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

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

Paula Mayock¹

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

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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 under study. 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 as 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 drugtaker 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 use² 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 of psychoactive 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 I 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 typologies³ 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

<p>‘Frequent’ drugtakers (n=11)</p> <ul style="list-style-type: none"> • 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. <p>‘Less frequent’ drugtakers (n=10)</p> <ul style="list-style-type: none"> • 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.

³ 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 ... I get 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't 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' drugs⁴ 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 I wouldn't 'cos it's just... I don't know whether you can get strung out over them or not but I wouldn't constantly take them 'cos that'd be pushing your luck I think anyway, pushing your luck a little bit far.

Sandra, 18.1 years

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

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).

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 ... I 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,

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. If ya want ta take drugs, ya take drugs. If ya 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 *et 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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