a diagrammatic representation of the four critical components of 'user context' identified as influencing individual drug-taking preferences and behaviour.

Figure 2: User Context



The negotiation of environmental conditions is best viewed in interactive terms. In this way, the social milieu is seen as an interactive whole, "through which the person moves, not only being influenced by it but also influencing it themselves" (ACMD, 1998, p. 4). Looking then at the critical components of 'user context' identified above:

- **Drug availability** and easy access to illicit substances creates opportunities for use. The vast majority of study respondents experienced high exposure to drugs, and drug offers occurred most frequently in the context of routine social experiences.

- The **peer group** strengthens or consolidates opportunities for drug use. Friends emerged as the primary 'suppliers' of illicit

substances. Moreover, peer relationships impacted significantly on the formation and maintenance of personal commitments to drug use. The individual's positive attachment to and interest in drug use was clearly influenced by membership of a peer group that accepted and condoned the activity. Peers also regulated drug use by setting the boundaries of appropriate and inappropriate use.

- Looking then at broader social processes that impact upon drug use, it is useful to consider aspects of the individual's **daily routine.** According to the research evidence, drug use scenarios occurred at a range of locations, most noticeably on the 'street', and young drug users were well versed on the locations where drugs were likely to be in use. The decision to frequent these areas rested largely with the individual. Young people, particularly those who were unemployed or out of school, and whose daily activities were guided by spontaneity rather than structure, were far more likely to seek out, and to be aware of, the areas 'marked out' for drug-taking.

- Finally, the individual's personal **motives** for drug use played a critical role in bringing about commitments to use at all levels of drug involvement. Those who experienced only marginal gain from drug consumption appeared largely indifferent to drug use and did not commit to the activity. Others who experienced a number of benefits or rewards pursued the activity with far greater resolve. In other words, young people used drugs because they had a perceived function and pay-off.

No one of the four contextual forces identified above can be singled out as more or less influential than the other in objective terms. Rather, they emerged as interdependent, each interacting with the other in bringing about personal commitment to drug use.

It is critically important to stress that users and non-users of illicit substances coexist within 'high risk' environments, and that both groups interact and relate to each other on an ongoing basis. The evidence presented in foregoing chapters indicates that a large proportion of drug users had non-using friends and that likewise abstainers had drug-taking peers. Accordingly, the vast majority of young people had some level of contact with drug use and users, albeit that this varied between individuals.

It is clear from the evidence presented throughout this report that drug-taking has a perceived value and that the act of drug-taking is rarely pursued in the absence of tangible rewards. Individual drug users offered a range of explanations for drug use, ranging from curiosity to the alleviation of boredom and negative self-thought. The benefits of drug use were closely linked to the social context of use: friends made the drug experience worthwhile, thus playing an important role in encouraging subsequent

use. The research evidence strongly suggests, however, that the pursuit of drug-induced pleasure was highly unlikely to occur without the individual's personal endorsement of the activity and his/her belief in its benefits. Although individual levels of drug involvement corresponded roughly to that of the peer group, there was ample evidence to indicate that users made personal decisions about the use and non-use of a range of substances. While emphasising the shared nature of the experience, young people indicated their own personal limits, irrespective of the behaviour of their friends.

> [Did you ever try anything like E's, acid or speed?]
> *No. Loads of me friends did but I didn't touch any of that. They just take it. They don't worry about anything like that. I don't hang around with anyone who takes it. They're just some people I know. This young one out of me class, she takes everything and she said acid is deadly and all. But I wouldn't take it no matter how good she says it was.*
>
> Jean, 16 years.

Certain drug use was frowned upon and rejected within certain settings whereas other substance-related behaviour was accepted and condoned. Virtually all drugtakers, for example, strongly rejected the suggestion of using heroin. Indeed, most respondents, even the 'heaviest' drug-takers, indicated that there were limits to how far they were prepared to go to achieve an altered state of mood or consciousness. A large number of young people deliberately avoided particular drugs for specific reasons. Other young people, having experimented with a drug, decided against future use.

In general, young people rejected the suggestion that peer pressure provided an adequate explanation for drug use and regularly asserted their ability to make personal choices and decisions pertaining to the use and non-use of substances.

> [You said that a few of your friends were on gear. Is it hard for you to stay away from it?]
> *No. It's simple. All you have to say to them is 'no, I don't want to do it'. It's as simple as that... These days you wouldn't get anyone asking if you want gear for free. They're all strung out now so they wouldn't waste their time giving it to anyone else.*
>
> Crystal, 15 years.

> [Say if you were in a group of people and they were doing something else, say speed or E's, would you feel you had to do the same?]
> *No. I don't care what anybody else says to me I wouldn't take it... some of me friends would mess, like ya know, about a smoke or something. They wouldn't like with speed or anything.*
>
> Ruth, 16 years.

As stated at the outset of the chapter, much discussion pertaining to why young people use drugs emphasises the role of the peer group and the often-unquestioned notion

that teenagers engage in drug use simply because their friends do. In agreement with Boys *et al.'s* (1999) recent study of influences on drug decisions, the findings here confirm that peers are only one of a complex array of interactional influences that encourage or, alternatively, oppose drug use. While on the one hand, there is no denying the prominent role of peers in the formation and maintenance of drug-taking, young people did not attribute their actions to the influence of their friends. Many admitted to the benefits of using drugs to 'fit in' or to achieve status within the peer group, but considered this to be a personal decision, not one enforced by their peers.

To conclude, the question of choice and decision-making in drug use is complex and, as the evidence suggests, cannot be reduced to singular explanations emphasising contamination by the peer group. The rationality that informs the use of illicit drugs is highly situational, as are the processes by which young people construct the meaning of their drug use. The disassociation of youthful drug use from its social context produces a distorted picture, by neglecting the impact of situational influences on the one hand, and overlooking the role of the individual, on the other. Moreover, it fails to recognise that the majority of young drug users define drug use as both beneficial and rewarding.

The User's Position

Having presented a broad framework for understanding the range of influences on drug-taking behaviour, this section is concerned with presenting young people's perspectives on their own (and in some cases, others') drug use. Drawing heavily on respondents' own words and stories, a central concern is to provide an undiluted account of the circumstances surrounding the highly heterogeneous behaviour we call "drug use". Due to the uniqueness of each respondent's drug experiences, the intention is not to present a 'typical' or representative depiction of drug use or user. Rather the emphasis is on facilitating a deeper understanding of respondents' social and drug-related experiences by allowing young people to speak for themselves.

Karen is 15 and not attending school. She used alcohol for the first time at the age of eleven and tried her first drug (cannabis) at the age of 12 years. There was a considerable time lapse between Karen's first and second use of cannabis, with subsequent use not occurring until the age of 14. Currently, she purchases a regular supply and spends up to £20 per week on cannabis. Karen is a polydrug user and has tried a range of substances including inhalants, amphetamines, ecstasy and LSD. She spoke in an open and relaxed manner about her drug use. The following excerpt helps to explicate the 'place' of drug use in Karen's life, at the time of interview.

> [Karen, can you tell me how you spent your day?]
> *I got up, sat in the gaff, then I went down to the pitch and watched a football match,*

then went back up to the house and had something to eat. Then about six me and me cousin went down to the xxx, she went and got her friend and I got mine and we went down to the flats and had a fire, and just got stoned.

[Do you mainly smoke hash in a gang?]
It's mainly in a gang. We get a deal on a Friday night. If there's any hash left on a Friday night she'll (friend) roll two joints, have one on Friday night and I'd have one of Saturday morning. Sometimes we get hash on a Sunday.
[Would you prefer to be with someone when you're taking drugs?]
Yeah.
[Why is that?]
On acid it's awful when you go tripping on your own.
[So you feel safer when you're with someone?]
Yeah.
[Do any of your friends think that drugs are dangerous?]
Yeah. I get a lecture off them.
[Would that happen often?]
Yeah (laugh).
[Do you hate getting lectures from them?]
They always give me lectures when I'm drunk or stoned, you'd be sitting there wrecking their heads.
[What kinds of things do they say?]
You'll have no brain cells left, they turn it into a joke and they say 'you're going to be sorry in the long run'.
[If you're doing speed, do they think that's worse than hash?]
Yeah.
[So, most of them just drink?]
Yeah.
[So do any of your friends smoke hash?]
There's only four that smokes it. At weekends I'd go up to me cousins and her friends. And all the fellas on the stairs, everyone there smokes hash, but the two young ones and her cousins don't smoke hash.
[Do you feel comfortable with friends who don't smoke hash?]
Yeah.

Karen clearly had no difficulty accessing a supply of cannabis. She indicated, however, that not all drugs were easily procured within the community. The account below is illustrative of the impact of drug availability on regularity of use. It is clear that Karen's use of LSD was influenced significantly by the availability of the drug locally.

[What about acid then?]
Yeah, I did it twice. The first time I did it I took half. I was fourteen and a half. I was walking down to xxx and I started hallucinating on it. I started running after a car and me friend had to pull me back. It was deadly.
[What would you say about acid then if you were to tell someone about it?]

Depends. If you're in a bad humour or have something on your mind you get a bad trip. I never had a bad trip.
[When was the last time you took acid?]
About two months ago.
[Do you think you'll do it again?]
Yeah, you can't get them anywhere though. We wanted to do it again after that but we couldn't get them around here ... we were told ya could up in xxx but we wouldn't go all the way up to xxx for them.

Karen admitted that hash was important to her but did not consider her drug use to be problematic. When asked if she felt she should 'give up' smoking cannabis, she replied "no, not yet". She described her interest in drugs in the following terms:

[What would you say is the most enjoyable thing about smoking hash?]
Relaxing ... you just feel brilliant and relaxed and you laugh at the stupidest things.
[Do you feel as if you have more confidence?]
Yeah, definitely. It's the same on E.
[What's that feeling like?]
You just cop on and realise things. I wouldn't do E again though.
[Why is that?)
You don't know what's getting mixed in with it and me cousin is strung out on E.

Not all drugtakers reported this level of interest in, or commitment to, drug use and a considerable number had used cannabis only at the time of interview. Joan, aged 16 years, described her use of cannabis with evident indifference.

[When did you have your first smoke of hash, Joan?]
Around the same time as I got drunk the first time.
[That was when you were around thirteen?]
Yeah.
[Can you tell me about the kind of situation you were in and how you got the hash?]
I was with a young fella from England. He used to smoke hash. He used to always buy it, like. And we were around at the xxx and it was gettin' passed around and he was saying "here do you want some of this"... "no" (her reply).
And then I just goes "ah, go on". But like, it didn't do anything for me. Hash, like, I was smoking it last night and nothing happened like. Everyone else gets a buzz like and I do be just sitting there! (laugh).
[How often would you say you've smoked hash in the last month?]
(pause) about once a month. Not often. I used to buy it like with me cousins and all. Now I wouldn't. If someone had it I'd say "can I have a blow off that?"
[And why did you stop buying it?]

A waste of money 'cos it does nothing for me like so ... why buy hash like? I get a better buzz off drink than hash.

Joan had drug-using peers but also socialised regularly with non-using friends. In fact, a large number of the abstainers interviewed socialised with cannabis users without reservation. This acceptance of 'soft' drug use was a theme which resonated strongly and consistently throughout the narratives. The evidence presented throughout this report indicates that cannabis ranked low in terms of perceived negative outcomes or risk.

[Would you say that you drink a good bit or not very much?]
Not very much. It's just if I go out. If I'm enjoying myself I drink a lot but if I'm not I don't.
[What about hash then? Do most of your friends smoke hash?]
Yeah.
[Would you say they smoke every day?]
No, they'd probably be the same as me. Once a week maybe or something.
[And would you smoke it when you go out?]
Just when you're around doing nothing. Just say we'd get a five deal between us and sit around.
[And do you have friends who don't take drugs at all?]
Lisa, she's one of my best friends.
[And she knows you smoke hash?]
Yeah.
[What does she think of you smoking hash?]
It doesn't bother her like. As long as she's not doing it. She doesn't care.

As stated earlier, virtually all study respondents held extremely negative attitudes to heroin and, to a lesser degree, cocaine, due largely to the perceived propensity of both drugs to lead to addiction. Problem drugtakers constantly referred to the dangers of heroin and most admitted that they were aware of the potential negative consequences associated with the drug prior to first use. It is significant that young heroin users aged 15-17 years, at the time of interview, indicated a higher level of awareness of heroin's potential hazards than their older heroin-using counterparts. The quotes below, however, strongly suggest that, despite having considerable knowledge to inform their drug decisions, these young people succeeded in discounting many of the negative aspects of heroin.

[What did you know about heroin before you tried it?]
Well, I knew like what it done ta ya, d'ya know what I mean 'cos me cousin was on it. I know 'cos he was gone ta bits on it. I knew ya could catch AIDS from banging up an' all. It's just, when ya take it ya don't think of these things. We thought we're big, it's great, it's a buzz. Sylvia, 18.6 years

It appears that a considerable shift in attitude accompanied the 'move' to heroin. A detailed examination of the critical attitudinal changes involved in the transition to heroin use requires further analysis. However, a number of findings relevant to respondents' heroin-related decision making are worthy of note at this point. The first relates to the distinction made by respondents between smoking and injecting heroin.

> [Can you remember what you knew about heroin before starting to use it?]
> *Well, I knew ya could get strung out 'cos there is five of them in my house (siblings) injecting it. I knew like. I thought like you couldn't smoke it and then like I seen them and I said 'that's better than injecting it to do that' and I was smoking it and smoking it.*
>
> Martina, 17.3 years.

> *Ah no. Like we thought like that smoking it wasn't dangerous, that needles was. Didn't think we'd get strung out on it. Like people could say it and we'd say 'yeah, but we never will, we're not stupid' but we went the same way.*
>
> Connie, 17.5 years.

Perceptions of 'safe' and 'unsafe' administrative options and the belief that smoking heroin was *relatively* safe, certainly compared to intravenous use, provided considerable impetus for use. It is critically important to state, however, that these judgements were made in the context of increased involvement with a range of mood altering substances. The vast majority of problem drugtakers had a sizeable drug repertoire prior to first heroin use. More importantly, they were immersed in a 'street culture' which permitted regular contact with drug users, including heroin users, and with individuals involved in the sale and distribution of illegal drugs. In this context, a shift or transformation of drug attitudes towards increased tolerance of 'harder' drugs cannot be regarded as altogether surprising. It would appear that substances previously rejected and forbidden gradually gained acceptance. Coupled with this, young people indicated a strong sense of feeling 'in control' of their drug use during the period preceding heroin initiation.

> [Did you realise what you were getting yourself into?]
> *No, everyone says 7 won't get strung out, I know when to stop', everyone says that. Fucking hell! 'Ah now I won't get strung out 'cos I'm not like that'. But ya always get strung out. When I started smoking like I was saying 7 can control this', but ya can in your bollicks.*
>
> Sabrina, 18.1 years.

Young people were familiar with the effects of a wide range of drugs prior to first heroin use and, as such, believed that they controlled their psychoactive intake. In effect, the majority felt invulnerable to dependence. The vast majority of problem drugtakers asserted their personal role in the decision to use heroin.

> *It was my choice, it was my choice. It was kind of 'will we (referring to male friend), fuck it we'll try it and see what it's like'. 7 don't know?' 'Fuck it, come on, we'll try it, come on and get it'. That's the way it was like that, ya know what I mean.*
>
> Andrew, 19.11 years.

I wanted to do it. They (friends) didn't want to give it to me but I'd have got it somewhere else otherwise. I'd have got it off someone.

Sylvia, 18.7 years.

In this context, it is interesting to note that while young users asserted a personal decision-making role in heroin initiation, the majority readily conceded that they later relinquished the power to choose, as the need for heroin superseded what they had previously experienced as choice and control.

[So it (heroin use) almost became the way you spent your time.]
Yeah, it kept me occupied until I got the bang like, that I needed it. I was taking it out of choice at the time and then it became a need.

Problem Drugtaker, 19.4 years.

This final section has deliberately avoided extensive comment on the 'stories' recounted by young people in an effort to portray their drug use in context and to illustrate the complexity of the options and decisions surrounding the use and non-use of illicit drugs. While drug use emerged as a defining feature of the lives of some respondents, it played a far less conspicuous role in the lives of others. Most notably, the narratives illustrate the fine line between 'less' versus 'more' serious drug use, as well as the complex processes involved in the negotiation of environments that provide ample opportunity and incentives for drug use.

Summary and Conclusion

Popular thinking about youthful drug use rarely takes account of the rationale underlying young people's drug use. The current study has uncovered an array of motives for drug involvement and has drawn attention to the wide range of factors that influence young people's responses to drug offers and other opportunities for use. Rather than regarding individuals as mere victims of enduring negative forces within their social milieu, the findings highlight the need to acknowledge the role of the motivated actor in efforts to illuminate the complex processes at work in producing different kinds of drug use relationships. Furthermore, the findings highlight the importance of the young person's perception of risk as a factor in their own behaviour. The key findings to emerge from this chapter are documented in point form below.

- The most distinctive drug attitudes to emerge from the study related to cannabis and heroin, the drugs which, for most young people, represented opposite ends of the drugs spectrum. Cannabis was invariably viewed as a relatively 'safe' drug whereas heroin was thought to have major negative repercussions for health and well-being.

- Young people articulated a range of motives for drug use including drug availability, curiosity and the attainment of pleasure. Other motives included the enhancement of self-esteem and self-confidence, the alleviation of boredom and the management of negative self-thought.

- More regular or heavy drug users tended to endorse a greater number of motives for drug use. They were also more likely to emphasise the alleviation of negative feelings than the pleasure or fun associated with the activity.

- Peers featured strongly in all accounts of drug-taking scenarios and some of the most important incentives for drug use revolved around the presence of friends. The social dimension of drug use emerged as a critical feature of drug use.

- Peers influenced transitions to ‘new’ drugs *directly* by endorsing, recommending or encouraging use. Friends also acted as regulators of use by defining the boundaries of appropriate and inappropriate ‘styles’ of drug use. The findings suggest, however, that drug transitions cannot be attributed to the influence of peers alone.

- Abstainers did not relate in any meaningful way to the notion that significant benefits might accrue from drug use. Their drug decisions were predicated on the overwhelming belief that *all* drugs were potentially dangerous.

- Drugtakers and problem drugtakers were less fearful of the short- or long-term consequences of drug use and distinguished clearly between the risks associated with individual drugs.

- Drug-decisions and choices were influenced by numerous complex and interacting situational forces. Drug availability/accessibility, daily structure and routine, the peer group and drug motives emerged as four critical influences on drug-related decisions.

- Extensive early drug trying, coupled with a high level of immersion in street culture, were influential in the ‘move’ to heroin. In this context, the boundaries of acceptable drug use shifted, resulting in increased tolerance of ‘harder’ drugs.

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Chapter Six Title Page – 91

Chapter 6: Summary and Overview

The preceding chapters have outlined the background and the key methodological features of the research and have documented the principal findings relating to the use and non-use of drugs by study respondents. A central concern was to illustrate the range of drug options available to young people who experience high levels of exposure to drugs and the drug scene. The findings clearly indicate a diverse range of drug-taking behaviours. Drug use emerged as fluid and the majority of respondents reported varying use of substances across time. It is clear that not all young people, even those who socialise within the same peer networks, engage with drugs in an identical manner. On the contrary, individual drug users had personal preferences for specific substances. Furthermore, the drug choices made at particular junctures were usually subject to revision, modification, or retraction at a later stage. While some young people described a process of diminished drug involvement following a period of experimentation or use, others reported increased use of a range of drugs over time. For some, a rapid escalation in drug intake led to heavy and sustained patterns of use, which respondents themselves identified as a problematic pattern of drug involvement. Heroin was the primary drug of misuse for this latter group, referred to throughout the report as problem drugtakers.

The current chapter provides an overview of the report's findings, drawing attention to critical emerging themes considered to have important implications for the planning and delivery of preventive strategies at community level.

Patterns and Levels of Drug Use

In the current study, respondents' drug careers tended to start at an early age and it was rare for young drug users to have reached the age of 15 without having tried at least one illicit substance. Cannabis was by far the most commonly reported first drug, followed by inhalants. Initiation occurred, on average, at 13.2 years for drugtakers and 12.4 years for problem drugtakers. This finding is significant in view of consistent research evidence linking early onset of use with more serious or enduring patterns of drug involvement (Anthony & Petronis, 1995; Merrill *et al.,* 1999) and with increased risk of school dropout, negative peer affiliations and later unemployment (Fergusson & Horwood, 1997). Attempts to delay drug initiation may well be important, alongside other measures aimed at reducing the risk of serious drug involvement during the mid-to late-teenage years.

Taking lifetime prevalence as an indicator, cannabis was the most popular drug across the sample and the most likely to be used consistently over time. This finding is consistent with other studies both here and in Britain, which have repeatedly highlighted the popularity of cannabis above other drugs among adolescents (Hibell *et at.,* 1997; Health Education Authority, 1999; Measham *et al.,* 1998a). A large number of respondents stated that they intended to continue to use cannabis regularly and others had definite plans to use it at some stage in the future. The distinctive 'styles' of cannabis use to emerge from the construction of drug use typologies exemplify the range of levels of drug involvement possible following first drug use. Among drugtakers, approximately half engaged in incidental, occasional or intermittent use of the drug. An equal number, however, reported active, deliberate and routine use of cannabis and, for some, daily use was the reported pattern of drug involvement. The health effects of cannabis use, especially long-term regular use, remain uncertain (Hall & Solowij, 1998). Despite this, some sources warn that chronic use of cannabis produces significant health hazards (World Health Organisation (WHO), 1995). Research on 'experienced' cannabis users in Amsterdam indicated that most users report decreasing levels of use or discontinued use of the drug over time and concluded that sustained high levels of cannabis use is relatively rare (Cohen & Sas, 1997). The practice of daily habitual cannabis use has not been described previously in research on youthful drug use in Ireland. However, in both Ireland and Britain, there is evidence to suggest that young people living in the poorest parts of urban localities are susceptible to regular and more enduring patterns of drug use (O'Higgins & Duff, 1997; Pearson, 1987; Ruggiero & Vass, 1992).

In the current study, drugtakers who reported regular use of cannabis were more likely than intermittent users to experiment with a range of other illicit substances including inhalants, amphetamines, ecstasy, LSD and tranquillisers. In fact, polydrug use was the norm for many of the young drug users interviewed. Of the group described as drugtakers, fifteen (71.4%) reported the use of three or more drugs and nine (42.9%) the use of five or more drugs during their lifetime. Older and more frequent drugtakers were more likely to report a repertoire of drugs used and to report the concurrent use of substances for heightened drug experiences. A substantial proportion of young drugtakers could therefore be described as representing the deep end of recreational drug use. Many would describe their drug consumption levels as alarming. However, as Collinson (1994) has noted, in a study of young offenders reporting high levels of drug involvement, the apparent seriousness of reported drug use does not directly translate into concern on the part of the user. In the current study, 'frequent' drugtakers who reported the use of an assortment of psychoactive substances did not consider their drug-related activities to be exceptional, but rather looked on them as a 'normal' and unremarkable feature of their daily routine.

Evidence of high levels of drug involvement by teenagers tends to emerge predominantly from studies of particularly 'at risk' groups. For example, Newburn & Elliott (1999) found levels of drug use among their sample of young offenders to be high. The majority

reported the use of a range of drugs at least once in their lives, the most commonly

used substances being cannabis (80%), amphetamines (67%), LSD (67%), solvents (60%) and heroin (50%). Similarly, Klee & Reid's (1998) study of young homeless people found that 96% used cannabis, 39% of them daily. Other drug use included amphetamine sulphate (58%) and LSD (49%). These levels of drug consumption are comparable to the patterns reported by a significant proportion of the group described as drugtakers in the current study.

Problem drugtakers reported a pattern of rapid escalation in drug intake from the point of initial use. It is significant that most were out of school or not attending regularly by the age of thirteen and that the majority reported negative school experiences. A sizeable proportion experienced their first drug by the early age of 12 and heroin initiation took place between the ages of 13 and 15 years among those who reported an opiate problem. The period preceding first opiate use appears to have been characterised by a high level of immersion in 'street' culture. In this context, contact with other drug users, coupled with increased access to a range of psychoactive substances, transpired almost 'naturally'. Yet, heroin initiation was imbued with secrecy and many of the young people interviewed reported having concealed their activities, even from some of their closest friends. This finding is indicative of the profoundly negative status of heroin, among other drug use. It also suggests that young people are acutely aware of the risk of being perceived and labelled in adverse terms. Young women were more likely than young men to mask their heroin involvement during the early stages of use and some reported concealing their activities from their heroin-using male peers for some time.

Across the sample, patterns of drug use ranged from experimental, occasional and regular use through to problematic levels of drug involvement. Even abstainers, a proportion of whom reported a drug history, had numerous personal drug encounters and were well-accustomed to drug use scenarios. A large number were also well attuned to the potential benefits of mood-altering substances. However, the majority of abstainers described a clear and consistent pattern of abstention from illicit substances at the time of interview. Accepting that there is no way, based on the data available, of predicting the drug futures of this group, their reports illustrate the range of considerations at work in the decision not to use drugs. Concerns about the need to have 'control' resonated strongly from abstainers' accounts, as did the desire to maintain a lifestyle which in no way jeopardised their health, psychological well-being and aspirations. One-third of the group did report a drug history, which for the most part consisted of a brief period of experimentation with cannabis. This finding is indicative of the likely range of social experiences that precede the decision not to engage in drug use. It also suggests that drug abstinence is a not a fixed or necessarily static position but rather one that emerges in response to a plethora of life circumstances and experiences.

Drug Use in Context

The importance of considering the context in which drug use takes place has been emphasised heavily throughout this report. One of the major findings to emerge from the study relates to the ease of availability of a range of psychoactive substances within young people's immediate locale. The reports of the vast majority of respondents suggest that some routine experience of the drug scene was the norm. It is instructive to note, therefore, that exposure to illicit substances was virtually inevitable, albeit that the regularity and intensity of drug offers and encounters varied substantially across the sample. The majority of young people interviewed were acquainted with individuals who had ways and means of accessing illegal drugs. Fewer appeared to be acquainted with known drug dealers. This, however, did not present a barrier to the procurement of psychoactive substances, due largely to the fact that routine street encounters with friends and acquaintances provided the most reliable and familiar access routes to respondents' drug(s) of choice. It is in this context that the study findings must be viewed and understood.

The social and routine nature of some drug use, particularly that of cannabis, was a striking feature of young people's reports. Socialising with cannabis users was not a major problem for the majority of non-users and a large number expected to find themselves in the company of friends or acquaintances who used the drug. For cannabis users, much of its appeal hinged on the sociability of the activity and the fact that it was not identified as a 'deviant' behaviour. In this context, cannabis use emerged as a standard and accepted feature of routine social events, certainly for users of the drug. Indeed, the evidence suggests that cannabis use was a 'normalised' behaviour and not one which met with outright or unqualified rejection. While several respondents referred to the risks associated with prolonged and/or heavy use of cannabis, this practice, considered to be relatively uncommon, was not ranked as a necessarily problematic feature of use.

Other drug use was not viewed with this casual acceptance and most respondents considered that regular use of amphetamines, ecstasy and LSD posed substantial health risks. A large number of study respondents considered the use of stimulants and hallucinogens as posing serious risks. Heroin, and to a lesser extent cocaine, were remarked upon with extreme hostility and both were thought to have serious short- and long-term consequences for users' physical and psychological health.

In the drugs research field, attention has focused on the social meaning of drug use for some time (Becker, 1963; Young, 1971; Plant, 1975; Taylor, 1993; Bell *et al.,* 1998), reflecting a view of drug use as part of a wider culture of behaviours, beliefs and associated contexts and meanings. Bell *et al's* (1998) recent study revealed quite diverse patterns of cannabis use and related meanings among young men during the transition to

young adulthood. Similarly, this study's findings suggest that different levels of drug immersion represented varying interpretations and meanings. It is also clear that varying degrees of significance and importance were attached to the act of drug-taking. For some, drug use was a defining characteristic of their lives, pursued consistently and valued for a range of personal and social reasons. For others, drug-taking was a much less conspicuous feature of daily life, not valued so much for its intrinsic merits as for the casual rewards associated with incidental drug use scenarios involving peers.

Understanding the Role of Choice in Drug Use

A conspicuous finding to emerge from the study related to the young people's knowledge about individual drugs. The majority of respondents conveyed a repertoire of practical knowledge about drugs and their effects. Even non-users were able to convey an understanding of the physical effects induced by particular substances. This information was invariably acquired through friends, acquaintances and the media. Local drug 'stories' and the latest 'word on the street' ranked high in young people's index of reliable sources of drugs 'facts', knowledge and insights.

The study's detailed exploration of drug users' perceptions, interpretations and meanings strongly suggests that drug decisions transpire alongside a range of social and contextual factors. The peer group emerged as a key influence, within a range of situational forces, in bringing about commitment to drug use. Friends were central to the appeal and pleasure of drug use and to the achievement of enjoyable drug experiences. However, it is clear from the findings that young people did not use drugs 'blindly' or without due recognition of at least some of the potential risks associated with their activities. Some of the most frequently cited considerations included the properties of individual drugs, the risk of dependence, positive and negative physical and psychological effects, and the possibility of being 'found out' by parents, teachers or other authority figures. Judgements about the relative 'safety' versus 'risk' associated with individual and combined substances formed the basis of their assessments. Interestingly, the legal risks associated with drug-taking were rarely mentioned and young people did not appear to worry about the legal consequences of being found in possession of controlled drugs.

Young people relied primarily on personal experience and on the informal communication of drugs 'facts' for knowledge of the risks and benefits of individual drugs. Peer advice and local drugs 'stories' formed the bedrock of this socially distributed informal drug education. These same sources, coupled with personal drug experiences, informed an accumulated 'wisdom', which for a significant number guided the

implementation of personal tactics aimed at reducing drug-related harm. Respondents who described a pattern of *selective drug avoidance* employed numerous protective strategies in an effort to curb their drug intake. These young people were concerned primarily with keeping their drug use under 'control' and with lessening the likelihood of negative and undesirable side-effects.

The study illustrates the dynamic nature of drug involvement and the complexities of the options and decisions surrounding use. The negotiation of drug use and non-use is an ongoing process, and drug intentions, use and understandings are subject to constant revision. It would appear that the boundaries of acceptable and unacceptable drug-related behaviour shift, just as other behaviours, relationships and attitudes undergo revision throughout the teenage years.

Conclusion

Discussions of youth and drugs can often veer dangerously towards the view that drug-taking is a largely irrational behaviour with benefits that are entirely ill-conceived by the user. The current study has gone some way towards redressing this imbalance and the findings suggest that individuals play a more active role in drug use than is traditionally acknowledged.

The study's exploration of participants' individual perspectives on drug use placed a critical emphasis on *subjective experiences,* and the findings provide rich insights into the attitudes and values that govern drug use. Young people explained their drug-taking by drawing attention to a range of benefits associated with the activity. The social nature of drug use was a marked feature of virtually all explanations. Drug decisions were regulated by a range of attitudinal factors and were closely associated with conceptions of risk and reward.

The neglected issue of *choice* is clearly highly relevant to understanding drug use. Attention to the views of young drug users and non-users throughout this research helps to place drug-taking within a framework, which recognises the complex array of influences on drug-related behaviour. There is nothing inevitable about a drug career — choices exist at every stage. A process of decision-making clearly accompanied the move to 'new' drugs. Likewise, discontinued use of particular substances did not occur in isolation of judgements about the potential risks and costs of drug involvement.

Critically, the study revealed that a large number of young people who live in 'high risk' localities refuse certain or all illicit drugs, despite the very considerable appeal of drug-taking. This is important since the extrinsic rewards for non-use may be limited within environments where drugs are easily available. Moreover, the reports of young people in the current study, be they abstainers or users of drugs, exemplify the strengths that exist within 'high risk' areas, which can be drawn upon to reduce harmful patterns of drug use.

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Chapter 7: Implications for Prevention and Intervention

The realisation of increased use of illicit drugs in Ireland during the 1960s, marked by sporadic instances of amphetamine, cannabis and LSD use, led to the establishment of a working group under the Department of Health. The first major policy document to deal with drug problems — *Report of the Working Party on Drug Abuse* — was published in 1971. During the past three decades drug policy in Ireland has undergone substantial development, the history of which is comprehensively analysed by a number of authors (Butler, 1991; Murphy, 1996; Loughran, 1999). The following section will concentrate on recent policy developments relevant to the issue of youth and drugs, with specific reference to 'high risk' groups within the population.

Recent Policy Developments

Irish Government policy recognised a causal link between poverty and concentrations of serious drugs problems in the *First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs* (1996). As Butler (1997) has commented, the role of setting, that is the impact of environmental or contextual factors on the development of drug-related problems, was officially acknowledged for the first time. Local Drugs Task Forces were established in twelve areas most acutely affected by the drugs problem. This report dealt principally with issues relating to heroin use. A subsequent report in 1997 — the *Second Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs* — addressed the issue of non-opiates and youth culture, acknowledging that while heroin use was confined primarily to the Dublin area, the use of cannabis, ecstasy and amphetamines was a nation-wide phenomenon. In terms of responding to the growing popularity of drug use amongst young people, the Task Force stressed the importance of developing adequate prevention strategies at an early stage, rather than relying heavily on treatment and rehabilitation. The report proposed prevention strategies at a number of levels targeting particular young people and groups:

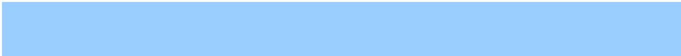
- Level one, targeting young people who have not yet taken drugs, through education programmes designed to prevent, or at least delay, the initiation of drug use.

- Level two, targeting people who are already using drugs and warning them of the dangers of drug misuse. The suggestion was made that *consideration* be given to the development of campaigns in Ireland which "replicated the 'harm reduction' approach being adopted in countries like Britain" (p.46).

- Level three relates to building structures which serve the needs of marginalised young people to actively participate in activities other than drug use, with particular emphasis placed on the role of sport as a means of encouraging social integration.

It is widely believed that the model proposed by the Task Force has the potential to deliver targeted and coherent solutions in which Government policies reflect actual local level need (Murphy *et al.,* 1998). For the first time, policy makers acknowledged the link between certain types of drug use and youth culture, as well as the spread of adolescent drug use outside the Dublin area. The specific needs of marginalised young people were simultaneously recognised. In terms of responding to the growing popularity of drug use amongst young people, the Task Force stressed the limitations of over-reliance on treatment and rehabilitation and recommended the development of effective preventive strategies. The role of youth services as a means of accessing and working with young people at risk of developing drug-related problems was highlighted. Specialised outreach programmes were recommended as a means of making contact with young people not in contact with services. The potential of youth work services to respond to drug issues is, in fact, widely acknowledged by national youth work policy (National Youth Health Programme, 1996; National Youth Council of Ireland, 1997). Finally, the *Second Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs* recommended the establishment of a Youth Services Development Fund to provided premises and facilities in disadvantaged communities.

The late 1990s has undoubtedly been the most active phase to date in relation to the development of policies and responses to drug use by young people. The following section discusses drug prevention and education initiatives in Ireland and other jurisdictions.



Drug Education and Prevention

Butler (1994) provides a comprehensive account of the major philosophical and political complexities surrounding the development of approaches to drug education in Ireland. This section briefly outlines some of the research evidence pertaining to the success, or otherwise, of drug prevention programmes in Ireland, Britain and the United States.

In general, evaluative research assessing the outcomes of drug prevention programmes makes for discouraging reading. In Ireland, relatively little attention has been given to the appraisal of drug prevention initiatives, despite the constant flow of media and political rhetoric on the primacy of tackling our "drug problem". Available indigenous research relating to the communication and success of health-related messages indicates only relatively minor achievements in changing specific health-related behaviours. Morgan *et al.'s* (1996) evaluation of one school-based prevention programme ('On My Own Two Feet') found no difference between the pilot and control pupils in rates of cigarette smoking, alcohol or illicit drug use. On a more positive note, the evaluation indicated that children who participated in the programme held less positive attitudes to substances and stronger beliefs about the negative outcomes of such use. It appears, then, that the programme achieved more success in altering attitudes and beliefs than in changing actual behaviour. In general, health behaviour research has found that it is relatively easy to change knowledge and attitudes but more difficult to bring about sustained behavioural change (ACMD, 1993).

Most drug education programmes are aimed at primary prevention, i.e. they aim to forestall or minimise the occurrence of substance use. Primary prevention has taken many forms over the past decades. Early approaches aimed to impart information about various drugs and their effects, the underlying assumption being that drug use is deterred by promoting increased knowledge about the dangers associated with substance use. These programmes have been found to be ineffective or counter-productive in their efforts to stop young people using drugs (Dorn & Murji, 1992). A second wave of drug prevention focused on the acquisition and development of *skills,* aimed at improving self-image and general social skills. However, no consistent pattern of positive results has emerged from evaluations of values- and skills-based approaches (Coggans & Watson, 1995). Finally, a third approach aims to help young people resist peer pressure to use drugs. Again, research evidence does not suggest that this approach deters drug experimentation or use. Over the decades, international approaches to primary prevention have moved from single to multidimensional models, due largely to the ineffectiveness of any single approach in reducing drug uptake rates. More recent programmes (including 'On My Own Two Feet') draw upon elements of all three models in an effort to maximise the potential of each individual approach to drug prevention.

Despite considerable planning and substantial financial investment in drug prevention, the findings of evaluative research in several jurisdictions provide little grounds for optimism, certainly if a decrease in drug uptake rates among young people is adopted as a measure of success. An evaluation of DARE (Drug Abuse Resistance Education), the largest, best-known and most expensive drug prevention initiative to be delivered in the United States, revealed no long-term effects for the programme in preventing or reducing adolescent drug use (Wysong *et al.,* 1994). Similarly, research on the health effects of 'Life Education's drug education programme' on Australian school-going children found no positive impact in terms of reducing the use of cigarettes, alcohol or illicit drugs (Hawthorne *et al.,* 1995). Finally, evaluations and reviews in Scotland and England have produced little evidence that drug education of any kind reduces either illegal or legal drug use (Coggans et *al.,* 1989; Dorn & Murji, 1992).

The apparent ineffectiveness of drug education is perhaps not surprising, given the lack of consensus about *what* should be taught. The question of how to deliver drug education is a highly charged topic and one that hits a central nerve of the drugs debate. Drug education is not neutral. Prevention efforts embody notions about the nature of illicit drug use, the 'seriousness' of the behaviour, and its consequences for individuals and for society.

It is possible to identify two opposite conceptual poles in the design and delivery of drug education generally. At one end of the spectrum are total abstinence models aimed at deterring the use of all drugs, using an essentially 'say no to drugs' approach. At the opposite end are harm reduction approaches seeking to limit the health risks, including physical, psychological and social risks, associated with drug use. There is no agreement in the addiction literature as to the precise definition of harm reduction (Riley & O'Hare, 2000). However, in broad terms it seeks to impart information about the risks associated with drug use and aims to develop safer drug use skills.

> Harm reduction can be viewed as both a goal — the reduction of the number of harms associated with drug use — and a strategy — a specific approach that focuses on the negative consequences of drug use rather than on level of use. In both cases, one of the key definitional points is that the person's use of drugs is accepted as fact. Harm reduction approaches, then, are those that aim to reduce the negative consequences of drug use for the individual, the community, and society while allowing that a person may choose to continue to use drugs. This does not mean that harm reduction approaches preclude abstinence, only that there is acceptance of the fact that there are many possible approaches or strategies that can be taken to address drug-related problems, harm reduction and abstinence being two of these. A harm reduction approach to a person's drug use in the short term does not rule out abstinence in the longer term and vice versa.
>
> (Riley & O'Hare, 2000, p.8).

The critical difference between any abstinence model of drug prevention and any model that incorporates harm reduction messages lies in the latter's acceptance that drug offers will happen and that drug use is likely to occur.

In the area of treatment, harm reduction policies, including methadone maintenance and needle exchange programmes, were introduced in Ireland during the 1980s, largely in response to the health implications associated with HIV and AIDS. As yet, such policies and approaches have not been extended to drug education programmes at national level. The role of harm reduction as an educational approach was not discussed in the *First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs.* The second Task Force report did refer to the provision of a limited framework for the development of a broader harm reduction strategy. However, as Kiely (2000) points out, in a recent discussion of the status of harm reduction in Irish drug policy, there was no firm commitment to anything more than "consideration" of harm reduction approaches. Despite this, recent initiatives on the ground indicate an appreciable shift towards the incorporation of messages aimed at reducing drug-related harm. For example, the Dublin Safer Dance Initiative (Harding, 1999, 2000) was introduced in 1997 to provide training and support to night-club staff to respond more effectively to drug-related situations in night-clubs. A resource booklet on drug use, incorporating messages about 'safer' drug use, is currently being piloted as part of this initiative. In addition, several national youth agencies have developed their own guidelines and policies of good practice and a number clearly endorse harm reduction approaches as one component of a holistic approach to young people s drug use. The National Youth Council of Ireland (NYCI) (1997), in a policy statement on youth and drugs, explicitly recommend that "appropriate and well-informed harm reduction strategies" (p.1) should be applied, particularly by individuals working with young people who are susceptible or vulnerable to drug misuse. More recently, the NYCI (2000), in its submission to the Task Force Review Strategy, has stressed that there is a responsibility on all those concerned with the welfare of young people to approach the issue of drug use in a balanced and non-judgmental way.

Intervening with 'High Risk' Youth

Despite increased recognition of the need to target vulnerable groups, definitions of 'high risk' populations remain somewhat unclear. Moreover, the question of how to intervene effectively with individuals and groups considered to be particularly susceptible to drug use is, as yet, a largely unexplored and underdeveloped area. From what is known about factors associated with drug use/misuse, it can be assumed that groups such

as young offenders, truants, early school leavers and homeless youths are especially vulnerable (Lloyd, 1998; Christian & Gilvarry, 1999). Young people living in socially deprived areas where drug use is concentrated are also at increased risk of drug experimentation and use, by virtue of high levels of drugs exposure (ACMD, 1998). Critically, however, drug use does not occur in isolation, nor is it a distinct aspect of an individual s behaviour. Many of the risk factors identified for substance misuse have also been found to predict other adolescent problems (Hawkins *et al.,* 1992). This suggests that drug use should be addressed in association with a range of possible co-existing problem behaviours. Young people who are particularly vulnerable to using/misusing drugs are likely therefore to require intervention from a variety of agencies and professionals to respond to their multiple needs.

The question of how to intervene effectively in the lives of 'high risk' groups, with a view to reducing the likelihood of serious drug involvement, has received relatively little attention. However, there is growing consensus among British researchers and commentators on the need to develop variable and targeted interventions which address the needs of specific groups (Coggans & Watson, 1995; Gilvarry, 1998; Gossop, 1997). Similarly, policy developments in Ireland suggest increased commitment to dealing with drug use as a differentiated problem. This is reflected in the provision of services to areas of particular need through the Local Drugs Task Force model. The *First* and *Second Reports of the Ministerial Task Force on Measures to Reduce the Demand for Drugs* (1996, 1997) acknowledge that drug use occurs at different levels and for different reasons, and has different implications for different groups of users. Crucially, there is an attempt to understand drug use in its social context. This is reflected further in the greater involvement of community groups in the structural and organisational implementation of drug policies (O'Brien & Moran, 1997).

The Current Study: Implications for Prevention

In the current study, the emphasis was on gaining detailed *knowledge* and *understanding* of the drug using practices and attitudes of a sample of young people recruited from *within* the community. The recruitment process permitted contact with a sizeable group, many of whom were out of school, unemployed and not in contact with services at the time of interview. These groups, considered to be at heightened risk for drug use, are frequently excluded from school-based survey research (Bauman & Phongsavan, 1999). A lengthy period of engagement within the research site facilitated the establishment of a high level of trust and rapport with participating informants, a condition which is

essential when researching sensitive topics requiring access to 'hard to reach' groups (Fontana & Frey, 1994). The drug use behaviours reported by study participants, while in excess of national norms, undoubtedly exist in other inner-city and suburban communities, certainly in the Greater Dublin area. The findings, therefore, are very likely to have applicability beyond the area under study, within broadly comparable social contexts.

This section discusses the implications of the research findings for the delivery of effective preventive initiatives and services at community level. Since the emphasis throughout the study has been on contextualising drug use and non-use behaviours, including the investigation of drug attitudes and motives, the findings have important implications for the provision of responses that acknowledge the perceptions of young drug users. This is important since without contextualising knowledge it is difficult to develop interventions that are plausible to young people (White & Pitts, 1997). The discussion will focus first on the broad implications of the study findings and will then move to present specific recommendations for prevention, intervention and treatment.

The research clearly demonstrates that drugs are easily available and widely used in the community under study. The strength of the drug culture, coupled with the widespread nature and acceptability of some forms of drug use, suggests that traditional approaches to drug education and prevention may not be appropriate. It is clear, for example, that cannabis use was viewed favourably rather than negatively and that there was no great stigma attached to the activity. The findings also reveal explicit variation in attitudes to different drugs and highlight a non-generic view of drugs and drug use by young people. Above all else, this suggests that it is not helpful to work with a general concept of 'drugs', as if all substances were similar and had similar implications for health, life and living. As Gossop (1997) points out:

> Prevention that aims to stop something called 'drugs' is misconceived ... prevention will work better when it is aimed at specific types of drugs used by specific types of users for specific purposes and in specific circumstances (p. xi).

Drug use covers a complex set of behaviours. The study findings suggest that a large number of young people growing up in areas where drug use is concentrated will experiment with and use drugs at some level. Moreover, it would appear that very often drug decisions are not fundamentally about whether or not to take drugs, but focus instead on acceptable versus unacceptable drugs, legitimate modes of administration and appropriate styles of use.

One of the outstanding findings to emerge from this research relates to the use of cannabis. Nearly 80% of the entire sample reported lifetime use of the drug and a large proportion engaged in daily or weekly use. While the reported frequency of

use is striking in itself, some of the more profound insights emerged from young people's accounts of *when* and *where* cannabis was used. Use was casual and open, certainly compared to other drug use, with the street, the 'block' and friends' homes being just some of the locations marked out for routine drug use. Cannabis use merged almost 'naturally' with other activities and very few respondents expressed profound disapproval of the activity. Finally, cannabis did not feature strongly in many respondents' assessments of risk and potential harm, certainly compared to other substances, and they were far more likely to equate the dangers of cannabis with legal substances, including tobacco and alcohol. This acceptance of cannabis highlights some important cultural dimensions of drug use (Pearson, 1992). Young people in this study did not equate 'soft' with 'hard' drug use, and they distinguished clearly between drug use and drug *abuse.* These distinctions formed the basis of their assessments of drug-related risk and harm.

The diverse drug behaviours and attitudes uncovered in the study beg the question of how policy can respond appropriately to a rapidly changing drugs landscape, one where 'soft' drugs are increasingly likely to be consumed and their use accepted. As Cohen (1999) points out, in a discussion of the goals of drug policy in the Netherlands, full or almost full suppression of particular drugs is not very difficult to legislate for, as long as these drugs are rarely used. Problems emerge, however, when prohibited drugs start to become integrated into lifestyles. Certain patterns of drug use appear increasingly to be normative behaviour (Parker *et al.,* 1995; Parker era/., 1998a; Shedler & Block, 1990) and not necessarily to arise from personal pathological characteristics. The expansion and diversification of drug use challenges the relevance of the abstinence/abuse dichotomy, which inheres strongly within Irish drug prevention efforts. While policies have gradually moved toward a broader and increasingly differentiated view of drugs and drug use, a central problem is that the understandings of young people have shifted radically towards a more dynamic and sophisticated analysis of risk and potential harm, one grounded largely in their social and drug-related experiences. Whatever the aim of policy within any jurisdiction, it seems clear that innovative approaches will be required to respond appropriately to increasingly diverse and complex drug use behaviours.

White & Pitts (1997), reviewing the effectiveness of interventions directed at the prevention or reduction of illicit drug use by young people in the UK, suggest that more attention needs to be paid to different stages of drug taking careers. This suggestion appears to have particular relevance, given the range of levels of drug use uncovered in the study. Drug pathways emerged as unpredictable and were prone to movement towards either elevated or decreased drug intake across time. This two-way dynamic is crucial to understanding drug choices. Attempts to address and respond to drug use must, therefore, encompass a broad set of messages, approaches and strategies. It is unlikely that any single intervention will have the capacity to meet *all* requirements for a prevention policy. Instead, different types of prevention policies will be required for different purposes. There is a need to develop a range of services, covering a wide

spectrum of needs, from education and prevention to a variety of interventions specific to drug-related problems and other adolescent health and behavioural problems.

Although research on drugs prevention work has produced mixed findings, a constant theme is that multi-agency work is likely to be most effective in meeting the needs of young people (MacGregor, 1998).

Drug choices, being in a constant state of flux, will be of greater or lesser importance to an individual at particular junctures. The majority of young people encounter drug opportunities as part of customary peer group interactions (Coffield & Gofton, 1994; Davies & Coggans, 1991), so that drug decisions become part and parcel of routine processes of socialisation, and are consequently not *necessarily* perceived as threatening. Furthermore, while drug decisions are increasingly likely to be a feature of adolescent lifestyles, it should not be assumed that drugs *per se* will be an issue of critical concern for *all* young people, simply as a matter of course. Other important facets of life and living -friends, family, romantic partners, school and work — will, in many cases, take precedence over drug-related considerations. The constant bombardment of young people with anti-drug rhetoric will therefore appear unnecessary due to its perceived irrelevance to everyday social experiences. The principal aim of drug education should be to increase awareness and to help young people to make informed choices. In the present study, the majority of young people did not behave indiscriminately around drugs, and instead forwarded a range of reasons for their use and non-use of various substances. Drug motives need to be taken into account in the delivery of appropriate and relevant prevention messages. Drug-related messages also need to be sensitive to young people's social and cultural experiences and should not assume that *all* individuals will be tempted or lured into harmful and damaging patterns of drug use. On the contrary, considerable numbers will abstain from some or all drugs, despite easy access to a range of substances. Hence, the assumption that all young people who come into contact with drugs will find them attractive is misleading (Shiner & Newburn, 1996). Prevention initiatives clearly need to tap into the strengths as well as the vulnerabilities of young people. While many may well be 'at risk' of drug involvement, the competencies and critical capacities of young people need to be acknowledged and fostered.

Finally, it is worth noting that any initiative or programme aimed at reducing drug use will be competing for space and attention with several other social influences. The study findings indicate that peers act as primary advisors to novice drug users. Indeed, most of the young people interviewed relied on friends and other informal drug education, including local culture, television and the print media. All such likely and appealing sources of information need to be considered, in the context of designing and delivering effective formal drugs education.

Dealing with diversity is likely to be the greatest challenge to drug prevention and treatment initiatives within areas considered to be 'high risk'. The study findings suggest that approaches that apply singular definitions to young people's

drug-taking are unlikely to be successful in addressing complex and fluid drug behaviours and attitudes. A number of specific recommendations relevant to the provision of prevention and treatment initiatives at community level are presented below.

The Need to 'Target' High Risk Groups

Areas where drug use clusters tend to be those which endure high levels of deprivation. This study, conducted in one such locality, clearly demonstrates the need to target resources in areas of particular need. The high availability of illicit drugs, coupled with the frequency of drug encounters, confirms that young people living in areas where drug use is concentrated are particularly susceptible to drug use at some level. Furthermore, the early age of drug initiation revealed in the study suggests that individuals and groups need to be targeted at an early age. This is particularly important in view of consistent evidence linking early drug initiation with serious and more enduring patterns of use in later years (Anthony & Petronis, 1995; Fergusson & Horwood, 1997). Early intervention requires professionals to be properly trained to recognise drug misuse at an early stage and intervene appropriately. A closely related aspect of early intervention is the need for local communities to be able to respond quickly to, or if possible anticipate, local problems (ACMD, 1984). This depends not only on professionals being well trained, but also on the existence of a system for monitoring local drug trends and a framework for co-ordinating local services.

'Difficult to Reach' Groups

The secrecy and concealment surrounding heroin initiation exemplifies the challenges facing those who seek to intervene positively to forestall or minimise the risk of opiate use. Problem drugtakers in the current study reported that very few individuals, even close friends, were aware of their activities during the early stages of heroin use. A large number were living in large local authority flat complexes. Research evidence indicating that drug trafficking and distribution networks tend to cluster in the poorest estates, often within particular sites of these flat complexes (Forsyth *et al.,* 1992), suggests that young people living in these neighbourhoods are at heightened risk for drug use. The obstacles to access and engagement may be considerable given that residents of these estates can feel isolated and looked down upon in the wider community in which they live (Corcoran, 1999). Moreover, the most 'at risk' teenagers are likely to be stigmatised by others, making the likelihood of them seeking help at an early stage even more unlikely (Egginton & Parker, 2000). Many may not be attending school regularly and may well reject organised leisure facilities, which of necessity require adult supervision (Hendry,

1983). Young people in the current study who reported heavy or problematic drug use could be described as the most marginalised of the research participants. The majority had left school at an early age and many were not in contact with youth work services or other community-based agencies on a regular basis. Alternative and innovative strategies are therefore required to access 'difficult-to-reach' young people who may be particularly susceptible to serious drug involvement. Outreach services play a vital role in attracting 'at risk' young people into services and in sustaining contact with teenagers who are particularly vulnerable to drug use.

Interventions with 'hidden' groups need to be undertaken carefully and expectations must be tempered with realism (Lloyd, 1998). It is critical to devise strategies that empathise with young people's experiences and acknowledge the wider cultural context of their lives. Peer-led approaches, being experienced as less judgmental, may well have promise as one component of an overall strategy aimed at reducing drug use and related risk behaviour. Shiner & Newburn (1996) argue that crude explanations of drug use, emphasising the role of peer pressure, fail to acknowledge that a large number of young people do, of their own volition, say 'no' to drugs. In their evaluation of a peer approach to drug education in the U.K., the authors conclude that peer interventions have an important role in discouraging users from developing and extending their drug repertoires. Similarly, Bailey & Elvin (1999) stress that a major advantage of training young people to be peer educators is that it helps to ensure that accurate information is passed through informal channels of communication. Given the strength of the peer role in the domains of drug use and drug avoidance, peer led approaches may have a vital role to play in reaching the most marginalised groups who are likely to be suspicious of adult intervention.

The Role of Harm Reduction

The community under study, like other communities throughout Dublin city, has endured a lengthy history of drug problems and now hosts an endemic drug using population. Where drug-taking has become embedded in a locality, simple rejection of all drug use, with a view to promoting abstinence, is not a realistic or appropriate response (Duke *et at.,* 1996). The study findings suggest that, whether we like it or not, many young people will experiment with drugs.

A major difficulty with abstinence-only approaches is that they leave adults with nothing to say to the substantial proportion of adolescents who say "yes" to drugs (Rosenbaum, 1999). 'Say No' messages, if delivered in blanket terms, and applied to all drugs at all times, will have little or no relevance or meaning to large numbers of young people who *use* drugs. Harm reduction messages must, therefore, have a key role in strategies aimed at 'high risk' groups. This does not mean that there is no room for primary

prevention. There is a tendency to frame drug prevention debates in terms of an impasse, with primary prevention and harm reduction representing opposing ideologies. However, there is both scope and merit in delivering a range of preventive programmes aimed at varying levels of drugs knowledge and experience (Henderson, 1998). Indeed, the study findings present a strong case for differentiated approaches to the prevention of drugs misuse. The ACMD's (1998) definition of the meaning and scope of the term "prevention" underscores the need to view prevention in broad terms.

> Prevention must embrace multiple and complementary levels of activity. These levels include prevention of initiation into drugs misuse, those which discourage continued use or offer a way out of misuse through treatment, and interventions which aim to reduce the harm done by drug misuse.
>
> (ACMD, 1998, p.3)

Young people need to be able to establish fact from myth and to make informed choices about their use of drug. They need to learn to apply skills which minimise the harm caused by drugs. In short, they need to be equipped with the necessary skills and knowledge to cope with a drug-using world. Referring to a growing recognition that containment, rather than elimination, of drug misuse is a more realistic objective, the ACMD (1994) identify harm reduction as being in the public interest because of its compatibility with "community damage limitation". Abstinence can be seen as a desirable goal and outcome without the insistence that it is the only legitimate measure of success in the effort to reduce the health risks associated with drug use. Coggans *et al.* (1991) conclude that, for young people who have begun to experiment with drugs and perceive few negative consequences, "choosing to try drugs is both a rational and positive choice" (p.1109). Such young people clearly need information on how to reduce risks, avoid problems and prevent abuse. Others can simultaneously be supported in maintaining a drug-free status.

School-based Drug Education

Werch & DiClemente (1994) are critical of the assumption inherent in most prevention programmes that their strategies will be equally effective for the entire population. A primary danger is that many of the messages delivered will-not be taken seriously by large numbers of young people due to a significant gap between the core content of such programmes and the actual experiences of those at whom such messages are aimed. Drug education rarely takes account of cultural factors in shaping individual action (Coggans & Watson, 1995). Differences in the social meaning of drug use, which are mediated largely by social context, need to be considered in the planning and delivery of appropriate and relevant school-based drug education programmes. Current school-based drug prevention programmes in Ireland ('My Own Two Feet' and 'Walk Tall'), aimed at the general population, may be unsuited to particular sub-groups of the population, given the social

and drug-related experiences uncovered in the current study. The educational needs of young people who are likely to go through a phase of 'normative' drug experimentation will differ substantially from those who are more 'at risk' of developing more embedded and damaging patterns of use. The findings suggest that school-based programmes need to be tailored to match the experiences of young people and to meet a diverse range of needs. Finally, school-based drugs education is likely to be more effective if supported by consistent messages and interventions outside the school gates, involving parents and communities (ACMD, 1998).

Treatment Interventions

Problem drugtakers in this study emerged as an extremely vulnerable group in terms of their early concurrent polydrug use and rapid development of drug dependence. While a large number were receiving treatment at the time of interview, a significant number had not accessed professional help. Given that successful treatment outcome is associated with younger age of admission (Friedman *et al.,* 1986), attracting young drug users into treatment services as early as possible is an issue of critical importance. One obstacle to the achievement of this goal is that the majority of community-based drugs projects are primarily adult-oriented. Research carried out in Britain suggests that young people feel alienated in treatment settings dominated by older age groups (Doyle *et al.,* 1994). Crome *et al.'s* (2000) recent description of a population of clients attending a newly developed service for young drug misusers in the UK underscores the importance of models of service provision, which respond to the complex range of medical, psychological, educational and social needs of *young* drug users. By prioritising multi-agency partnership and multi-professional teamwork, this designated service for young drug users succeeded in attracting and retaining a large number of young people, despite the multiple disadvantages of the client group. The evidence presented in the current report suggests that services that intervene with young drug misusers must be capable of understanding a multiplicity of vulnerabilities and have the resources to respond to a complex range of needs. With heroin uptake rates showing no signs of decreasing, there is an urgent need to develop services aimed at attracting young drug users at the earliest possible juncture. Since heroin use is unlikely to spread beyond a minority of young people, there must be a clear focus on those most at risk. Social exclusion coupled with extensive drug trying and use during early to mid-adolescence contributes significantly to the risk of heroin involvement (Parker *et al.,* 1998b). In early to mid-adolescence, it would appear that those not attending school and prone to early drug involvement are particularly vulnerable.

The stigma attached to heroin use means that young people will be reluctant to seek help during the early stages of heroin use. This will undoubtedly intensify the treatment challenge at the time when heroin users finally present to services, as their

problems are by then likely to be more complex and entrenched. In terms of dealing with young problem drug users, the focus should not be on replicating treatment regimes aimed at adults. Instead, service provision must recognise what it means to be young, and needs to be able to respond to the changing needs and lifestyles of young people. Furthermore, services need to be well resourced with specialist staff, a range of treatment options, and the capacity to operate at outreach level with a view to attracting young users. Finally, the issues of confidentiality, consent and parental involvement need to be considered in the design of and provision of treatment services to young drug users.

Interagency Co-operation

As suggested earlier, young people at risk of serious drug involvement are likely to face a range of difficulties requiring the intervention of numerous services. This study has highlighted an overall picture of substantial disadvantage across the sample, with young people in the *drugtaker and problem drugtaker* categories indicating higher levels of poverty and social exclusion. The issue of drug use should not be tackled alone, as if it stood unaffected by a range of other lifestyle factors. Drug-focused work needs to be embedded in other work aimed at improving the life chances of young people. The collaboration of a range of interventions and programmes involving health services, youth workers, education and social services, criminal justice and drug services, that proactively identify and target vulnerable young people, is critical if the goal, in the longer term, is to reduce the likelihood of drug involvement among groups who are particularly susceptible to drug use.

Concluding Remarks

The study's implications for the planning and implementation of drug prevention and intervention strategies have been discussed in some detail. A clear message, one arising directly from the reports of young people, is that drug use is highly differentiated. Hence, no single approach will have the capacity to meet the multiple and diverse requirements of a comprehensive drug prevention effort.

Early targeting of 'at risk' young people is essential, given the multiple risks associated with early drug initiation. Innovative strategies, including well-resourced outreach services and peer-led approaches, are required to establish and maintain contact with marginalised young people at the earliest possible juncture. In addition, it is vital that

young people who recognise or identify themselves as having a drug problem can access appropriate treatment. An over-reliance on adult-oriented treatment services is likely to militate against early intervention, if, as suggested by young people, heroin users are highly stigmatised. The risk of being labelled in negative terms is likely to be a significant deterrent to young people accessing help. Furthermore, treatment services for problem drug users need to be able to respond to their multiple needs.

The high levels of drug exposure and use uncovered in the study provide a compelling case for the incorporation of harm reduction messages as a significant component of strategies aimed at diminishing drug-related harm. Similarly, school-based drug education within 'high risk' areas needs to recognise the diverse nature of drug use and must be sensitive to the social experiences of young people. Finally, drug use should not be addressed as a separate and distinct 'problem', as if other characteristics of the social landscape had little or no impact on the development of drug-related difficulties. The collaboration of drug services with a range of other health, education and social services agencies is vital if the long-term goals of drug prevention, intervention and treatment are to be achieved.

In Ireland, drug use by young people has been the subject of sporadic media reports and periodic public outrage, but with little semblance of an informed public debate on the issue. A familiar pattern of shock, concern and condemnation of young people persists following revelations of increased drug use. Relatively little effort has been made to understand the complex dynamics surrounding drug use and related experiences and behaviours. Condemnation is of little use to young people who find themselves in drug-taking situations on a regular basis. A concerted effort to acknowledge and understand the complexity of drug use will have far more to offer future attempts to address the issue of drug use and misuse among youthful populations.

Appendix I

Glossary of 'Slang' Terms and Expressions

Acid	LSD
Bang Up	Administer a drug intravenously
Buzz	Way of describing the feeling of 'getting high'
Chasing/ Chasing the Dragon	Smoking heroin on tin foil. When the powder is burned it takes on a liquid appearance. The term comes from the pattern the heated liquid takes on the foil. As the heroin is burned from underneath the foil, the iquid rolls away from the user and it has to be 'chased'
Charlie	Cocaine
Coke	Cocaine
Come Down	Negative after-effects of drug use
Dabble	Term used when referring to the early stages of drug use, usually heroin use
Dance Drugs	Drugs, usually stimulants (including ecstasy and amphetamine), associated with the dance/rave/club scene
Deadly	Great/enjoyable
Dying Sick	The painful symptoms of withdrawal from heroin
E	Ecstasy
Gaff	House/Own home or home of other person
Gear	Heroin
Goofin'/ Goofin' Off	Term used to describe person who appears sedate and list less as a result of drug intake
Hash	Cannabis / Marijuana
High/	A general description of a changed state of consciousness,

Getting High	usually involving euphoria, resulting from drug consumption
Joint	Street term for a marijuana/cannabis cigarette
Junkie	Heroin Addict
Killings	Fighting, often street fights
O D	Drug Overdose
Q	Quarter gram of heroin
Rush	The sudden euphoric shift in body sensation following drug ingestion
Scoring	The process of obtaining illicit drugs
Speed	Amphetamine
Strung Out	'Addicted' to a drug, usually heroin
Trip	The effects induced by LSD (acid)
Turn On	Episode of drugtaking which is considered pleasurable by the drugtaker
Works	Injecting equipment

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The Children's Research Centre, Áras an Phiarsaigh, Trinity College, Dublin 2.
Tel: +353 1 6082901 Fax: +353 1 6082347 Email: ccentre@tcd.ie
http://www.tcd.ie/Childrens_Centre/

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