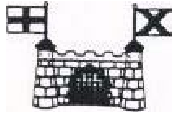

The Children's Research Centre
Trinity College Dublin

Drugs and Drug Problems: Reporting on the Perspectives of Young People

Editor: Paula Mayock

Proceedings of a half-day conference held in
Robert Smith Lecture Theatre,
Trinity Medical Centre, St. James's Hospital,
Dublin 8 on September 20th, 2000

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Published by: The Children's Research Centre

ISBN: 1 90 2230 10 8

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The conference was funded by The Department of Health and Children.

The views expressed in this report are the authors' and are not necessarily those of the Children's Research Centre or of the study's flinders.

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FOREWORD

The Children's Research Centre, Trinity College Dublin, aims to be child centred and policy relevant in its research.

The Centre's research study which was the focus of the Conference – *Choosers or Losers?* by Paula Mayock - is a strong example of the Centre's commitment to giving voice to the young person's experience in our search for understanding of young people's lives and the influences upon them. The Conference on which these proceedings are based is an example of how the Centre aims to promote awareness and debate of its research findings among relevant academic, policy and community audiences. We were gratified by the large and representative attendance, and by the willingness of our invited speakers who responded to various facets of Paula Mayock's study.

On behalf of the Centre, I would like to thank Paula Mayock, Barry Cullen, Fiona Clarke and all who helped to make the Conference a success. I would also like to acknowledge the support of the Department of Health and Children towards hosting the Conference.

Robbie Gilligan,
Director

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SPEECH BY MINISTER OF STATE MR. EOIN RYAN, T.D.

I am very pleased to have been invited here today to launch the Report *Choosers or Losers? Influences on young peoples choices about drugs in Inner-City Dublin,* researched and written by Paula Mayock, Children's Research Centre. Trinity College.

As Minister with special responsibility for the National Drugs Strategy, I am particularly interested in the findings of this report, which offer many valuable insights into the differing drug-related experiences of those who participated in the study, including 'hidden' and 'difficult to reach' young people from the Dublin Inner City area. The primary aim of this report was to document the drug-taking practices of the young people interviewed and to examine a range of possible influences on their drug-related decisions.

The report confirms the need for a drugs strategy which adopts an holistic approach to addressing the problem in areas where drug misuse is most acute. It also highlights the importance of considering the perspectives of young people in the planning and implementation of drug prevention strategies. In this context, it is worth noting that earlier this year, I initiated a review of the overall National Drugs Strategy. The objective of this review is to identify gaps and/or deficiencies in the current strategy, to develop revised strategies and, if necessary, new structures through which to deliver them. In recent months, we engaged in an extensive range of consultations with individuals and groups working to combat drug problems. The outcome of these consultations has been fed into the review process and a revised Drug Strategy is expected to be in place by the end of this year.

The current strategy supports a wide variety of actions under the broad themes of treatment/rehabilitation, education/prevention, re-integration and local supply reduction, and firmly identifies the drug problem as a symptom of the wider issue of social exclusion. Addressing the causes and consequences of social exclusion in urban and rural areas is now very much a Government priority. An unprecedented level of resources is being targeted at specific areas, including Dublin's inner-city, by way of local strategies aimed at addressing issues such as drug misuse, early school leaving and unemployment.

An important finding to emerge from *Choosers or Losers?* is that young people's drug use started 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 drug. It also noted that consistent research links the early onset of drug use with more serious or enduring patterns of drug involvement and with increased risk of school dropout, negative peer affiliations and unemployment. This suggests that "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" (p.92).

The Young People's Facilities and Services Fund is worthy of note in this context. Its aim is to assist in the development of preventative strategies in a targeted manner through the development of youth facilities and services in areas where a significant drug problem exists or has the potential to develop. The objective of the Fund is to attract 'at risk' young people in disadvantaged areas into these facilities and to divert them away from the dangers of substance

abuse. To this end, the Government has allocated almost £35 million over the next three years, with £25m approved to support integrated plans in the Task Forces areas including inner-city Dublin.

The Local Drugs Task Forces have had a very significant impact since they were set up 3 years ago and they afford an opportunity for local communities and voluntary groups to participate in the design and delivery of an integrated response to the problems associated with drug misuse. The Inner-City Dublin Task Force has now been given approval by Government to update their plan and £15 million has been set aside to support the implementation of the plans across all Task Force areas. The process of developing new plans must, however, take account of the experiences, both positive and negative, as expressed by those who participated in the research and whose co-operation made the study possible. This Report should make a valuable contribution to such an exercise.

Paula Mayock's report is concerned primarily with the local social context and reflects the importance of community in the Irish drug misuse experience. Local Drugs Task Forces have proven successful on many fronts, not least in reducing the feelings of frustration and isolation previously felt by many communities in the affected areas. Arising from the original Local Task Force plans, there are now over 200 community-based initiatives in place delivering a whole range of responses under the themes of education, prevention, care, aftercare, rehabilitation and supply reduction. The additional funding currently being made available will mean that, in time, a total of £25 million will be available to community groups in the local Task Force areas. This is in addition to the £25 million which has been allocated under the Young People's Facilities and Services Fund and mainstream funding which is available to the State Agencies to deliver their programmes and services.

I trust that you will agree that this represents a significant investment by the Government in terms of allowing local community and voluntary groups to play their full role in tackling drug misuse in their areas.

Finally, I would like to congratulate Ms Paula Mayock on the launch of this Report. I would also like to thank the young people whose participation and co-operation made the Report possible. I wish them every success for the future. Indeed, I would like to congratulate all drug users who have presented for treatment in recent years and it is my intention to ensure that you have the services and supports you require to address the many issues facing you.

CHOOSERS OR LOSERS? YOUNG PEOPLE'S DECISIONS ABOUT THE USE OF DRUGS

Paula Mayock'

This paper documents selected findings from Choosers or Losers? Influences on young people's decisions about drugs in Inner-City Dublin. *This qualitative study sought detailed knowledge and understanding about drug use from the perspectives of young users and non-users of illicit drugs. As a starting point, the paper briefly describes the research strategy and documents the key methodological features of the study. Findings pertaining to the drug-taking behaviours of the study respondents categorised as 'drugtakers' and 'problem drugtakers' are then presented. The issue of drug choices — a core concern of the study — is addressed by examining how young people related their drug decisions. The findings draw attention to the complex social dynamics surrounding drug use as well as the likely array of interacting influences on drug-decisions. In particular, they highlight the critical capacities of young people in the decision to use, or alternatively, not to use a range of illicit drugs.*

Introduction

Drug use has attracted increased attention in Ireland during the past decade, due in part, to research evidence suggesting increased contact with and use of illegal drugs among young people (Grube & Morgan, 1990; Hibell *et al.,* 1997; Brinkley *et al.,* 1999). Despite growing media attention, coupled with heightened public concern for the health and well-being of young people, we are some distance from being able to put forward accurate estimates of the extent of drug use in society generally, and among adolescents, in particular. The findings of available research do, however, clearly indicate that problem drug use clusters in areas worst affected by poverty and deprivation (O'Higgins, 1996; O'Higgins & Duff, 1997; Comiskey, 1998) and it follows that young people growing up in these localities are particularly 'at risk' for drug use at some level. Despite this, little is known about the drug-taking activities of young people who live in neighbourhoods identified as having a history of concentrated drug problems. This paper reports on selected findings from a qualitative study of drug use by young people in one such Dublin community. As a starting point, the paper outlines some of the thinking that is central to the study and outlines the key methodological features of the research. Selected findings pertaining to* the drug-taking behaviours of study participants are then presented. A central aim of the research was to examine the role of choice and decision-making in drug use (Mayock, 2000a). This is a complex area and will not be dealt with in full in this short paper. Instead, the discussion hopes to highlight the importance of considering the role of the individual actor, within a range of influences, in the decision to use, or alternatively, not to use certain, or all, illicit drugs. The paper closes by discussing some of the key insights and lessons arising from the research and cautions against the tendency to overlook the critical capacities of young people in relation to drugs and their use.

The Study: An Overview

Qualitative researchers are concerned with how people think and act in their everyday lives (Taylor & Bogdan, 1998) and aim to understand the nexus of meaning and context (Agar, 1997). The social context of drug use is made up of an interplay of factors including individual and group subjective interpretations of drug use, the physical, interpersonal and social settings in which drug use occurs, and wider structural and environmental factors (Rhodes, 2000). Accordingly, in the current

[1] Paula Mayock is currently a researcher at the Addiction Research Centre, Trinity College, Dublin. This research was undertaken when she worked at the Children's Research Centre, Trinity College.

study, young people's drug-taking was examined alongside a range of other social experiences and not as an isolated feature of their lives. This emphasis on social context shaped the design and conduct of the research.

The research site is a Dublin inner-city community where drug use is concentrated. It has endured two decades of drug problems, and hosts the largest number of male opiate users in the Dublin metropolitan area (Comiskey, 1998). Young people's awareness of the presence and use of drugs within their immediate social environment emerged strongly from their reports of everyday life. The majority made constant reference to the local drug scene and there was strong evidence that drug offers and opportunities for use were regular and expected occurrences. This is illustrated in the numerous accounts offered by study respondents:

> *Like this morning when we were over there loads of junkies came over to us 'are ya lookin'? 'We get that every day 'areya lookin' for gear', an' all. And when you're walkin around the flats they 're havin' their turn ons there. Brutal it is.*
>
> Belinda, 15.9 years
>
> *[Which drugs do you see people taking?]*
>
> *Well, one day I walked up to me nana, well it's nearly every day, ya know, people smokin 'gear on the stairs. And me little sister picked up two syringes there about two months ago ... the junkies, they just leave their stuff around after using it.*
>
> Denise, 15.1 years

The study's emphasis on exploring drug use in its social context meant that the perspectives of young people assumed a position of critical importance. From the outset, there was a clear emphasis on exploring young people's perceptions of their social world. The focus, then, was on accessing young people's own 'stones' and on letting them recount what happens in considerable detail and in their own way. Their experiences of drug exposure, drug offers, use, non-use and problem drug use were central concerns of the study. The use of a qualitative methodology, utilising the techniques of individual in-depth interviews and focus group discussions, means that the findings are based largely on situated meanings (Gubrium & Holstein, 1997). They therefore provide insights that are often lost in the distance created by survey-based research, which is restricted in its ability to capture meanings and interpretations. The current analysis of drug use by young people was attuned to the nuances of discourse, symbolism and interpretation and to an emerging experiential web of meanings and understandings.

Finally, in the study, drug-taking is viewed as part of a wider structure or culture of behaviours, belief and associated meanings. Using this conceptualisation, drug use is not regarded as a single distinguishing feature of the young person's life, but as one of numerous social experiences. The issues of how young people view, manage and respond to their social realities were central to the study. In this way, the research sought to go beyond the issues of type and frequency of drug use and to examine how young people construct and perceive their relationship with various substances.

Research Aims and Methodology

Despite substantial evidence that problem drug users are over-represented in a number of Dublin's inner-city and suburban communities (Dean *et al.,* 1983; O'Kelly *et al.,* 1988; McKeown *et al.,* 1993; Comiskey, 1998), little is known about how young people living in these localities use and relate to drugs. The bulk of attention in the drugs research field, certainly in the Irish context, has focused on heroin users 'captured' within formal settings, with the result that much less is known about young drug users who do not come to the attention of law enforcement, treatment, or other helping agencies. As a consequence, there is a stark lack of attention to - and understanding of- routes of drug initiation and of subsequent patterns of drug involvement among young people who experience high exposure to endemic drug scenes.

The research sought to address a number of important gaps in knowledge concerning drug use by young people in neighbourhoods 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 sample of young people in their mid- to late-teenage years. The research site is considered to have one of the most serious drug problems in the State and was 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). 15-19 year olds were the target group for the research as it was felt that individuals in this age group are particularly susceptible to drug use at some level (Kandel & Logan, 1984; Measham *et al.,* 1994).

A qualitative approach, utilising the techniques of individual in-depth interviews and focus group discussions, was considered to be the most appropriated 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 respondents within the research setting. In this way, the information gathered was firmly located within the broader context of sub-cultural rules, beliefs and associated meanings.

Participants were recruited from within the community with the help of key adult informants and were contacted within a range of community settings including youth clubs, local drug services, satellite clinics, drop-in centres and the street. The recruitment effort was largely a social process, and necessitated regular contact and active participation with young people. The establishment of trust and rapport, a vital prerequisite to the development of meaningful research relationships (Wiebel, 1990), was by no means instantaneous. The process of gaining acceptance and approval was greatly assisted, however, by maintaining regular informal contact with prospective participants. This investment of time facilitated the development of authentic communication patterns and gradually permitted the development of trusting relationships. Many participants were recruited through 'snowballing', a term used to denote the practice of securing additional respondents via the introductions and recommendations of young people previously interviewed (Robson, 1993). In this way, young people themselves acted as 'ambassadors' for the study by encouraging others to partake. Snowballing is a well-recognised data collection strategy for the study of hidden populations (van Meter, 1990) and proved especially useful when attempting to engage young people who had little contact with local youth clubs and other community-based recreational facilities and who, as a consequence, were particularly 'difficult to reach' (Mayock, 2000b).

In accordance with the research aims, the selection process aimed to include a range of drug-taking experiences and, unlike previous studies (Pearson *et al.,* 1985; Parker *et al.,* 1988), did not confine itself to the experiences of young heroin users. The research focused on non-use, drug use *not* defined as problematic and drug use defined as problematic by the young people understudy. Three categories of research respondents - abstainers, drugtakers and problem drugtakers - were included in the research. It is important to note that, in the current research, the term *drug* is used to refer to solvents, inhalants, cannabis, amphetamines, ecstasy, hallucinogens, tranquillisers, cocaine and opiates, most of which are regarded a illicit drugs. Tobacco and alcohol use are referred to independently throughout the research. The following definitions were applied to each of the three participating groups of respondents:

Abstainers: *Young people who are not using drugs at present. They may have experimented with a soft drug, i.e. cannabis, at some stage but must not have 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 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.*

Finally, the 'categorisation' of young people emerged through a process of self-nomination. In other words, the views and attitudes of young people, not those of the researcher or other professionals, determined participants' drug status - be it abstainer, drugtaker or problem drugtaker -within the parameters of the study. This was achieved through questioning and was based on young people's perceptions of the risks, benefits, effects and consequences of their drug use. This approach, with its emphasis on the socially constructed nature of reality, precluded the imposition of 'outsider' judgements about the nature and consequences of informants' drug use.

Fifty-seven young people were interviewed individually and twenty-four took part in focus group discussions. The mean age of research participants at the time of interview was 17.3 years. Tables 1 and 2 provide the gender breakdown for the Sample.

Table 1: Individual Interviews

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%)

Across the sample, the overall picture was one of substantial disadvantage. The brunt of this disadvantage appeared to fall on young people in the drugtaking and problem drugtakine categories, who were more likely than abstainers to be living in local authority flat complexes, to have left school early and without formal qualifications, and to be casually employed. Drugtakers and problem drugtakers were less likely than abstainers to be living in two-parent family homes and to the benefit of additional income from parents in either full- or part-time employment.

Study Findings

This paper focuses on the social and drug-related experiences of the young people categorised as 'drugtakers' and 'problem drugtakers'. Descriptive data on the drug-taking practices of study respondents, including the circumstances surrounding initial drug use,, are presented. Young people's drug transitions, that is, their drug use subsequent to first use of an illegal drug, are then examined. This data will lay the ground for a later examination of drug choices and decisions, the central aim being to examine *how* young people conveyed their drug decisions.

Initial Drug Use

Drug initiation occurred at an early age - 13.3 years for drugtakers and 12.4 years for problem drugtakers. Reports of initial use indicate that first drug experiences took place in the company of friends and were rarely, if ever, embarked upon alone. Cannabis was invariably the first drug tried, although a considerable number of respondents had experimented with inhalants prior to smoking cannabis. Importantly, first drug-taking events usually transpired by chance. The presence of peers was an important aspect of the event: friends generally supplied cannabis, the most commonly used first drug. More importantly, their presence meant that the experience was shared. The quotes below help to illustrate the casual and incidental nature of first drug encounters.

> *... 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 smokin' it so I smoked it. I tried it.

Denise, 15.1 years

Curiosity emerged as the dominant motivating factor for initial drug trying. In general, young people were well-acquainted with the notion of drug use prior their first drug-taking experience: drugs were very much 'around' and were easily procured. The narratives strongly suggest that the drugs and the drug scene were regarded as enduring features of community life.

Drug Transitions

While uniformity emerged across both drugtakers and problem drugtakers in the descriptions offered of first drug use, young people's drug transitions presented a far more complex picture. It is helpful, therefore, to summarise some of the distinguishing features of the *types* and *levels* of drug involvement evidenced across the sample.

First, enormous variation emerged both *within* and *between* the three participating groups of research respondents in terms of the number, type and frequency of drug use. Hence, while abstainers, drugtakers and problem drugtakers broadly represent differing levels of commitment to drug use, considerable variation emerged in the drug-taking practices reported *within* all of the three participating 'categories' of research respondents.

Secondly, the drug-taking practices reported by the study's drug users, including those of drugtakers and problem drugtakers, did not remain stable across time. Young people described movement from one drug to another and their drug preferences altered considerably alongside 'new' knowledge and experience of a range of substances. Several, for example, reported discontinuing certain forms of drug use following a period of experimentation. Others reported a process of 'maturing out' of certain styles of drug-taking. As a result, a great deal of attention focused on tracing emerging patterns of drug involvement across time.

Thirdly, the two drug using categories of respondents - drugtakers and problem drugtakers - differed markedly in their level of immersion in drug use and in their depth of involvement with a range of substances. They also differed in terms of the perceived difficulties arising from their drug consumption. Whereas drugtakers did *not* consider their drug use to be problematic, problem drugtakers reported serious negative physical, social and psychological consequences arising from their drug consumption. The two groups also differed in their experience and use of 'hard' drugs, namely, heroin and cocaine. While it was unusual for drugtakers to have tried opiates, the vast majority of problem drugtakers reported difficulties related to their heroin consumption. Finally, young people described a clear rationale for increased, or alternatively, decreased levels of drug involvement. Their explanations for changed patterns of drug involvement provided the basis for a detailed analysis of factors influencing their drug decisions (Mayock, 2000a).

Table 3 presents data pertaining to lifetime drug use[2] for both drugtakers and problem drugtakers. This provides a general picture of the range of drugs tried and used by study participants. The most striking feature here is the high level of drug-trying across the sample. Cannabis dominated as the drug first tried and was the most popular and widely used drug across the sample. It is worth noting that 85% of the drugtakers stated that they intended to use cannabis during the week following the interview. The drugs ecstasy, amphetamine (speed), LSD (acid) and tranquillisers were used extensively by research respondents. Not surprisingly, a greater proportion of problem drugtakers reported lifetime use of all of the illegal substances listed above and the vast majority reported problems associated with heroin and other drug use,

[2] Lifetime drug use refers to the drugs *ever* tried or used by study participants and is not indicative of the frequency or regularity of use.

Table 3: Lifetime drug use: Drugtakers and problem drugtakers

% Lifetime Use	Drugtakers	Problem Drugtakers
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
Magic Mushrooms	19.0	18.8
Solvents/Inhalants	40.9	81.3
Tranquillisers	28.6	75.0
Methadone	4.8	81.3

While the figures presented here are useful in summarising the range of drugs *ever used,* they provide little insight into young people's mode or 'style' or engagement with a range of psychoactive substances. This information was generated from a detailed analysis of respondents' accounts of their personal drug-taking practices. Young people's descriptions of their drug experiences and the circumstances and locations associated with use were examined in detail. The following sections examine the drug-taking experiences of drugtakers and problems drugtakers in greater detail.

The Drugtakers

All of the drugtakers reported extremely high levels of exposure to drugs and to drug use and, for the majority, some contact with the drug scene was an unavoidable reality of living in the locality. Typical accounts suggest that young people had easy access to a range ofpsychoactive substances.

> *Everyday when ya walk out of your house there 'd be people smokin' hash at one Block and doin' heroin somewhere else.*
>
> Brenda, 15.4 years

> *I met her (friend) when I started the Youthreach and we weren't really good friends but then we started getting real close. She tells me everything and 1 tell her everything. She brought me down to her house one lunchtime, and she said 'Karen. I 'm going to me brother s for the week'. Then she told me she was nibbling at the gear. Me other friend before, she was strung out to bits. One day she came into FAS and she was after getting knocked down, she was after taking a load of roache an' all...*
>
> Karen, 15.10 years

Despite drugtakers' high exposure to and knowledge about individual drugs, conspicuous differences emerged in the types and levels of reported drug use across the group. A technique known as profiling was therefore used to unpack some of the complexities of the group's drug-taking. The application of this technique led to the construction of three drug use typologies[3] among this relatively small sample of young drug users (n=21). 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, aged between 16 and 18 years, who reported significant modification to their drug use during their mid- to late-teenage years, Table 4 below summarises the key characteristics of 'frequent' and 'less frequent' drugtakers.

Table 4: 'Frequent' and 'less frequent' drugtakers

'Frequent' drugtakers (n=ll)

- Daily or near-daily cannabis use.
- Purchased a personal supply of cannabis, usually by pooling financial resources with friends.
- All had experimented with and used a range of other drugs, including ecstasy, amphetamine, LSD and tranquillisers.

'Less frequent' drugtakers (n=10)

- Cannabis use once or twice weekly.
- Relied on friends and/or situational factors for their supply of cannabis.
- Few had experimented with or used other drugs besides cannabis.

[1] Typologies are a useful device in the organisation of qualitative data. They are a means of categorising events or people without necessarily involving a sense of progression from one event to another (Seale & Kelly, 1998).

Descriptions offered of drug-taking events signalled considerable differences in how 'frequent' and 'less frequent' drugtakers used and related to drugs. For the former group, cannabis use merged, almost naturally, with routine daily events and their accounts suggest a distinctly regular, habitual and purposeful pattern of use. In many ways, cannabis use was a focal point for peer interactions and played a significant role in the group's daily activities. A strong commitment to the act of drug-taking is evident in the following account offered by one young woman:

> *Yesterday 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 here ... I left here at half-four yesterday and I stood down there at the Block.*
>
> *[Did you smoke hash there again?]*
>
> *Yeah, we did. And I went in then for a while and had something to eat. And then I came back out an' straight over to the Block and smoked hash.*

Lorraine, 15.11 years

'Less frequent' drugtakers, on the other hand, described a pattern of drug-taking which was evidently less intense. Drug use, being incidental rather than planned, did not bear the hallmarks of deliberation. Much less time and attention was invested in the act of drug-taking and drug experiences were frequently reported with relative indifference. Yet, these young people continued to use cannabis, if and when the opportunity arose.

> *[How often do you smoke hash then?]*
>
> *I smoke it now an' again, ya know. I wouldn't go out of me way or that now. It depends 'cos I'm not pushed. If someone has it I'll have a smoke.*

Ray, 18.6 years

> *Not often. I used to buy it with me cousins an ' all. Now I wouldn't. If someone had it I 'd say 'can I have a blow off that'... a waste of money 'cos it does nothing for me ... 1get a better buzz off'drink than off hash.*

Joan, 15.11 years

Finally, a third drug use profile emerged from the identification of a cluster of young people (n=4) who reported significant modification to their drug intake between the mid- to late-teenage years. All were 17 years or over at the time of interview; they reported past daily cannabis use and had a repertoire of other drug experiences. At the time of interview, this subgroup of former 'frequent' drugtakers had significantly reduced their cannabis intake and had discontinued the use of one or a number of other drugs.

> *Did all a that. Went through all a that... took E, speed, tried acid, the whole lot. Couldn't be bothered now. A waste a money and it wrecks ya. I just stick to me hash and a few pints now.*

Ian, 17.9 years

While the technique of profiling revealed distinctly different levels of drug involvement across the sample, it is important to note that for *all* drugtakers, cannabis use was an accepted reality or 'norm'. Irrespective in individual levels of use, most expected to find themselves in situations where the drug was available. Cannabis was not perceived to pose serious health risks and was usually equated with legal drugs, including tobacco and alcohol. On the other hand, virtually all drugtakers held extremely negative attitudes to heroin. This clear dichotomy between cannabis, on the one hand, and heroin on the other, was a distinctive feature of their drug attitudes.

> *[Do you think hash is a drug?]*
>
> *No, not really ...I think hash is nothing. Hash is like a smoke (cigarette) I think.*
>
> *Ya laugh on hash, it's a smaller drug, like an everyday drug.*

Drugtaker, 18.4 years

> *[What do you think about heroin?]*
>
> *I hate it. I wish it was banned like, I wish there was no such thing as it.*
>
> *[So, you think hash is different then?]*
>
> *Yeah, Ya don't be strung out on it, ya know, on hash. Ya go to bits on heroin. They all go real skinny an' all. They go to bits.*

Drugtaker, 16 years

The findings presented above are indicative of the wide range of drug options available to young people. They also suggest varying drug use practices and differing drug preference across time. The vast majority of drugtakers conveyed a high level of drugs knowledge and experience. Cannabis, however, maintained a distinctive position in young people's drug repertoires and was the most popular and widely used drug across the sample.

Problem Drugtakers

The majority of the problem drugtakers reported a range of difficulties related to their heroin consumption. A detailed description of the group's progressive drug involvement can be found elsewhere (Mayock, 2000a). This section highlights a number of the key characteristics associated with young people's journeys towards problem drug use.

The group described extremely early drug initiation (average age 12.4 years). Four of the eighteen problem drugtakers interviewed had tried their first drug by the age of eleven. Practically all left school at, or before, the age of fourteen, without any formal educational qualifications. From their early teenage years, daily life was largely unstructured and most gradually lost contact with school-going peers and with local community-based recreational facilities. A striking feature of their reports was the rapid pace at which commitments to the drug scene developed. This integration of drug use as a distinct feature of routine patterns of socialisation and interaction coincided with a strong immersion in street culture. Boredom and disillusionment emerged as a consistent feature of these young people's accounts of daily life. Drugs were easily available and provided both a legitimate and valid response to an environment with little else to offer.

> *We were just bored ... I'd say that had a good bit ta do with it. You 're sittin' there and say 'fuck sake' and then ya have a smoke and everything's new. That's the difference between being stoned and not stoned. When you 're not stoned ya have nothing ta do and when you 're stoned you've lots a things ta do.*
>
> Sabrina, 18.1 years

The accounts of this group of young people suggested that a high level of immersion in street culture, coupled with strong incentives for use, gradually led to the acceptance of more 'serious' . drugs. There was also evidence of an attitudinal 'drift' towards the endorsement of more 'risky' drug trying. This acceptance of more precarious drugs extended, albeit gradually, to heroin. It must be emphasised, however, that the attitudinal and behavioural transitions accompanying the 'move' to heroin were not explicit, or necessarily overt. On the contrary, first heroin using events were imbued with secrecy and virtually all respondents reported having initially concealed their heroin use from a number of close friends. Heroin initiation typically occurred in collaboration with one or two more experienced users of the drug. When offering descriptions several young people asserted their own role in the decision to try and continue using heroin.

> *When I was smokin 'heroin there was more crap over it than anything. Like, everyone was runnin' amok over me being on it. So, it had nothing to do with peer pressure, nothing to do with anything like that. If anything like, I should have stopped for all the support I had NOT ta do it.*
>
> Sabrina, 18.1 years

Typical reports suggest that a pattern of regular heroin use developed quickly, and that with this, the concealment of their activities, particularly from friends, became difficult to sustain. Peer knowledge of the young person's heroin use emerged gradually. This openness, coupled with a widening of the individual's social network of users, provided additional access routes to heroin and other drugs. It also permitted use to proceed with considerably fewer constraints than previously. In most cases, the first signs of dependence came as a surprise to young people.

Drug Choices and Decisions

The role of personal choice in the domain of lifestyle options tends to be contentious, particularly, when the behaviour in question is viewed as threatening, and to have negative consequences for individuals

and for society. Explanations for drug use, and indeed, other 'deviant' activities, tend to focus on individual incompetencies, so that the emphasis is on social and personal inadequacy (Davies & Farquhar, 1995). One of the most explicit examples of this orientation, within both popular and academic drugs discourse, is the tendency to view peer pressure as the single most pervasive force underlying drug use. Young people are frequently viewed as lacking in the ability to 'say no' to enticements to partake in drug use and, in this way, are perceived to fall victim to the negative influences exerted by their peers. Peer pressure explanations for drug use portray the drug user as an individual with low self-esteem who, when faced with enticements or 'pressure' to engage in drug-taking, is unable to resist. This depiction overwhelmingly implies inadequacy on the part of the individual.

Popular perceptions of drug users as passive have, in fact, been challenged since the 1960s. Several studies (Agar, 1973; Hughes, 1961; Becker, 1963; Preble & Casey, 1969; Feldman *et al.,* 1979) have demonstrated the active and purposeful role of drug use in the context of the user's lifestyle and have found drug using behaviours to be rational when understood from the perspectives of drug users themselves. In the current study, young people were questioned about their views and attitudes on various substances and about their motives for the use and non-use of a range of a range drugs. The findings strongly suggest that drug use cannot be reduced to singular explanations emphasising personal incompetencies and/or young people's lack of attention to, and appraisal of, the risks associated with drug-taking. Respondents articulated a clear rationale for their activities and forwarded numerous, often-neglected motives for their use of psychoactive substances. The most commonly stated motives for drug use included curiosity, the attainment of pleasure, the enhancement of peer group interaction and finally, drug use as a response to boredom and/or depression. A detailed examination of respondents' drug motives, and their rationale for drug use, suggests that drug-taking is influenced by numerous powerful environmental forces. Individual drug choices operate within a complex array of social/contextual influences and are strongly mediated by young people's experience of, and interaction with, the social environment (Mayock, 2000a). The remainder of this section briefly examines *how* young people conveyed their drug experiences and presents some of the most compelling evidence suggesting a process of decision-making in relation to drug use. The discussion focuses first, on some critical aspects of young people's reported drug use and highlights the non-static nature of their drug relationships. Secondly, a number of dominant perspectives on drug use are examined. The combined analysis of young people's drug-taking behaviours, and their perspectives on drug use, places individual action within the context of everyday social experiences, group norms and routine patterns of social interaction.

Drug-taking Behaviours

The reports of study respondents point overwhelmingly to movement 'into' and 'out of drug use of various kinds, suggesting that drug use is in a constant state of flux throughout the teenage years. For example, several young people reported discontinuing the use of individual substances following a period of experimentation or use. This practice was commonly reported by former triers and users of LSD and ecstasy. Negative drug experiences and/or fear of adverse consequences were two commonly stated motives for discontinued use. Other young people modified their drug use as time passed. For example, Janice, who reported past daily use of cannabis, no longer engaged regular, habitual use of the drug.

> *I got a big mad turn off it and I just don 'I smoke it (cannabis) much anymore ... 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 ...*
>
> *[So, you don't smoke it as much now?]*
>
> *No, not really at all. If I was having a few drinks and someone handed me a joint, then I 'd probably take a few blows of it, that's all.*
>
> Janice, 18.1 years

In addition to discontinued use of individual substances, restricted or 'controlled' use of particular drugs, or group of drugs, was frequently reported. Many informants limited their use of ecstasy and other 'dance' drugs[4] to parties and other social settings in an effort to minimise the perceived negative consequences of use. In other words, young people had personal limits in relation to drug use and reported a range of protective strategies in an effort to regulate their drug intake.

> *[Do you take Ecstasy every weekend?]*
>
> *No No 1 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

The practice *of selective drug avoidance* (Mayock, 2000a) was widespread across the sample. For some, this involved using some drugs and rejecting others. In other instances, young people reduced their drug intake and/or restricted use to particular settings. It is significant that informal drug education - local drug 'stories', peer advice, lessons from local culture and the media - informed young people's repertoire of practical knowledge about drugs and their use. Friends emerged as principal advisors to young people and, in many cases, influenced the 'move' to new drugs.

> *[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 faking 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

Importantly, however, peers also regulated the use of substances by defining the boundaries of acceptable and unacceptable drug use. It was

common for young people to say 'that's not allowed' when certain drug-taking was alluded to during the course of the interview.

> *That's one thing that's not allowed in the door, is a junkie ... 'cos everyone is dead against it (heroin) ... they (friends) like anything up ta E but dead against anything after that.*

Sandra, 18.1 years

It is also important to add that, while a large number of the young drug users interviewed had friends who engaged in similar drug-taking behaviours, not all young people, even those who socialised within the same peer groups, used drugs in an identical manner. The following quote illustrates varied drug use among peers.

> *[Did you ever try anything like Es, 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 ...this young one out of me class, she takes everything and she said it s deadly an' all. But I wouldn't take it no matter how good she says it was.*

Ruth, 16 years *[What about coke?]*

> *I've never done coke ... J know people who do it and said it s a wrecker buzz. But some of me friends take coke and they need it all the time. And it's dear. I couldn't be bothered.*

Linda, 17.7 years

The findings presented here highlight the dynamic nature of drug use and illustrate the range of likely influences on drug-taking behaviours. Peers featured strongly in young people's accounts of drug-taking events and, in some cases, influenced the transition to 'new' drugs by endorsing or encouraging use. It is important to note, however, that young people did not interpret the role of peers as 'pressure' to engage in drug use and consistently asserted their own position and choice in the context of peer gatherings involving the use of drugs. This distinction between perceived 'pressure' and 'preference', within particular settings and contexts,

[4] 'Dance drugs' are stimulants associated with clubbing and the rave/dance scene. Ecstasy (MDMA) and amphetamine are the drugs most closely connected with the dance scene (Forsyth, 1996).

is important, and is indicative of the need to recognise social processes other than peer pressure in the development and maintenance of drug 'careers'.

Perspectives on Drug Use

Young people distinguished between different drugs in terms of the perceived safety versus risk of individual substances. It was common for young people to state that while they felt it was 'safe' to use some drugs, others posed far more serious hazards. The risk of 'addiction' was foremost in young people's minds when assessing the potential harm associated with the use of individual drugs. In the following quote, for example, one respondent distinguished clearly between *her* use of cannabis and ecstasy - which she considered to be within her control - and *others'* use of heroin - which she viewed as leading inevitably to compulsive or dependent use.

> *I just took them (ecstasy) for me own decision, d 'ya know. I know I 'd be able to stop. Like if I wanted to stop smokin' hash I could stop 'cos I tried it loads of times and I know I could stop ... I could stop takin' E 'cos I don't take them often. But people on heroin, they can't.*

Lorraine, 16.11 years

Young people frequently described their views on individual substances with reference to other drugs. Dominant drug attitudes, and beliefs about the use and misuse of a range of drugs, strongly suggest that risks were considered and calculated in *relative* terms. Their assessments, therefore, being conditional rather than unconditional, were contingent on a range of considerations, with the circumstances or 'setting' of use featuring strongly in their appraisal of danger and risk.

> *It s (cannabis) harm but it s no harm like. It's harm in a way 'cos it's a drug. It's no harm 'cos it's not as bad as the rest a them like.*

Mark, 17.6 years

> *I know all drugs are dangerous except hash. Hash is nothing. That should be legalised. I know E is dangerous ... it's not even the E, it's the company you 're with. I really do think that 'cos I was at a few parties now that was great and nothing bad ever happened. And I was at another party one night and it was bollocks. The company was crap.*

Lorraine, 16.11 years

Drug decisions hinged largely, therefore, on the perceived boundaries of 'acceptable risk'. Beliefs about what constituted 'safe' versus 'risky' behaviour varied across the sample and some young people were clearly prepared to take greater risks than others.

> *[When you took E the first time, did you know much about it?]*
>
> *Yeah I did and I knew the risks of it and I just* wanted to try it.

Sandra, 18.1 years

> *[What do you enjoy about smoking hash?]*
>
> *I just like that it relaxes ya. I think it relaxes ya and I always get the giggles, I just keep on laughing.*
>
> *[Why would you be afraid to take E, then?]*
>
> *Like, I read all magazines like* Bliss *and* Just 17 *and it s always in that about the effects of it. Like, I know a young one that died over it and another one that died over sniffing glue as well. That s why I wouldn't touch anything like that.*

Ruth, 16 years

Finally, a large number of study respondents asserted their personal role in the decision to use, or alternatively, not to use drugs and rejected the notion that they were pressured or intimidated into drug use.

> *I only do it (take drugs) if I want to do it. Like, nobody ever forced me to do it. I only do it if I feel like it, if I want to do it... it depends on the humour I 'm in like.*

Mark, 17.3 years

> *Some people would do it (smoke hash) 'cos other people are doing it. That's not the way I work. I don't do anything that anyone else is doin'. If I don't want to do it, that's it, ya know*

what I mean, ya know, I'd say no. Like, I'm doin' it 'cos I think I get a buzz out of it. I can go without it as well, know what I mean.

Sandra, 18.1 years

I wanted to do it (smoke heroin). 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

Young people were clearly aware of the presence of drugs within their immediate social environment and most had both the knowledge and wherewithal to secure a supply of any one or a number of substances if and when they so wished. This point was made succinctly by one sixteen-year-old female interviewee.

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. Ifya want ta take drugs, ya take drugs. Ifya don't want ta, ya don't.

Ruth, 16 years

The social and interpersonal dynamics surrounding drug use are complex and appear to involve negotiation and renegotiation across time. Drug use, like many behaviours, changes as young people progress through the teenage years. Young people in the current study conveyed a range of practical knowledge about drugs, knowledge acquired largely through personal experience and routine social interaction. This socially distributed information played an influential role in their drug decisions, as did the perceived risks versus rewards associated with drug-taking. Perceptions of risk susceptibility and acceptability emerged as important components of a complex array of factors, operating at both individual and group levels, to produce varying responses to a social milieu characterised by high exposure, availability and use of drugs.

Discussion and Conclusion

A central aim of this paper was to illustrate the range of drug options available to young people who experience high exposure to drugs and the drug scene. The findings clearly illustrate a diverse range of drug-taking behaviours and 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. Across the sample, drug use ranged from occasional or moderate use through to regular, heavy and problematic levels of drug involvement. This finding is, in itself, indicative of the range of drug choices available to young people. Moreover, it would appear that drug decisions are often not fundamentally about whether or not to take drugs, but focus instead on acceptable versus unacceptable drugs, and perceived appropriate versus inappropriate styles of use. Young people differentiated between different levels of drug involvement and did not consider all drug use, *per se,* to be inherently damaging or problematic. Consequently, it is not appropriate to discuss drug use and related risk behaviours in terms of a clear-cut *use* versus *non-use* dichotomy. Respondents' drug attitudes, risk perceptions and their motives for using, or alternatively, not using individual substances provide important insights into the wide range of behaviours commonly considered under the blanket term *drug use.*

In common with the findings of recent research on drug use by young people - in particular, those arising from the use, or integration, of qualitative methodologies (Glasner & Loughlin, 1987; Coffield & Gofton, 1994; Measham *el al.,* 1998) - the current study highlights the critical capacities of young people and the role of individual assessments of risk versus reward in the decision to use drugs. Importantly, young people's views on a range of drugs were grounded largely in their social experiences. As a number of commentators have pointed out, a wide range of situational and social factors influence perceptions of and responses toward risk (McKeganey & Bamard, 1992; Rhodes & Quirk, 1995, 1996). It follows that individual choice in relation to risk and health behaviour cannot be divorced from lifestyle characteristics, peer groups and social and community norms and expectations.

'The social and cultural contexts of young people's lives clearly needs to be acknowledged within a range of strategies aimed at reducing the likelihood of serious and damaging forms of drug use.

Furthermore, the likely array of social encounters that inform young people's views, attitudes and beliefs about illegal drugs need to be taken seriously. As Peele (1987) has remarked:

> They [young people] apparently reject anti-drug messages because these messages deny the multifarious types of drug use they observe around them. (p. 425)

The findings presented here draw attention to young people's ability to exercise choice in relation to drug use. Formal acknowledgement of the critical capacities of young people is likely to have more **to** offer future strategies aimed at preventing the harmful effects of drug use, than approaches which assume uncritical and indiscriminate behaviour around drugs on the part of young people.

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WHY SAY NO? REASONS GIVEN BY YOUNG PEOPLE FOR NOT USING DRUGS[3]

Jane Fountain[4], Helen Bartlett, Paul Griffiths, Michael Gossop, Annabel Boys, and John Strang

Abstract

A combination of qualitative and quantitative methods has been employed in this study in order to assess the impact of a variety of factors on young people's drug-using behaviour. The focus is on the responses to an enquiry with respondents who had never used heroin, methadone, other opiates, cocaine powder, crack cocaine, benzodiazepines, amphetamines, ecstasy, LSD, cannabis, and solvents who were asked for their reasons for this non-use. The data were also analysed to ascertain whether reasons for non-use varied according to age, what respondents thought the effects of the drugs they had never used would be, and how likely they thought it was that they would use them in the year following the interview. No single reason was given by the majority of respondents/or the non-use of drugs, but the motive most frequently reported - particularly by older respondents - was a lack of interest in the effects. Younger respondents ' reasons for non-use were. overall, related to a fear of drugs and their effects. Most non-users of each substance were convinced they would continue to abstain, even though they perceived the effects of some drugs (particularly ecstasy) to be pleasurable.

Key words

Young people, non-use, combination methodology

Introduction

The prevalence of drug use among young people in the UK is well-researched on both a local and national level. Some studies of this phenomenon have used quantitative methods, involving large numbers of respondents (for example, Balding, 1997; Ramsey & Spiller, 1997; McNeill & Raw, 1997) whilst others have employed qualitative techniques with a small sample (for example, Hirst, 1994). The findings have shown that in recent years young people have been increasingly exposed to drugs, and although there are geographic variations in the availability of different substances, in some areas of the UK young people accept that the use of some drugs is a feature of their own and/or their peers' lives (for example, Farrell & Taylor, 1994: 531; Hirst & McCamley-Fmney, 1994: 36; Parker *et al.,* 1995: 14; Wibberley, 1987: 77),

In the majority of cases, reports of young people's drug use show that it is once-only or irregular, and most usually involves a single drug - cannabis. Nevertheless, a plethora of prevention and harm reduction initiatives has resulted from findings from, for example, the 1996 British Crime Survey, which reported that 35% of 16-19 year olds and 42% of 20-24 year olds had ever used cannabis (Ramsey & Spiller, 1997). However, not all drugs are the same. Whatever the aim of an intervention measure, it should take into account that different substances have different effects, and are used for different reasons by different populations in different settings (Gossop, 1997). Young people are aware of these differences, and consequently interventions are more likely to be effective when aimed at specific types of drugs used by specific types of users for specific purposes in specific circumstances. As White and Pitts (1997) discovered, though, little evaluation has been conducted on the effectiveness of health promotion interventions aimed at this population.

[3] This article originally appeared *in Addiction Research* and is reprinted with the kind permission of the editor. Fountain, J., Bartlett, H., Griffiths, P., Gossop, M., Boys, A. & Strang, J. (1999) Why say no? Reasons given by young people for not using drugs. *Addiction Research,* 7, 4,339-353.

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Less intensively researched than young people's drug use is why they do *not* use some substances. This paper presents the findings from a study which was conducted with the intention of contributing to assessments of the impact of a variety of factors and their associations on young people's drug-using behaviour. Its aim was to enhance understandings of patterns of drug use and those determinants which may inhibit or encourage individuals to initiate, continue, and cease use. Whilst it was recognised that personality, home background, and social conditions may play a role in predisposing a young person to use drugs or not (NIDA, 1996), such factors are not easily amenable to change. The study therefore focused on those which are more malleable: peer influences, exposure to, and opportunities for, drug use; and knowledge, attitudes, and beliefs about drugs. In this way, factors which mark the boundaries between use and non-use can begin to be identified, and preventative strategies informed by the findings. This is a complex issue: for example, different peer networks have different boundaries, and both may change over time (Werch & DiClemente, 1994; Parker *et al.,* 1995), and, as this paper illustrates, motives for abstaining from using one substance are not necessarily the same for another.

Methodology

The sample consisted of one hundred young people with a wide range of opportunities for, and experiences of, drug use, including those who had never used an illicit substance. The sample was not a purposive sample therefore, but deliberately chosen to include young people with varied experiences of drugs. They were recruited from a sports club, a youth club, an ethnic minorities project, a sixth form, a group of recent school leavers, a drug awareness outreach project, a drug treatment agency, a day centre for homeless and/or unemployed young people, a hostel for ex-homeless young people, and a pupil referral unit. All respondents resided in the Greater London area and were from both inner-city and suburban locations. They were guaranteed confidentiality and all data were securely stored. Parental permission was obtained before any young person under the age of sixteen was interviewed.

An interview schedule was devised with a combination of open-ended and closed questions. Every question was asked in sequence but respondents were not discouraged from giving additional information. In this way, data were derived from qualitative and quantitative questioning techniques. The schedule was piloted and refined, and the final version compiled. In order to establish consistency in the data, the same instrument was used for all respondents regardless of their experience of drugs. The data were analysed using the SPSS/PC package, including responses to the open-ended questions which were categorised and coded for the purpose of analysis.

Interviews took place in a variety of locations and were tape-recorded with the respondents' knowledge and consent. Although a few sections of the interview schedule were completed during the interview, most answers were written up from the recording as soon as possible thereafter. The rationale behind this method was that it would create an informal atmosphere in which fuller responses were more likely to be given than if the interviewer wrote down the answers in front of the respondent. The technique allowed the researcher to establish a rapport with respondents which more formal questioning would have inhibited.

The focus of this paper is on the data collected in answer to an open-ended question in which all respondents were asked why they had not used each of the substances they had never used from a given list (heroin, methadone, other opiates, cocaine powder, crack cocaine, benzodiazepines, amphetamines, ecstasy, LSD, cannabis, and solvents). The design of the interview schedule allowed respondents to answer the question spontaneously, rather than have them choose from a list of potentially leading, pre-set options. Data are also presented on the results of an analysis conducted to ascertain whether reasons for non-use varied according to age. In view of the particular concerns around illicit drug use by young persons, the data have been examined as categorical data with respondents divided into two age groups - 17 and

under (N=44, age range 13-17) and those aged 18 and over (N=56, age range 18-22) - so as to explore whether distinctive features could be identified which related to these minors.

In addition, data are presented on what the respondents thought the effects of the drugs they had never used would be, and how likely they thought it was that they would use them in the year following the interview.

Results

The sample and their drug use

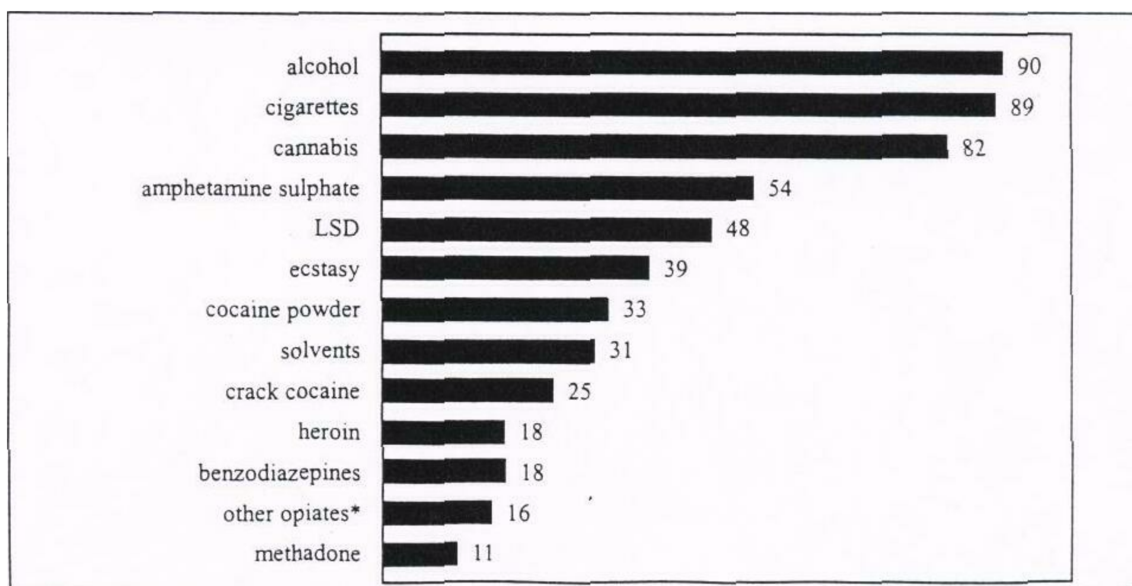
The age range of the sample (N=100) was 13-22, with a mean of 18.2 years. Sixty-four per cent were male. Sixty-five per cent described themselves as white; 18% gave their ethnic origin as African-Caribbean or black British; 9% as Asian; and 4% as mixed race.

Twenty-four per cent of the young people were school pupils, and 31% were higher or further education students. Thirty-eight per cent were unemployed and not involved in any form of education. Thirty-four per cent, including some of those in full-time education, had some form of paid employment at the time of the interview. Forty-six per cent lived with their parents, whilst 20% had left home at the age of 16 or younger.

The most reported leisure-time activities involved being in the company of others. For at least 39%, alcohol was included in their social life, and 11% specifically mentioned using illicit drugs as a leisure activity. The median weekly disposable income of the sample was £30, although one-third (34%) had £50 a week or more to spend on themselves. The main sources of income were parents (48%) and benefits (33%).

As shown in Figure 1, the sample as a whole had a relatively high level of experience of drug use, and it should be reiterated that they were not chosen to represent all young people*. Ninety per cent had used alcohol and 89% had used tobacco. The most commonly used illicit drug was cannabis: 82% had used it. These three drugs were also most often reported to be continued to be used after initiation. If tobacco and alcohol are excluded, 15% of the sample had never used any drug, and a further 15% had used cannabis only. Three per cent had never used any drug including alcohol and tobacco. In the month before the interview, 75% of respondents had used one or more drugs other than alcohol and tobacco.

Figure 1: Drugs used N=100



* excluding heroin and methadone

Reasons for non-use

Respondents were articulate about why they had not used a particular substance. Of a total of 1,106 motives reported for the non-use of the eleven substances, only 9 fell into the 'don't know' category, and many gave several reasons for their abstinence.

Uninterested in the effects

Non-use because respondents were not interested in the effect of the drug was the reason given most often in relation to solvents (43% - 30 of the 69 who had never used solvents) and amphetamines (39% - 18/46). This reason was given by around one-third of the respondents who had never used benzodiazepines (33% - 24/73), cannabis (33% - 6/18), opiates other than heroin and methadone (32% - 27/84), and LSD (31%- 16/52).

Lack of interest m the effects was given least often for the non-use of crack cocaine (23% - 17/75), heroin (22% - 18/82), cocaine powder (21% - 14/67), methadone (19%- 17/89), and ecstasy (18%-11/61).

Perceptions of effects

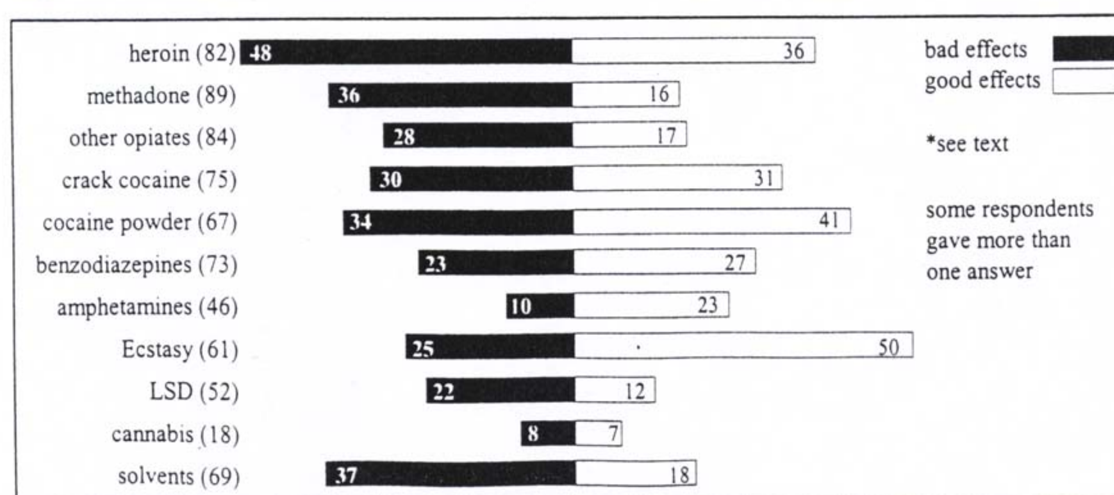
Respondents were probed further on their perceptions of the effects of substances they had never used and asked an open-ended question 'How do you think you would feel if you used this drug?' Their answers were categorised as 'good' and 'bad.' Perceptions of good effects included a 'buzz' or 'rush'; feeling 'high'; happiness and euphoria; feeling 'loved-up'; energy, confidence; and feeling relaxed and 'mellow.' Perceptions of bad effects included feeling 'knocked out' and 'zombified'; unhappiness and depression; unwanted hallucinations; paranoia; becoming violent; nausea and vomiting; insomnia; and mood swings.

The data in Figure 2 show that not all those who had never used a particular drug expected that all the effects would be bad if they did so. For example, whilst heroin attracted 48 references to bad effects from the 82 respondents who had never used it, there were also 36 mentions of its good effects. Figure 2 also shows that, for some drugs, more good effects than bad were mentioned. These substances were cocaine powder (41 references to good effects, 34 to bad), benzodiazepines (27 good, 23 bad), and amphetamines (23 good, 10 bad). The proportion was about the same for crack cocaine (31 good, 30 bad) and cannabis (7 good, 8 bad). The drug which received the largest number of mentions of good effects was ecstasy: indeed, twice as many respondents thought its effects would be good rather than bad (50 good, 25 bad).

Fear of the effects

Several responses were categorised as non-use of a substance because of a fear of its effects. These included a specific statement that the respondent was afraid, and that they had heard 'scare stories'

Figure 2: Number of references by non-users to good* and bad* effects



and bad reports about the drug in question. Fear of the effects was the response given most often in relation to non-use of ecstasy: by 43% (26/61) of those who had never used it. Twenty-seven per cent (22/82) of those who had never used heroin said it was because they were afraid of the effects; 22% (4/18) of cannabis non-users; and 21% (14/67) of those who had never used cocaine powder. This motive was given least often for the non-use of solvents (3% - 2/69) and benzodiazepines (3% - 2/73).

Fear of addiction

Non-use because of the addiction potential of a substance was given as a reason most often in relation to cocaine - particularly crack - and heroin. Forty per cent of those who had never used crack cocaine (30/75) said addiction was the reason for not doing so; 32% (26/82) of those who had never used heroin; and 27% (18/67) of those who had never used cocaine powder. Non-use because of fear of addiction was reported least often for cannabis (6% - 1/18), amphetamines (2% - 1/46), LSD (2% - I/52), and solvents (1%- 1/69). Of the 61 respondents who had never used ecstasy, none gave fear of addiction as a reason.

Fear of physical harm

Fear of physical harm was most often given as the reason for the non-use of heroin (35% - 29/82), solvents (35% - 24/69), and ecstasy (33% - 20 of 61). Twenty-two per cent (15/67) of those who had never used cocaine said it was because it caused physical harm, as did 20% (15/75) of those who had never used crack. Physical harm was mentioned least often in relation to the non-use of opiates other than heroin and methadone (13%- 11/84), LSD (12% -6/52), methadone (12% - 11/89), and benzodiazepines (11% - 8/73).

Lack of opportunity

Lack of opportunity was the reason given most often for never having used pharmaceutical drugs: by 23% (19/84) of those who had never used opiates other than heroin and methadone; 23% (17/73) of those who had never used benzodiazepines; and 22% (20/89) of those who had never used methadone. Lack of opportunity was the reason given least often for the non-use of ecstasy (10% - 6/61), cannabis (6% - 1/18), and solvents (1% - 1/69).

Unfamiliarity with the drug and/or its effects

Some respondents reported that they had not used a particular substance because they did not know what it was, and/or what its effects were. This motive was given most often for the non-use of pharmaceutical drugs: methadone (33% - 29/89), opiates other than heroin and methadone (24% -20/84), and benzodiazepintrs (22%-16/73). Unfamiliarity with the drug was given as a reason least often for not using heroin (4%-3/82), ecstasy (2%-1/61), cocaine powder (1%-1/67), and solvents (1%-1/69). Of the 18 respondents who had . never used cannabis, none gave a response which fell into this category.

Seen the effect on others

Non-use of a substance because respondents had seen the effect it had had on others was reported most often in the case of crack cocaine (by 20% of its non-users - 15/74), heroin (16% - 13/82), ecstasy (16% - 10/61), and solvents (16% - 11/69). This reason was given least often for never having used cannabis (6% - 1/18), opiates other than heroin and methadone (7% - 6/84); and methadone (4% - 4/89).

Fear of psychological harm

Fear of psychological harm was given as a reason for non-use by very few respondents, and only for not using LSD (2% - 1/52), opiates other than heroin **and** methadone (1% - 1/84), crack cocaine (1% -. 1/75); and cocaine powder (1% - 1/67). The physical and psychological 'comedown' from using some drugs was mentioned even less often as a reason for non-use, and only in relation to LSD (2%-1/52) and cocaine powder (1%-1/67).

Cost

The cost of a substance was reported to be a reason for its non-use by very few respondents, other than by those who had never used cocaine powder: 24% (16/67) said they had not used it because it was too expensive. Eleven per cent (8/75) of those who had never used crack cocaine and 9% (7/82) of those who had never used heroin said it was because of the cost. Cost was mentioned by only 2% of those who had never used amphetamines (1/26), ecstasy (1/61), and LSD (1/52), and 1% of those who had never used methadone (1/89) and benzodiazepines (1/73). No respondent had abstained from using cannabis or solvents because of the expense.

Peer influence

Few respondents said they had not used a drug because their friends did not use it. The drug which most often elicited this response from non-users was ecstasy (7%-4/61). No respondent specifically cited their friends as an influence affecting their non-use of LSD or amphetamines. Young people may be reluctant to acknowledge their friends' influence since responses to other questions in the interview schedule indicate that, although differences in drug-using behaviour did not preclude friendship, most respondents had friends whose drug-using patterns were the same as their own.

Resume of reasons for non-use

No single reason was given by a majority of respondents for the non-use of drugs. The data in Figure 3, which show the two most common responses for each substance, reveal that the motive reported most often was a lack of interest in the effects: this was reported as the most common reason for never having used solvents, amphetamines, benzodiazepines, cannabis, opiates other than heroin and methadone, and LSD. It was also the second most common reason for not using crack cocaine.

The major reason for the non-use of ecstasy was fear of the effects, and this was the second most common reason for not using cannabis and LSD. Fear of physical harm was the major reason given for not using heroin. It was also the second most common reason for the non-use of solvents, ecstasy, and amphetamines.

Fear of addiction was the reason given most often for the non-use of crack cocaine and cocaine powder, and the second most common reason for not using heroin. The cost of cocaine powder was also a significant reason for its non-use, but was rarely mentioned in relation to any other substance. Unfamiliarity with methadone and its effects was given most often by those respondents who had never used it, and was the second most common reason for not using opiates other than methadone

Figure 3: Reasons most often given for non-use

Drug	Never used N	Reason 1	Reason 2
Heroin	82	Fear of physical harm	Fear of addiction
Methadone	89	Unfamiliarity	Lack of opportunity
Other opiates	84	Uninterested in the effect	Unfamiliarity
Crack cocaine	75	Fear of addiction	Uninterested in the effect
Cocaine powder	67	Fear of addiction	Too expensive
Benzodiazepines	73	Uninterested in the effect	Lack of opportunity
Amphetamines	46	Uninterested in the effect	Fear of physical harm
Ecstasy	61	Fear of the effects	Fear of physical harm
LSD	52	Uninterested in the effect	Fear of the effects
Cannabis	18	Uninterested in the effect	Fear of the effects
Solvents	69	Uninterested in the effect	Fear of physical harm

and heroin. Lack of opportunity was not the major reason for the non-use of any drug, although it was the second most common response for not using benzodiazepmes and methadone.

Analysis of factors associated with non-use

Reasons for non-use according to age group

Figure 4 shows the reasons given most often for the non-use of each substance according to two age groups: 17 and under (N=44) and 18 and over (N=56). Overall, these reasons do not differ from the reasons given by the whole sample as shown in Figure 3, although more of the younger group's reasons mirror those of the whole sample (a more complex analysis has not been conducted due to the low numbers of non-users of each substance: the data should therefore be used to inform future studies using larger samples).

The reasons given most frequently for the non-use of crack cocaine (addiction), amphetamines (uninterested in the effect), LSD (uninterested in the effect), and cannabis (uninterested in the effect), are the same for each age group. However, overall, the responses for the other drugs show that the

Figure 4: Reasons given most frequently for non-use, by age group

Aged 17 and under (N=44)			Aged 18 and over (N=56)	
Drug	***Never used***	***Most frequent reason(s)***	***Never used***	***Most frequent reason***
Heroin	39	Fear of physical harm	43	Fear of addiction
Methadone	41	Unfamiliarity	48	Uninterested in the effect
Other opiates	43	Unfamiliarity	41	Uninterested m the effect
Crack cocaine	36	Fear of addiction	39	Fear of addiction
Cocaine powder	36	Fear of addiction	31	Too expensive
		Fear of physical harm		
		Fear of the effects		
Benzodiazepmes	39	Unfamiliarity		
		Uninterested in the effect		
		Fear of physical harm	34	Uninterested in the effect
		Fear of the effects	14	Uninterested in the effect
Amphetamines	32	Fear of physical harm	22	Fear of the effects
		Fear of the effects		
Ecstasy	39	Fear of physical harm		
		Fear of the effects		
LSD	35	Uninterested in the effect	17	Uninterested in the effect
Cannabis	12	Uninterested in the effect	6	Uninterested in the effect
Solvents	32	Fear of physical harm	37	Uninterested in the effect

younger group are more fearful of drugs: fear of the effects, addiction, and physical harm were given more often as reasons for non-use than they were by the older respondents, whose most common reason for not using a substance was a lack of interest m the effects.

Unfamiliarity with the substances was the main reason given by respondents aged 17 years and under for not using pharmaceutical drugs -methadone, other opiates, and benzodiazepmes -whilst the older group's most frequent response was that they were not interested in the effects of these drugs. Three reasons for not using cocaine powder were given by an equal number of the younger group: fear of addiction, physical harm, and the effects, whilst the older group's most frequent response was that cocaine powder was too expensive. Both age groups gave fear of the effects as the most frequent reason for not using ecstasy, but the younger group also cited fear the physical harm caused by the drug equally often.

Perceived likelihood of future use

Most non-users of each substance expressed a high degree of certainty that they would continue to abstain. Using a four-point scale ranging from 'very likely' to 'very unlikely,' and a given list of

substances, respondents were asked how likely they thought it was that, in the next year, they would use each of the drugs which they had never used. Overall, those who had never used solvents, crack cocaine, heroin, and other opiates thought it highly unlikely they would do so: 99% (68/69) of those who had never used solvents thought it was 'unlikely' or very 'unlikely,' and they were almost as certain about their continued non-use of crack cocaine (97% - 73/75), heroin (96% - 79/82). methadone (94% - 84/89) and other opiates (96% - 81/84).

Smaller proportions of the non-users of other drugs considered themselves 'unlikely' or 'very unlikely' to use them in the next year: cannabis (89% - 16/18), benzodiazepmes (89% - 65/73), LSD (88% - 46/52), cocaine powder (84% - 56/67), and amphetamines (83% - 38/46). A larger proportion, although still a minority (25% - 26/71), considered themselves 'likely' to use ecstasy during the coming year.

Discussion

The data in this paper indicate not only that different substances are avoided for different reasons, but also that reasons for abstinence and perceptions of a drug vary between individuals, and, for some substances, according to age. These findings have significant implications for prevention, information, and harm reduction initiatives, and would appear to suggest that it would be more effective if each substance was separately targeted, with tailoring to the age of the recipients of intervention measures.

The sample reported lack of opportunity and unfamiliarity with the drug as reasons for non-use - particularly in the case of pharmaceutical drugs. However, there have been recent anecdotal reports that some young non-dependent drug users are using methadone, other opiates, and benzodiazepines to recover from the effects of stimulant drugs and ecstasy. The data also show that the reason most frequently identified by those aged 17 and under for not having used pharmaceutical drugs is that they do not know what they and/or their effects, are. Clearly, here is both an opportunity and a danger for the appropriate targeting of education - hence particularly pertinent in view of the UK government's ten-year strategy for Tackling Drugs To Build A Better Britain (1998: 15) of which a key aim is to increase the levels of knowledge of 5-16 year olds to teach them the skills to resist drugs. The danger of this strategy is the possibility of an unanticipated counter-productive effect. As shown by the data in this paper, the belief in addictiveness and the intrinsic dangers of some of the drugs exercises a preventative effect, even though the beliefs may not be rational or evidence-based. Education obviously means that the potential user will be more accurately informed, but may use their improved knowledge to make a better-informed decision to say 'yes' to behaviour which may be currently prevented by fear of the unknown. That said, the reason given most frequently for the non-use of drugs - particularly by those aged 18 and over - is a lack of interest in the effects, suggesting that they are aware of the effects (or what they think the effects are), and, even though they perceive some of these as pleasurable, have made a decision to avoid the substance. This indicates that young people - especially those at the older end of the age range – appear to have a considerable knowledge of some drugs and their effects, and have already applied the skills to say no.

Whilst it is encouraging that most of the young people in the sample believed that they would continue to abstain from using the substances they had never used, the data on this theme in relation to ecstasy further emphasise the difficulties of transmitting effective messages to target groups. Despite heavy media coverage on the bad effects of ecstasy - especially death - at the time of the interviews, and despite the most common reasons for not using it were a fear of the effects and physical harm, twice as many of those who had never used ecstasy thought its effects would be good than bad, and more thought they may use it in the future than did non-users of any other drug.

Finally, it must be emphasised that the data presented in this paper should be considered a pilot study which indicate the feasibility and worth of such study. Wider structured investigations will now be required to establish the extent to which the

results can be said to be typical of all young people. This paper has, however, identified productive lines of inquiry which can be used in studies of larger samples, and has also shown the value of the combination of quantitative and qualitative questioning techniques to explore the behaviours and the influences behind the statistics on young people's drug-using patterns.

Acknowledgements

The authors thank the Wales Foundation and the Health Education Authority for their support of the project from which the data for this paper were taken. The views expressed are those of the authors.

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Blake Page

THE SOCIAL ENVIRONMENT AND OUNG PEOPLE'S CHOICES

Tony MacCartaigh[5]

Abstract.

This paper explores the social context in which drug problems develop and are maintained. Drawing primarily on the author s personal experience of working and living in a community where drug problems are concentrated, the paper draws attention to the range of problems that exist alongside those related to drug use/misuse, problems with which young people live and experience first-hand. The paper concludes by stressing that an understanding of young people's views and perspectives on drug use, as well as detailed knowledge about how and why drugs are consumed, can contribute in important ways to the development and implementation of appropriate responses to drug use and drug problems.

In this paper, my primary concern is with the social context of drug use. However, before addressing this issue directly, I would like to introduce myself. Since 1974, apart from a few years in the early 1980s, I have been directly involved with the Rialto Community. My involvement has been as resident, priest, drug counsellor and community worker, both paid and voluntary. Rialto is a community I identify with strongly, so much so that, although I was born in Cork, I find myself emotionally content lending my support to the Dublin team, except of course when Cork are playing!

The findings presented in *Choosers or Losers?* (Mayock, 2000) are likely to reflect the social context of several inner-city and suburban localities throughout the city of Dublin. The community of Rialto will relate well to the findings, which highlight young people's sensitivity to both the positive and negative forces at work in their social environment, and their awareness of their own marginality in this context. Rialto is primarily working class, with a mixture of residential homes, public housing flat complexes and some privately rented units. The community is designated for participation in the Government's Local Development Programme, due to high levels of long-term unemployment, as well as other social problems related to poverty and deprivation. As one of a number of neighbourhoods in Dublin city where drug problems are spatially concentrated, the area is also included 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).

A number of years ago, I carried out a collaborative community-based study entitled *Community and Drugs* (MacCartaigh, 1994). This research, conducted in a Dublin inner-city community, centred on the 'telling of stones': it recorded the oral histories of individuals and families who recounted their experiences of community life and related their relationships with community members and organisations. On the basis of this research, I compiled a social network map, highlighting, *inter alia,* associations both among and between families and extended families caught up in problems arising from alcohol use, drug use, drug-related illnesses, HIV and AIDS, death, and separations due to imprisonment. The resulting 'map' generated a concentrated picture of individual and collective trauma arising from these problems. In common with the findings of other studies of local housing estates in an Irish context (Fahey, 1999), the research demonstrated a clear clustering of the area's drug problem in certain public housing

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estates. Furthermore, it drew attention to a concentration of social problems around a number of families and extended families. This situation was particularly acute in one of the estates identified as hosting a concentration of drug problems. Two findings, in particular, help to illustrate this situation:

- ♦ 40% of the housing units in the estate were closely connected through extended families reporting problems related to drug-use and related problems;
- ♦ 10% of housing units had an experience of /HIV and/or death from AIDS-related illness.

In addition to the statistics above, which highlight concentrated nature of drug-related problems, the findings also revealed that:

- ♦ 25% of units were headed by lone parents (half of whom have an unofficial partner)
- ♦ 10% of units were headed by elderly persons (60+ years)
- ♦ 10% of units were headed by parents who are separated from their spouse (usually with families)
- ♦ 5% of units were headed by widows or widowers
- ♦ 10% of units were single people living alone
- ♦ 40% of units were headed by married couples, usually with children

This profile of one inner city flat complex, albeit incomplete, is indicative of a community deeply entrenched in experiences of addiction, illness, bereavement and social isolation. Although the picture may appear extreme, there is no reason to regard this estate as uncharacteristic of housing complexes in other localities throughout Dublin that endure similarly high levels of deprivation.

During my time working and living in the community of Rialto, I can safely say that the loss to families and to the community as a result of drug-related tragedies and illness is overwhelming. Over the past eight years alone, the death of almost 100 young people from this and adjacent communities can be attributed, at least in part, to the ravages of drug use. This has a massive negative impact, firstly, on individual families, who are coping with loss and coming to terms with the tragic circumstances surrounding the death of loved-ones. The practical and day-to-day ramifications, including those related to child-care, are real and ever-present. The impact on friends can also be profound. For the wider community - individuals not directly involved with the core families experiencing greatest grief- there is the stark reality of living in an area where drug-use is commonplace. The negative consequences of drug problems are palpable and they constantly impinge on daily social and economic activities.

Alongside the social realities highlighted above, is the community's experience of tackling social problems, one rooted in broader approaches to community development and social action. Out of this experience emerges a similarly complex 'map' of community-based initiatives aimed at counteracting the negative effects of deprivation and providing support to community members. Internally, within the community of Rialto, for example, this includes a community development project, a drug project, local estate drug treatment clinics, local estate regeneration task forces, a youth project, a credit union, a community centre, a parish centre, a police forum, a family centre, to name but a few. Externally, the network extends further and involves a local partnership company, a local drugs task force, the Government's pilot integrated services initiative, regional youth service, nine different statutory agencies, eight public representatives and various other voluntary service and development programmes.

In addition to hosting 'old' but persistent problems, Rialto as a community is currently facing new challenges. There is, for example, an influx of refugees and asylum seekers into the locality, the consequences of which currently remain elusive. In addition, as the effects of a booming economy begin to penetrate the area, the growing social divide that has accompanied the 'Celtic Tiger' (Alien, 1999) is mirrored locally. The emergence of homelessness as a local problem exemplifies this divide and is a particularly worrying development, given that the

incidence of drug use is higher among homeless than non-homeless youth (Klee & Reid, 1998). Finally, the efforts of voluntary groups are at risk of implosion as the prospect of community and voluntary bum-out sometimes feels imminent. This signals a challenge related to human, not financial, resources and a need to find new sources of energy to sustain the involvement and commitment of professional workers.

I believe that the descriptive account above reflects the social context in which Paula Mayock's study - *Choosers or Losers?* – was undertaken. It is a precarious context, and one quite removed from the norms expected and experienced in wider society. Despite this, from a local perspective, many who currently reside in the community may well regard these conditions as 'normal'. On one level, then, the picture looks desolate: a sense of marginality prevails and drug choices and other experiences and options related to growing up appear to be constrained by the conditions of a traumatised environment. On another level, there are grounds for optimism. Within existing social constraints, the words of the young people interviewed for the purpose of the study articulate a clear sense of decision-making and highlight the choices made at various junctures. Above all, the accounts demonstrate young people's ability to discriminate between different and alternative life options. Within urban communities where drug problems are concentrated, the world of drug use is highly differentiated, as exemplified in the wide range of drug-taking 'styles' reported by young people. The study's emphasis on young people's own stories contributes in important ways to understanding the complex social and personal dynamics surrounding drug use. In particular, it draws attention to how young people - even those who live with adversity - make sense of this reality and demonstrate the capacity and resilience to overcome the negative forces at work in their social milieu.

I am reminded of a conference I attended two years ago (also organised by the Children's Research Centre), at which Mike Agar was a keynote speaker. In his paper, he spoke of a conclusion reached by a group of social research and policy experts when asked to explain the phenomenon of concentrated drug use. The resulting consensus - 'bad things correlate with bad things' - may appear obvious, even to a layperson without much experience of drug or other social problems (Agar, 1998). However, when I reflect on the developments and achievements in the Rialto area over the years, I sincerely hope that the opposite - 'good things correlate with good things' - can also be the case. The issues and problems arising from the use/misuse of drugs within any society or community do not simply peter out or disappear. The past five years, in particular, have seen the development of promising strategies aimed at tacking drug misuse, as well as a clear acknowledgement of the link between social disadvantage and concentrations of drug problems. However, research providing clear knowledge and understanding of how and why young people use drugs has been noticeably absent from the public gaze. *Choosers or Losers?* challenges many standard public conceptions about young people's drug use and will be of interest to practitioners and policy-makers alike, in their future attempts at implementing appropriate responses to drug problems, both locally and nationally.

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YOUNG PEOPLE'S PERSPECTIVES: THE ROLE OF RESEARCH IN INFORMING PUBLIC POLICY

Dr. John Pinkerton'

Abstract

The focus of this paper is on how research in areas such as drug use amongst young people can facilitate the impact of young people s own perspectives on the develop of policy relating to them. The need to achieve such impact will be placed within the context of the UN Convention on the Rights of the Child and the Irish Government's National Children's Strategy. It will be argued that a degree of depth, sophistication and creativity is required to effectively research such challenging subjects as young people s use of drugs, and is needed to ensure that the voices of young people and others at the receiving end of policy can inform the policy process. A systemic model of the relationship between research and policy will be suggested, which recognises within the development and implementation of policy both the relative autonomy and the interconnectedness between the key stake holders - policy makers, researchers, practitioners and service users.

The focus of this paper is not on the substantive issue of drug use amongst young people, but rather on how research in such areas can facilitate the impact of young people's own perspectives on developing policy relating to them. It will be argued that a degree of depth, sophistication and creativity is required to effectively research young people's use of drugs, and to ensure that the voices of young people and others at the receiving end of policy can inform the policy process. It will also be argued that there needs to be a role for research in this process.

Perhaps the most challenging part of the UN Convention on the Rights of the Child is Article 12. It asserts the child's right to express an opinion and to have that opinion taken into account in any matter or procedure affecting the child. This is a challenge which has been recognised by the Interdepartmental Group preparing the National Children's Strategy. The aim of the Strategy is to give direction to children's policy across all areas of government over the next ten years and thereby provide a lead to the country as a whole in raising the status of children and improving the quality of their lives (Irish Government, 2000b). How to ensure that the opinions of children were expressed and taken account of was addressed as part of a wider approach to consultation on what needed to be covered by the Strategy (Irish Government, 2000a).

The consultation process included gathering the views of around 2,500 children, between the ages of 3 and 19 years, from across the country through class room meetings, group discussions and letters and e-mails direct to the Minister of State for Children, in the Department of Health and Children. Perhaps not surprisingly one of the concerns raised was the use of drugs. The children and young people drew attention to the early age at which they could access drugs and clearly saw it as a social issue as well as a health problem. They also linked drinking and drug use to vandalism, getting into trouble with the law, public health problems and indeed, environmental ones.

A large number of contributors felt that the provision of facilities for young people would help to address the problem and one group stressed it was their youth club and their youth leaders who had been important to them in their decision to stay away from drugs. As with the other issues they raised, the children and young people were very direct in what they had to say about drugs. Two quotes:

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> *Would you try to get the junkies get off drugs, because they are sitting on the streets doing drugs. And when they go they leave the drugs there for anyone and even sometimes you would never know, 'it could be kids.*
>
> Sinead, age 10 (Irish Government, 2000a, p.35)

> *I have nothing to do and nowhere to go all day - I get bored out of my head, get fed up and take drugs to forget my problems and when that doesn't work you try to kill yourself ... I just need a chance in life, a chance to show people who I really am and to reach my potential, a chance to have a nice life - a chance is not too much to ask for.*
>
> V's story (Irish Government, 2000a, p.46)

The consultation made it clear just how willing and able the children and young people were to express themselves. At the same time it also showed that tapping into children's views requires rethinking tried and tested ways of doing things. For example, one thing quickly realised was that an advertisement in the Irish Times is not the best way to engage children's interest, whilst the Minister appearing **on** children's television in the Den with a Turkey and his fellow larger than life puppet has potential.

Of course the challenge of Article 12 to enable children and young people to have their say is not restricted to policy makers but applies to anyone who work with and is concerned for children - and that includes researchers. One of things that is so impressive about the research study *Choosers or Losers?,* is that it is demonstrates how it is possible to use the skills of research to have the voices of young people heard (West, 1995); to engage in what has been described as 'empowering amplification' (Harvey 1990; Hammersley, 1995). The Preface to *Choosers or Losers?* is right in stating that this report helps to set a standard for future research.

The *Choosers or Losers?* research adopts an approach which manages to powerfully convey the young people's perspectives and to articulate a strong sense of their personal agency, albeit within restrictive conditions not of their making. It is clear that through investing a great deal of time and skill in direct contact with prospective and participating subjects within the research setting, Paula established the type of trusting relationship necessary to access how the young people think and feel about drugs and negotiate and renegotiate their relationship to them.

The research provides a fascinating insight into the daily routines, the ambivalent feelings and the shifting relationships with friends and family that make up what has neatly been termed 'the complex trivia' (Gilligan, 1991: 207) through which young people, like everyone else, live out their lives. In relation to drugs, as in every other aspect of our lives, "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" (Mayock, 2000: 67).

The research findings and the clarity with which they are presented in the report convincingly makes the case that future attempts to address the issue of drug use and misuse require a concerted effort to acknowledge and understand its complexity within the lives of young people. On the back of that argument there is also a case to be made for a concerted effort to acknowledge and understand the complexity of the policy process in general (Hill, 1997) and of the role for research in relation to child welfare policy in particular (Casas, 1995, Bullock & Little, 1995). The policy process itself has to be understood if the voices of young people, whether as self advocacy, consultation such as undertaken for the National Children's Strategy or mediated by research such as *Choosers or Losers?,* are to inform social policy. That understanding requires adopting a systemic perspective that recognises the range of stakeholders involved, with their various and legitimate interests and ways of working, and their need to negotiate accommodations and alliances for mutual benefit (Kelly, 1999; Pinkerton, 1999),

There is a view of applied research which has been summed up as the 'limestone model'. It suggests that the benefits of research for policy and practice will be long-term and indirect - like water entering and gradually percolating through limestone without it being clear where or when it

will emerge and then only as a trickle. Whilst there may be some descriptive accuracy in that view, it is increasingly unacceptable - not only to funders, whether the state or charitable foundations, but also to researchers themselves. Both commissioners and producers of research want there to be tangible benefits from the research product.

A major alternative to the 'limestone model' is the 'engineering model', which for social research is perhaps better termed a 'commissioner-provider model'. This model assumes a linear sequence running from the recognition of a policy or practice problem deemed to require research, to the commissioning of a researcher to undertake the work and then to the implementation of a policy or practice solution based on that research. The benefit to the commissioner is a direct output of the research and the responsibility of the researcher is solely to rigorous design and execution.

Yet as one commentator in Northern Ireland, who has experience of being both a university researcher and a government commissioner, has bluntly put it:

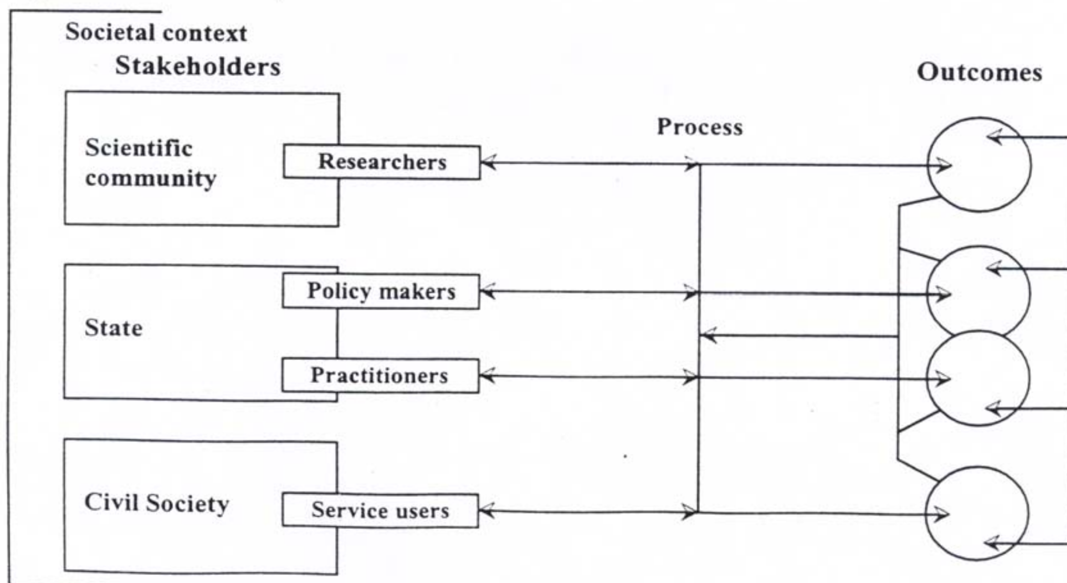
> It is a myth that social research, if properly conducted, will always find its results incorporated into social policy. The expectation of direct and immediate policy effects from research is in fact unrealistic.
>
> (McWhirter, 1993)

Advocates of the 'engineering model' have to accept that along with whatever influence research findings may have, there will be other more influential social, technical, economic and political inputs that contribute to the final policy or practice output.

Rather than have to choose between these two unsatisfactory models social researchers need a way of thinking about research and policy that draws from both in such a way as to encourage researchers to aspire to maximise the impact of their work whilst recognising that their contribution is only one part of a complex interplay between components in the social care system which together generate changes in policy and practice. Researchers need to understand where they and their work fit into the system and its dynamic. Figure 1 below is offered as an aid to such systemic thinking.

Starting from the left, the model draws attention to the general societal context of research, which registers in the characteristics of the scientific community, the state and civil society. It then highlights four key groups of stakeholders -researchers, policy makers, practitioners and service

Figure 1: Research in systemic context



users. They are all positioned within the defined and ultimately restricted social space structured by the societal context. Moving over to the right, the figure suggests relatively autonomous processes associated with each group's achievement of its own distinctive outcomes: the horizontal lines running to the outcome circles on the far right.

From the figure it can be seen that the researchers are linked within the process section of the model by vertical lines of communication with the three other groups of stakeholders. Whilst recognising the relative autonomy and the differences between the four types of stakeholders, the idea of connecting processes of communication is crucial to the model. The four horizontal process lines can not be collapsed into a single stream, but they are interactive. Also whilst the model shows a variety, of outcomes specific to the different stakeholders, the vertical lines to either side of the outcome circles are there to show that each outcome also reinforces the others, to a greater or lesser degree. The arrow returning from the outcomes section to the process section represents the feedback loop that must exist in any functioning system. Each of the stakeholders takes what it requires as feedback but does it in a manner that is effected by, and effects the others.

Seen in this way research offers the opportunity to bring identified groups of stake holders together to form an alliance of interests in pursuit of independent outcomes which can facilitate each other or at least find an accommodation. The question of how young people, their processes their outcomes, impact on policy makers and practitioners becomes a question of how the politics of such research alliances are played out. Such alliances are not just a matter for the start and then the end of the research process, when the brief is being agreed and when findings are available. The relationships are constantly being negotiated and renegotiated throughout a research project's development - from the initial idea, through the design of the project, to data collection, analysis, write up and dissemination.

The impact of research on the activities and concerns of each group is not a matter of time and chance, as in the 'limestone' model, nor is it the result of direct, neatly managed inputs, as in the 'engineering' model. Rather Figure 1 suggests that maximising mutual benefit between stakeholders depends on the forging and sustaining of social alliances within the context of a dynamic system. The central challenge of this model is how best to develop an impact strategy that recognises the systemic and political nature of the policy making process.

The *Choosers and Losers?* research is an excellent example of how working hard on the vertical process links between researcher and young people, the service users, achieved an impressive research outcome - the report. But the model in Figure 1 begs the question of what outcomes were achieved for the young people. Also how much will the research outcome/report impact on policy makers and practitioners. Those are not- passive questions but ones which the model suggests have to be answered in the activities of the stake holders.

For policy makers studies like *Choosers or Losers?* provides a mediated insight into the young people's lives which can be taken into account, as suggested earlier, in the formulation of policy objects and service delivery strategies. In addition it would be possible for policy makers to approach the researcher to use the existing research-based relationship with the young people to facilitate direct contact between them and the policy makers in order to get their response to policy being developed in the light of the research. The crunch question, of course, is whether the stake holders, policy makers, researchers, practitioners and service users alike, are prepared to engage with each other in these new, complex and challenging types of relationships.

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