Negotiating the criminality and deviance associated with illicit substance use: a discourse analysis of interviews with adult recreational drug takers

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Abstract

The University of Manchester

Rebecca Askew, Degree of Doctor of Philosophy - 2013

Negotiating the criminality and deviance associated with illicit substance use: a discourse analysis of interviews with adult recreational drug takers

This thesis focuses on how the deviance and criminality associated with illegal drugs are negotiated by adult recreational drug takers. The empirical research incorporates twenty-six interviews with people aged between 30 and 59, who have taken drugs within the past year. The participant group comprised equal numbers of males and females in a variety of jobs in the private, public, and voluntary sector. Some were parents and many were in long-term partnerships.

The analysis of the interviews employed discursive psychology, which is a form of discourse analysis that focused upon how drug taking is justified, reasoned and described by the participants. As a result of this analysis, six frameworks were formulated, which describe how drug use is legitimised by the participants. These are: the reformed hedonism; the planned celebration; the drug cultures; the socialisation; the moderation; and the situational opportunity frameworks.

Each of the frameworks is unique and demonstrates differences in: drug taking choices and preferences, the social context in which drugs are taken, and how drug use is controlled and maintained within adult life. These frameworks are not representations of drug taking ‘identities’; nor are they designed to unearth the ‘truth’ about drug consumption patterns, but they illustrate how participants present themselves with reference to their behaviour.

The thesis also introduces a newly developed concept termed, drugs crimination. This is where participants make reference to a level of unacceptable drug taking behaviour, which is out of control, dysfunctional and driven by the desire for extreme intoxication. Drugs crimination is a is ‘technique of neutralisation’ (Matza and Sykes, 1957) whereby participants justify their own drug use by outlining it as less risky than other types of drug taking behaviour.

The participants did not view their own behaviour as morally wrong, nor were they widely condemned for it by their friends and family. Participants were mostly concerned about the impact knowledge of their drug use could have on their jobs and careers. In addition, parents with young children were concerned others would question their ability to effectively parent their children.

Different discourses are utilised to reason opinions about the correct societal response to drugs. These relate to the discourses of: addiction, freedom, acceptance, tolerance, and conformity. Each discourse can be used to either support or reject drug law and policy, which demonstrates the complexities of understanding drug use in society. Participants feel they should be able to make their own rational decisions about their behaviour; however these should be responsible choices, which are respectful of individual health and well-being, and should not negatively impact others in society.
Declaration

I declare that that no portion of the work referred to in the thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.
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Dedications

This thesis is dedicated in loving memory of two wonderful Overton women.

My auntie Judith Tatham nee Overton (1948 – 1997) and Dorothy Overton - ‘Grandma O’ (1926-2013). You will never be forgotten and it is with immense pride and eternal love that I dedicate my PhD to both of you.
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I would like to thank Team CJ at LJMU for firstly giving me a job and secondly for allowing me the time and support to finish my PhD. Every single person in the team has gone out of their way to help me settle in. I am thrilled to be working with such an excellent group of people.

Most importantly, I would like to sincerely thank all the people who participated in this research. I had 26 brilliant interviews, which gave me such passion and enthusiasm for this study. When times were tough, making your voices heard was the one thing that kept me going. Thank you for giving your time to speak to me about a very personal subject; I have been inspired by each one of you. Conducting this study has made me even more resolute that we should be open-minded and non-judgemental about people’s lives. I will never judge a person on the basis of their drug use and will spend my career trying to convince others to do the same.

One last thank-you goes to the glorious city of Manchester. You have been my place of residence now for 10 years and nowhere else has ever felt so much like home. The diverse and wonderful people I have met; the university that has guided me into a treasured career; and the love, laughs and tears I have experienced with my friends have been instrumental in making me the person I am today.
‘What is declared obvious and ‘natural’ rarely is so. Recognition of this should teach us to think the world is more flexible than it seems, for the established views have frequently emerged not through a process of faultless reasoning, but through centuries of intellectual muddle. There may be no good reason for things being the way they are’.

Alain de Botton (2000), The consolations of philosophy, p. 23
The Author

Rebecca Askew began her higher education at Sheffield Hallam University where she achieved a BA (Hons) in Sociology in 2003. Rebecca then studied at The University of Manchester completing a Masters in Research (MRes) in Crime and Criminal Justice in 2005 with distinction. In 2006 she began a three-year Research Assistant post at IPEG (the Institute for Political and Economic Governance) in the Politics Department at the University of Manchester. Here she worked on several projects evaluating local government interventions aimed at preventing crime and reducing problematic substance use. In 2009, Rebecca left IPEG to embark on her ESRC funded PhD at the Centre for Criminology and Criminal Justice in the School of Law at The University of Manchester. In 2013 she began a full-time Lectureship in Criminal Justice in the School of Law at Liverpool John Moores University.
Chapter One: Introduction to the thesis

This thesis investigates recreational drug use in adulthood, specifically how otherwise conforming adults negotiate the criminality and deviance associated with their illicit substance consumption. Drug laws and policy are controversial topics in Britain, with ever growing debates about their effectiveness. Often overlooked from the debate are the perspectives of drug takers themselves, which this thesis addresses. The introductory chapter begins with a discussion of the timely academic relevance of this study. It also demonstrates how I am in a privileged position to conduct this research due to my access of those who use illicit substances. The chapter concludes with: a statement of the research question and aims and objectives of the study; and an outline of the structure of the thesis.

1.1 Recreational drug use in adulthood, deviant or accepted?

The study of drug use and crime is often concerned with the correlation between the propensity to take drugs and likelihood of engagement in criminal acts. Research frequently focuses upon establishing whether drug use is the driving force or a consequence of criminal lifestyles. Rather than focusing on drug use and its relation to further acts of crime and delinquency, this thesis focuses on the criminality associated with drug use directly.

The journey that led me to undertake a PhD on drug use and its associations with deviance and criminality began with my higher education. I focused on the study of illicit drug use at both undergraduate and postgraduate levels. My MRes dissertation focused upon this area, entitled ‘Drug use as a crime: a discourse analysis of interviews with recreational drug users’. I interviewed five current drug takers in their twenties about their drug use and used discourse analysis to study the ways in which the participants reasoned and justified their behaviour. This revealed how different discourses were utilised to support their arguments. The analysis revealed that participants disclaimed personal responsibility, resisted drug using identities and maintained a positive self-image throughout. They used the discourse of youth, which incorporates notions of freedom and experimentalism to justify drug use as an accepted and even expected rite of passage within their lives (Askew, 2005).
I worked as a Research Assistant in the Institute for Political and Economic Governance (IPEG), in the politics department of the University of Manchester between 2006 and 2009. Here I was involved in various research projects, which focused on drug use. These included: an evaluation of one-to-one support to help problematic drug users lead less chaotic lifestyles and an evaluation of an intervention to help support the children of drug misusing parents. I was struck by the lack of funded research which looked at non-problematic drug use and noted the majority of research projects centred on drug related problems and issues.

With this in mind, I wanted to build on the findings from my MRes dissertation and explore adult recreational drug use in more detail, to ascertain how drug use is integrated within adult lives. In addition, how the deviance and criminality associated with drugs are negotiated by users. The research focuses on drug takers who are otherwise conforming citizens. This is necessary to explore the diversity of drug use in the UK and challenge assumptions that illicit drug use is associated with deviant lifestyles. It is also valuable to isolate drug taking from other types of criminal behaviour to examine why these laws are broken in particular. This was done by selecting participants who lead lives considered to be normative: i.e. they do not break laws outside of drug taking and contribute to society economically and socially.

1.2 Contemporary debates about the relevance of drug policy and the law: the drug takers perspective

Academic literature within the field of illicit drug use is split into two broad areas: recreational drug use associated with youth culture and problematic drug use associated with addiction and dependency. The former draws from a variety of disciplines, namely: sociology, criminology, cultural studies and health research. The latter is associated with criminology, medical and health research. An exploration of adult recreational drug use is lacking within the literature. Statistics show drug use reduces from the mid-twenties age range and this use continues to dwindle throughout the life course (Home Office, 2012). This is associated with the increased roles and responsibilities within adulthood, which decrease the opportunity and desire for illicit hedonistic activities (Shiner, 2009).
The Crime Survey in England and Wales (CSEW) – formally known as the British Crime Survey - is the largest self-report survey of drug use within these two countries. This survey has consistently shown that incidence of drug use decreases with age. In the 2011/12 survey it was estimated 19.6% of 16-19 year olds had taken a drug in the last year, followed by 19% of 20-24 year olds, 14% of 25-29 year olds, 10.3% of 30-34 year olds, 5.6% of 35-44 year olds, 3.1% of 45-54 year olds and 1.8% of 55-59 year olds (Home Office, 2012). Indeed, other studies have found that drug use decreases from the mid-twenties age range onwards (Flood-Page et al, 2000 and Shiner, 2009). However, according the CSEW 2011/2012, last year drug use has slightly increased for all age groups 30 and over. In particular, the use of ecstasy increased for those aged 30-44 from the previous year (Home Office, 2012). This shows that despite statistical decreases in drug use over the life course, people do take drugs within adulthood. It is also widely reported that the CSEW underestimates the extent of drug use in England and Wales, therefore it is likely that higher levels of drug taking exist than this survey reports (Newcombe, 2007).

A handful of qualitative research studies have explored adult recreational drug use in further detail. However, these often examine theories of desistence from drug use, rather than the maintenance of drug use in adulthood (see Kandal, 1980; Bachman et al., 1997; Vervaeke and Korf, 2006, Shiner, 2009). However, there are several studies which focus upon the existence of recreational drug use in adulthood. Pearson (2001) undertook an ethnographic study of recreational drug use in a friendship network of people aged between 30 and 65 living in London. He found that cannabis and to a lesser cocaine was integrated into the lives of these adults. Notely (2005) studied non-problematic drug use in adulthood and developed typographies of drug users on the basis of interviews of 49 drug takers. Williams (2013) examined the drug journeys of individuals aged 28, who have been involved a longitudinal study of their substance consumption since the 1990s. Ward (2010) completed ethnographic research of clubbing in London; some of the participants within her study were in their thirties. Warburton et al. (2005) conducted research on occasional and controlled heroin use. They found individuals maintained an element of control through self-imposed rules about the amounts and frequency of heroin consumed. There is evidence therefore, that drug use is facilitated within the lives of adults. However, little is known about how people perceive this behaviour, specifically in terms of how the criminal deviant
associations affect self-perception, and in addition how adulthood may affect people’s perceptions and motivations for drug use.

Drugs are referred to as one of the UK’s most pressing issues. The UK’s 2010 ten year Drug Strategy was implemented by the Coalition Government, its aim is to: reduce demand, restrict supply, build recovery and support people to live a drug-free life (Home Office, 2010). Positive aspects of drug use are not acknowledged within policy. Drug taking should be avoided due to the detrimental harms caused to users and society. However, many people take drugs each day in the UK and most illicit drug use is casual, occasional, experimental and recreational (Police Foundation, 2000; TDPF, 2004, 2007, 2009; UKDPC, 2012) and is not classified as problematic use (Newcombe, 2007 and Notley, 2005). A recent article in mixmag (a clubbing and dance music magazine, which has been in operation since the 1990s) highlights that 30-60 million ecstasy tablets are consumed within the UK each year (Power, 2013). It is difficult to verify these statistics due to the unregulated market in which they are bought and consumed. However, it is clear many people take substances despite their prohibition by law.

Transform Drugs Policy Foundation (TDPF) and United Kingdom Drugs Policy Commission (UKDPC) are independent think tanks lobbying for a change within drug policy and legislation. However, more research is needed to ascertain the extent and nature of drug use in the UK. This thesis aims to bridge this gap and demonstrate that drug use exists beyond youth and outside of chaotic dependence. This is not intended to advocate drug taking in society, or deny the harms that can be caused by a variety of substances, but to acknowledge the existence and breadth of drug taking behaviour. Publically, many assumptions are made about individual motivations for drug use, and any positive meaning associated with drugs deemed irrelevant. It is therefore valuable to include drug takers perspectives about their behaviour into research, to explore the positives and pleasures, as well as the issues and problems they experience. This will help understand the acceptable parameters of behaviour by drug takers themselves, and help identify the differences between functional and problematic use. This could help inform harm reduction strategies, which are an important component of the 2010 drug strategy.
In brief, this thesis is significant insofar as it investigates recreational drug use in adulthood, which is an under-developed field of study. It explores the maintenance rather than desistence of drug use over the life-course, which is rarely touched upon in current academic literature. It focuses on the perspectives of otherwise conforming citizens, which challenges current policy and legislation; and contributes to contemporary debates about the relevance of drug laws and policy.

1.3 My cultural experience of drug taking environments and access to participants

Nothing initiates a heated debate like the topic of drug use. It is a subject on which most people have opinions regardless of their previous history of use, or exposure to drug taking environments. Whilst training as a volunteer for Manchester Lifeline needle exchange, I was taught that poverty and deprivation impact an individual to a far greater extent than the mere ingestion of substances and that chronic drug use is often symptomatic of deeper personal and social issues. This struck a chord with me and through my continued work and research on drug use in society; I am often reminded that our perceptions of drug use are quite different from the reality of drug taking.

From my early-twenties, I began socialising in dance music scenes on a regular basis. New friendships, relationships and emergence of niche music scenes brought me closer to drug taking environments, where some people use drugs at the weekend and assume their ‘legitimate’ lifestyles in the week. In 2008, I began going to festivals across the country and abroad, meeting a variety of drug takers. The majority of people I encountered were integrated socially and economically, some in respected professions, such as: doctors, teachers, lawyers, accountants, police officers, and nurses. This initiated an interest in the public and private behaviours of individuals; how did these individual’s with conforming and legitimate lifestyles negotiate the criminality and deviance associated with their drug use?

In 2010, I started a new relationship with a local DJ and club promoter in Manchester. This furthered my access to many people suitable for this research project. In addition, as I began to speak about my intended study to colleagues and friends, people were enthusiastic about the topic; volunteering themselves and suggesting others to be
interviewed. It was here I realised the scope of the research and the number of drug taking individuals who were willing to contribute to the study. I also noted the issue of confidentiality was of particular concern to those interested in being interviewed. This emphasised privacy around drug use, and urged me to consider the boundaries of and reasons for concealment. This contributes to the debate about the extent to which drug use is a deviant activity or an accepted and tolerated behaviour.

I wanted to speak to people over the age of 30 as this is the age by which most research suggests users will have ‘aged out’ of drug taking. The target group was not only those involved with dance music scenes, but those who take drugs more privately, whose drug use is essentially out of public view. I was keen to include participants with a wide range of jobs, from those who are public facing and client engaging, to those with top managerial roles. I live and work in Manchester, but also wanted to speak to people from all over the country, including those who live in urban areas and those who live more rurally. I spoke to people living in Leeds, Manchester, Greater Manchester and central and Greater London.

My partner, colleagues and friends all suggested people and a number of gatekeepers were instrumental in securing people for interview. The sampling strategy is explained in detail in section 3.4 of the methodology section. In brief, the sample was achieved via a mixture of: researcher selection, gatekeeper suggestion and self-referrals. Diagrams of the sampling strategy and snowball sample are found in Appendix B. The final sample of participants is detailed in section 3.3, but it included: equal numbers of males and females, parents, a mixture of occupations in the private, public and voluntary sectors, with different sorts of job roles, including those who work in healthcare and criminal justice. This was in order to challenge assumptions about ‘drug users’ within society, and to illustrate that people from all sections of society take illicit substances.

As there were many people willing to participate in the research, I was able to employ theoretical sampling. This is explained in further detail in section 3.4.1, but it allowed me to target certain people based on interesting features relevant to the research question, which were not initially targeted in my original sampling strategy. This included those who work in healthcare and criminal justice, those with different cultural backgrounds to white British, and those who conceal knowledge of their drug use from their partner.
This section has demonstrates the privileged access I had to a hidden population of drug takers, who are absent from policy discussion and under-researched in academia. This was a distinct advantage as it allowed for interviews to be completed with people who would not normally speak to others about this behaviour. The methodology chapter beginning on page 62 is grounded by my personal connections to the participant group.

1.4 Research aims and objectives

The overarching research question addressed in the thesis is:

How do otherwise conforming adults negotiate the criminality and deviance associated with their illicit substance use?

In order to answer this question, the main aims and objectives of the research are to:

- Explore recreational drug use in adulthood ascertaining the meaning and motivation for different types of illicit substance consumption.

- Explore whether drug taking is considered deviant and criminal within the lives of current drug takers. This includes three levels of exploration: (1) individual accounting for personal behaviour; (2) openness about drug use with others and (3) opinions about the legal and political context of drug use within Britain.

- Contribute to the debates about the relevance of drug policy and legislation in contemporary Britain.

1.5 Outline of the thesis

The final part of this chapter outlines the remaining structure of the thesis. Chapter two is the literature review, which draws together diverse literature in order to set the scene for the empirical research undertaken. The literature review is divided into three sections, a detailed introduction to this chapter can be found on page 24.

The third chapter of thesis is the methodology. This explains the value of using discourse analysis to analyse the interviews. It describes the practical approach to the methods used, incorporating: the development of the interview schedule, sampling techniques and access.
It discusses the ethical considerations of the research, as well as how the analysis was completed. The chapter is framed as a reflexive account of my personal connections to the research participants. Section 3.8 gives a brief descriptive account of the types of drugs used by the participant group and contexts for use, which provide background for the forthcoming finding chapters.

Chapters Four, Five and Six present the findings of the interviews. These chapters address how drug use is legitimised with reference to the level of social distance from the participant: the individual, the familiar and the societal. Chapter Four addresses personal accounting for drug use at the individual level. It introduces the six narrative frameworks, which describe the unique ways the participants: describe; reason and justify their drug use as controlled within their lives. These are: the reformed hedonism framework; the planned celebration framework; the drug cultures framework; the socialisation framework; the moderation framework; and the situational opportunity framework. Chapter four also introduces the concept of ‘drugsdiscrimination’, which is a technique of neutralisation, which further justifies participants own drug use by outlining it as less risky than other drug taking behaviour.

Chapter Five describes the knowledge and acceptance of drug use within everyday life. It assesses the level of openness participants have around their drug use, detailing the reasons that it is concealed within their lives. It explores discretion about drug use due to the: consideration for others; fear of disapproval and moral judgement; the distinction between working lives and leisure time, and finally through the fear of criminal sanction. This chapter examines the participant’s adult status and its significance to drug use being a discreet or more open activity.

Chapter Six is the final findings chapter, which examines the perceptions of drug use within a legal and political context. It examines the participants’ position as deviant and conforming citizens, demonstrating the importance of the discourse of risk in arguments about the ‘correct’ societal response to drug use. The chapter demonstrates how participants speaking from each framework draw from a particular discourse to reason their arguments about the effectiveness of policy and the law. The chapter continues by describing how each framework supports its participant’s subject positioning as a controlled
drug taker. In brief these relate to the discourses of: addiction, freedom, acceptance, tolerance and conformity. The chapter concludes by demonstrating the relevance of neoliberal ideology in supporting the participants as rational and functional consumers.

The final chapter is the discussion section, which draws together the main findings of the thesis, and demonstrates the contribution to academic knowledge and the implications for policy. The chapter discusses the concept of ‘functional’ drug use in society, the diversity of drug use and the importance of incorporating drug takers perspective and opinions into research. The chapter examines whether drug takers have a legitimate voice within society and makes suggestions of how this voice could be recognised more widely. It concludes by proposing how this research could influence future policy. It discusses the stark differences between public rhetoric and the experiences of the participants and stresses the importance of establishing a more accurate picture of drug use in society, which will enable the reduction of the harms caused by marginalisation and misrepresentation.
Chapter Two: Literature Review

2.0 Introduction to the chapter

This chapter draws together literature from diverse disciplines in order to gain an understanding of the empirical work within this thesis. The chapter is divided into three sections. The first section examines research on recreational drug use. It describes prevalence of drug use in adulthood taken from the Crime Survey for England and Wales (CSEW) and examines the few qualitative studies which have explored adult recreational drug use in detail. This section explains the history of the North West England Longitudinal Study (NWELS), which explores young people’s recreational drug use from the early 1990s, and was the first research to describe drug taking as a ‘normal’ and ‘ordinary’ activity. It provides detail about the changing nature of drug consumption in the UK and arguments for and against the idea of the normalisation of ‘sensible’ recreational drug use in youth culture. The section goes on to tackle the definitional problems of classifying drug use as recreational. Finally this section considers motivations for drug use, addressing a number of substances individually. This demonstrates differences in: context; preference for effects; as well as cultural availability and acceptance of substances, which contribute to varied meaning of drug use within people’s lives. Much of the research within this section focuses upon young people’s recreational drug use; therefore further exploration of these issues is needed within adult populations.

The second section of the literature review examines theoretical understandings of deviance and the relevance it has to drug use. The thesis draws from labelling theory and argues that deviance has differentiated meaning. Drug use may be considered deviant by those who have not been exposed to drug use, whereas it maybe normalised by those who have experienced drug taking within their peer groups. The literature shows an examination of deviance is required at the individual, meso and macro level. This is especially relevant to the normalisation thesis, which argues that recreational use has become culturally normalised to an extent. The concept of deviance is further challenged in the exploration of privacy. Drug use may be kept private due to fears of moral judgement from others, but it could be associated with the right to privacy around personal consumption of a range of
activities, not all of them ‘deviant’. The section concludes by considering the connection between deviancy and drug use within adulthood compared to youth.

The final section of the literature review explores drug legislation and policy. It begins with a historical description of the emergence of the current classification system and policy direction. The section highlights that functional drug use continues to be ignored within political discussion, and that this contributes to discrimination and marginalisation of those who take illicit substances. Public perception is therefore based on misinformation that drug use is highly likely to cause chaos and problems. That is not to say that drug use does not incur issues, and the chapter progresses to a discussion of drug taking risks. Research in this area illustrates the law has less instrumental effect than health concerns for young drug takers. There is little known about whether this is consistent with the concerns of older drug takers.

This section continues with a discussion about the relevance of neoliberal rationalities in explaining justifications for functional drug use. Neoliberalism is a form of economic governance, which signifies a shift from social welfare to individualism. Moving away from widespread government intervention, individuals are held responsible and accountable for decisions about their own behaviour. Neoliberal rationalities are relevant to this research, as drug use can be argued a rational consumer choice and does not detrimentally affect functionality and progression. Drug use may also be a form of self-empowerment in the resistance to state control. This may be particularly relevant in times of austerity, when the public are increasingly disgruntled with the effectiveness of governance, and may therefore be less likely to adhere to rules and regulations within society.

Theories of compliance are explored in further detail to address the legitimacy of the law. The application of Tyler’s theory of compliance would assert that drug takers do not view their behaviour as immoral, and may even see criminalisation as an inappropriate reaction to drug use within society. Wikstrom’s situational action theory (Wikstrom, 2010), would argue drug use is not deviant in certain contexts and situations. This section concludes by discussing discourses around drugs. The dominant discourses of the law, morality and health marginalise the voices of drug takers within society. However, the emergence of counter
discourses of health; freedom and individualism increasingly threaten the legitimacy of the law. This could signify that the legitimate voice of drug takers is on the horizon.
2.1 Explaining recreational drug use in adulthood

2.1.1 Introduction

Recreational drug use is predominately conceptualised as a youthful pursuit associated with freedom for leisure and experimentation. This is supported by the Crime Survey for England and Wales, which shows a sharp decrease in self-reported drug use from the mid-twenties age range onwards. However, illicit substance use exists in adulthood and several qualitative research studies have explored this area in detail (Pearson, 2001; Notley, 2005; Williams; 2013,). These studies demonstrate drug taking trajectories are not straightforward, which signifies a need for more in-depth research exploring the personal and contextual use of illicit substances within adult populations.

The term ‘recreational’ as applied to drug taking is debated within the research literature. It is primarily associated with drug consumption that is both of low frequency and small quantity (Parker, 2005). However, this does not account for low-level habitual use or intense occasioned use. Conducting research with those who take drugs within functioning lifestyles, helps to broaden our understanding of what constitutes ‘recreational’ and ‘problematic’ behaviour. There is a need for a more nuanced understanding of drug taking behaviour that goes behind this dichotomy.

Rational action theory and cultural studies dominate theoretical explanations for drug use outside of addiction literature. Pleasure associated with drug consumption is overlooked within drug policy. However, research with drug takers shows it as a key motivation for consumption. This incorporates both individual and contextual pleasures, which are linked to: personal experience, peer group acceptance, as well as wider cultural shifts in consumption. Finally, Matza and Sykes (1957) neutralisation theory is explained. This will be applied within the thesis to help establish how drug use is reasoned and justified. Participants’ status as adults and otherwise conforming citizens are likely to affect reasoning for drug use. This could both support and challenge legitimisation of drug use within their lives.
2.1.2 The maintenance of drug use and the evolution of drug trajectories.

A considerable amount of academic and policy research focuses on ‘problematic’ drug use with the goal of recovery and prevention. This is arguably due to the impact that dependant and chaotic drug use has on the criminal justice and health systems (Notley, 2005; Stafford, 2007). Drug use is the subject of widespread media attention and is referred to by the government as one of society’s most pressing problems. Politically, illicit substances are deemed to be an avoidable social ill, which result in problems at both the individual and social level. The UK’s 2010 ten-year Drug Strategy formulated by the Coalition Government aims to: reduce demand, restrict supply, build recovery and support people to live a drug-free life (Home Office, 2010). Dominant medical and legal discourses categorise ‘drug users’ as unwell criminals who require punishment and/or treatment (Buchannan and Young, 2000; Martin and Stenner, 2004; and Bright et al., 2008).

However, most illicit drug use is casual, occasional, experimental and recreational (Police Foundation, 2000) and is not classified as problematic use (Newcombe, 2007 and Notley, 2005). This is supported by the Crime Survey for England and Wales (CSEW) which shows the vast majority of self-reported drug use is associated with the recreational repertoire. Since the survey began in 1996, cannabis continues to be the most popular drug in both lifetime and past year use. The 2011/2012 CSEW estimates that 8.9% people took a drug in the past year. 6.9% used cannabis followed by 2.2 % cocaine, 1.4 % ecstasy, amyl nitrate (poppers), amphetamines and ketamine (Home Office, 2012). Pearson (2001) argues that stereotypes created about drug users can skew our understanding of drug consumption:

Too often drugs are discussed as if they are only issues concerning either the vulnerable young or hardened addicts. Given that it is likely in the foreseeable future that we will continue to live in a world in which intoxicants—whether licit or illicit—are freely used and more or less freely available, it is likely that routine drug use of the type described will become a common feature of social life. (Pearson, 2001: 192)

The BSC has consistently shown that levels of drug use decrease as age increases. In the 2011/12 survey it was estimated 19.6% of 16-19 year olds had taken a drug in the last year, followed by 19% of 20-24 year olds, 14% of 25-29 year olds, 10.3% of 30-34 year olds, 5.6% of 35-44 year olds, 3.1% of 45-54 year olds and 1.8% of 55-59 year olds. Indeed, other studies have found that drug use decreases from the mid-twenties age range onwards
Aldridge (2008) theorises this decline in drug use in two ways. The first is through the ‘period effect’, where individuals take fewer drugs as they get older. The second is the ‘cohort effect’, where newer generations of young people are less drug involved than those growing up in the 1990s. However, according to the CSEW 2011/2012, past year drug use has slightly increased for all age groups 30 and over. In particular, the use of ecstasy has increased for those aged 30-44 from the previous year (Home Office, 2012). This shows that despite statistical decreases in drug use over the life course, people do take drugs within adulthood. It is also widely accepted that the CSEW underestimates the extent of drug use in England and Wales, therefore it is likely that higher levels of drug taking exist than this survey reports (Newcombe, 2007, Home Office, 2012).

Academic researchers recognise the significance of ‘recreational drug use’ associated with youth culture. In the 1950s, young people’s illicit drug use was theorised as a sub-cultural activity. In this sense, drug taking is seen as deviant because it is outside the norms and values of mainstream society (Becker, 1963; Young 1971; and Malborn, 1999). Cohen’s (1972 and 2002) theory of ‘moral panics’ is instrumental in explaining how society responds to deviant activities within youth subcultures. He argues that drug use is linked to specific epochs related to changing youth lifestyles associated with music and fashion. Cocaine use was linked to dancing in the 1920s through to the 1940s (Kohn, 2002); heroin was connected to underground jazz clubs in the 1950s; hippie culture was linked to LSD, and the mods and rockers was associated with amphetamine use in the 1960s; punk culture was linked to glue sniffing, and northern soul was associated with amphetamines in the 1970s and finally ecstasy use is synonymous with and dance culture in the 1980s/1990s (Cohen, 2002 and Blackman, 2007). It could also be argued that mephedrone was subject to a moral panic in the UK 2009/2010 (Sare, 2011).

Researchers from the University of Manchester embarked on a longitudinal study in North West England (NWELS) in an attempt to explain the rise in drug use in the late 1980s and early 1990s as a cultural phenomenon. Its aim was to explore whether drug use could be categorised as a deviant sub-cultural activity or whether it had become ‘normalised’ within youth culture (Parker et al 1998). The normalisation thesis is arguably the most significant theoretical contribution to the understanding of young people’s recreational drug use since the late 20th century. Whether in support or critique of the thesis, it continues to dominate.
The NWELS survey research began in 1991 with 700 14 year olds from eight high schools within the North West of England and was repeated annually for 5 years until respondents were 18, then after a four year break repeated again when respondents were 22. In-depth interviews were also conducted when the respondents were aged 17 and 22 and most recently as part of co-author Lisa Williams’ PhD research when the cohort were aged 28 (Williams, 2007 and 2013). The normalisation thesis was originally presented as six dimensions in the authors’ first major publication (Parker et al, 1998) but was later reduced to five dimensions in 2002. The revised dimensions incorporated a mixture of individual, contextual and cultural factors relating to: (1) high availability and access to drugs, (2) increased drug trying rates, (3) regular use of illicit drugs, (4) accommodating attitudes to ‘sensible’ recreational drug use and (5) cultural accommodation of drugs within society. In 2005, Howard Parker, one of the leading authors, added a sixth dimension relating to the policy response to illicit drug use (Parker, 2005). The authors originally stressed (1998) that the normalisation thesis did not relate to all illicit substances but was restricted to those within the recreational repertoire, including: cannabis, poppers, amphetamines, LSD and ecstasy and did not apply to heroin and cocaine. Furthermore, they deemed normalisation thesis not to be concerned with whether the majority of young people use drugs but whether drug taking had become culturally accepted and could no longer be considered deviant. A contentious issue for critics of the thesis is the definition of normalisation, which is often misunderstood to signify the majority of young people as active drug takers (Williams, 2013 and Aldridge et al, 2011). In the following quote, Pearson defines normalisation as the authors proposed, with the emphasis on cultural acceptability:

‘The controversy is not whether illicit drug use may have become a statistical norm, but whether certain types of drugs have been culturally ‘normalised.’” Pearson (2001): 169.

The normalisation thesis remains the subject of much debate within academia. Critics stated it exaggerates the extent of recreational drug use as the majority of young people remain abstainers (Shiner and Newburn, 1997, 1999 and Shiner 2009). Supporters of the
normalisation thesis are often careful to note it does not apply to all drugs and all groups of people, therefore a differentiated understanding of normalisation is required, which recognises that some types of drugs and consumption behaviour maybe normalised for some groups of people (Pearson, 2001 and Shildrick, 2002). For example, ecstasy is ‘normalised’ within the clubbing/dance scene (Measham et al, 2001). Hammersley et al (2003) argued that drug use is normalised amongst young offenders. The authors revisited the debate in 2011 and argued the normalisation of sensible recreational drug use is less concerned with particular substances as the fads and fashions of particular drug use can change over time, but should be understood as young people’s acceptability of illicit and licit substance intoxication in general (Aldridge et al. 2011). The dimensions were revised again in 2011 to include:

1) Drug availability - the authors demonstrate the wide access and availability of drugs for young people within peer groups and within certain contexts, such as school, college, clubs and pubs.

2) Drug trying – the rate at which young people try drugs is five or six out of ten. The authors demonstrate this use does not discriminate by gender and social class, with girls just as likely as boys to try drugs and middle class youth as probable as working class. This illustrates that drug use is not associated with low attainment and lack of progression in education. However in terms of ethnicity, black and Asian youth are less likely to take drugs than their white peers.

3) Drug use – cannabis is by far the most used drugs by young people. Other club drugs, such as ecstasy are normalised within clubbing or raving contexts, but extreme intoxication and dysfunctional use within these environments is not.

4) Being drugwise – the authors argue that knowledge about different types of drugs and their effects extends beyond the drug using population to young abstainers. Even those who refrain from drug consumption themselves have witnessed and experienced drug use within their social lives and can distinguish between hard and soft drug use. This awareness illustrates how drug taking is a normalised as a feature with certain parts of youth culture.
5) Future intentions – the NWELS found that people are taking drugs within early adulthood. Although, many have desisted, some drug journeys continue to be maintained and individuals are resolute about their future drug use. This demonstrates that drug taking is a consistent feature within people’s lives, which they are able to manage alongside work and other social activities.

6) Cultural accommodation of the illicit – this refers to the shift from recreational drug use as a ‘deviant’ sub-cultural activity to integrated into mainstream culture. This is evident in mainstream film, language, media and music. This is not to say that drug use is not considered a risky activity, rather it is accommodated within youth culture in the same way as other risky behaviours, such as alcohol consumption, smoking and casual sex.

Aldridge et al. (2011)

This research examines the six dimensions of the normalisation thesis. It will assess whether drug availability has changed within adulthood for the participants included in this study. This will include the ways in which drugs are sourced for consumption. It will examine the incidence of drug trying in adulthood and include a range of participants in terms of age, gender, parental status and professional life. This research will assess the types of drugs used by people within adulthood, to test any changes in patterns and frequency of drug use from their youth. The thesis will examine whether participants are open about their drug use with non-drug taking friends to assess whether they abstainers are both informed and accepting of drug taking. This research will also assess whether participants foresee drug use as a continuing part of their lives or if it is an activity they want to desist from. Finally, the thesis will examine whether drug use is accommodated into adult culture or whether with age, drug use is something which becomes increasingly unacceptable.

The normalisation of recreational drug use refers to young people and youth culture. Pearson (2001) was the first to examine the normalisation of drug use in adulthood. Pearson conducted ethnographic fieldwork with a friendship network of drug takers living in London. The age range of participants was between 30 and 65. He found that cannabis and to a lesser extent powder cocaine are both accepted within these networks. Subsequent waves
of data collection for NWELS will establish whether normalisation is relevant in later adulthood.

Drug research increasingly includes those of older age ranges, but is rarely the sole focus of study (see for example, McGrath and O’Neil, 2010 and Sandberg et al, 2011). Qualitative research with adult populations predominately seeks to explore explanations for desistence. The literature suggests that factors associated with desistence from drug taking are consistent with findings within life course criminology, such as Laub and Sampson (1993, 2003). Life turning points associated with increased responsibility, such as: career progression; marriage; parenthood; and financial commitments take precedence over the freedom and leisure time synonymous within youth. As a consequence, both the opportunity and desire for drug taking diminishes (Kandal, 1980; Bachman, 1997; Vervaeke and Korf, 2006, Shiner, 2009, Measham et al., 2011a). However, these explanations are not clear cut. Firstly, it cannot be assumed that everyone follows a life path involving gradual career progression, long-term partnerships and children. Even if responsibilities do increase and lifestyles do change, this is not to say these changes will inevitably be associated with reduced drug consumption. In addition, an increase in later onset of ‘settling down’ has been noted within some groups, for instance, due to an increase of those in extended education (Shiner, 2009; Aldridge et al. 2011).

Williams (2007, 2013) undertook qualitative research with the NWELS cohort age 28 to explore drug taking decisions throughout the life course. In particular, Williams was interested how specific life-turning points in adulthood affect decisions to take drugs. The people she studied included current drug takers, as well as drug desisters and lifetime abstainers. Rather than a smooth linear journey, she demonstrated the complex process of transitioning into adulthood, which involves the influence of: agency, structure and culture. For example, drug use can fluctuate as a result of changes in context, specifically in relation to social relationships and interactions. She referred to structural influences, such as: gender, ethnicity family background, location and educational attainment also have impact on drug use. Desistence does occur as a result of changing roles and increased responsibilities, however this was by no means certain and often only temporary. For example, motherhood initially instigated a period of desistence for female participants; however, as children grew older, some mothers found increased freedom and opportunity
for their own leisure pursuits, which incorporated occasional drug use (Measham et al. 2011a and Williams, 2013). Williams highlighted the complex nature of drug taking decisions over the life course and the importance of longitudinal data to aide a better understanding of this:

*These narratives further demonstrate how transitions to adulthood can provoke changes in decision making, however, such changes may not be permanent, especially when situations or circumstances alter and drug taking is still perceived as pleasurable. Furthermore, these accounts attest to the notable benefit of longitudinal research. If the study had not continued these young mothers would have appeared as though they had completely stopped taking drugs in their early twenties and have been categorised as drug desisters or ex-drug users.*

(Williams, 2013: 104)

Williams’ research captures both incidence and meaning of drug use for adults aged 28, further research is needed to map the evolution of drug trajectories within later adulthood. Other research demonstrates that drug taking is facilitated into adult life. Notley (2005) conducted interviews with 40 non-problematic drug takers aged between 25 and 40 and found that cannabis was the most commonly used drug within the participant group. She classified adult drug takers into four distinct groups. Firstly, ‘realistic users’ who manage drug use around other aspects of adult life, such as work and other social pursuits. The second type is ‘archetypal users’ who smoke cannabis on a daily basis, which is normalised within their routines. ‘Searchers’ are the third type motivated to take drugs through a desire for enlightenment and a deeper understanding of the self. Finally, ‘traders’ were involved in the drug distribution trade and speak about drugs from an inside perspective, often disassociating themselves from a drug consumer/user identity. This exhibits the diversity of drug taking in adulthood and the various meanings drug use has for different individuals. Further qualitative work thesis will broaden understanding of adult drug taking beyond these four typographies.

Research also suggests the changing nature of drug use beyond youthful experimentalism. Ward (2010) conducted an ethnographic study of drug use and clubbing in London. Some participants within the study were of an older age range (early 30s) and all had well-established careers, for instance, as lawyers and accountants. Ward (noted a shift from primarily ecstasy use to cocaine use for older drug takers. This change was attributed to a
decrease in the price of cocaine and better functionality the next day (i.e. less recovery time needed) when compared to ecstasy use. This is supported by Aldridge et al. (2011) who noted a decrease in ecstasy use with some individuals in the latest cohort of the NWELS. This was attributed to lifestyle changes and the recovery period (or comedown) being difficult to accommodate into everyday life. In addition, rather than a desistence of drug use over-time, Ward noted increases in cocaine use for some participants who started using mid-week over the fieldwork period. In some cases this escalated into problematic use, but for the majority of those she encountered, Ward noted it as manageable within their lifestyles.

This research indicates that life turning points within adulthood cannot be assumed as a definitive reason for desistence from drug use. Rather than a gradual decline in drug taking from the mid-twenties age range onwards as the statistical analysis suggests, (Home Office, 2012 and Shiner, 2009) qualitative research shows a more complex picture of drug trajectories, which involves shifts in drug choice and periods of abstinence (Ward, 2010; Aldridge et al, 2011; and Williams, 2013). Research with adult drug takers needs to be expanded to understand the diversity of drug use, in particular analysing this at the individual, intrapersonal and cultural level. There are specific gaps in current knowledge that need to be addressed. Firstly, research needs to be expanded to include how drug use is maintained in adulthood rather than reasons for desistence. Secondly, further acknowledgement of the variety of drugs taken and the heterogeneity of meaning and motive for use is required. Thirdly, a greater understanding of the changing contexts of drug use for adult populations is needed. Finally, of specific consideration is how otherwise conforming citizens negotiate drug use as a deviant and criminal activity, and how far this is culturally accepted as adult behaviour.
2.1.3 Recreational and functional drug use: challenges in definition.

The literature often dichotomises recreational and problematic drug use. Difficulties arise when trying to quantify use as ‘recreational’ as there is no clear definition within the literature. Parker (2005) defines recreational drug use as: ‘the occasional use of certain substances in certain settings in a controlled way’ (p. 206). This is a broad definition, which recognises the diversity of drug taking; however, it does not fully satisfy what could be argued as recreational. For example, smoking a small quantity of cannabis on a daily basis could not be classified as occasional and may not be deemed problematic in terms of the impact it has on health and well-being. In addition, occasional use is an ambiguous term. Should it be classified as 12 times a year or twice a year? Even if drug use is restricted to certain occasions, use could be intensive during these times which could have adverse impact on health and well-being. So should this be considered recreational or problematic?

Simpson (2003) contributed to the debate by introducing a third category of ‘persistent use’, which bridges the gap between dependent and recreational drug use. He argued continual drug use over a period of time is not necessarily ‘dependent’ but can lead to problems. For Simpson, the distinction between these categories is reliant on: the regularity of use, the amounts which are consumed, the type of drug, the method of administration, and the centrality of use in the individuals’ life. Whilst Simpson’s analysis helps to broaden our understanding of drug taking outside the traditional dichotomy, the three categories are still focused on harm rather than the potential positives of drug use. These definitions are heavily reliant on the levels of risk and harm associated with consumption rather than non-problematic motivations for use and do not account for the functional maintenance of drug use. In addition, these definitions are still vague and open to interpretation. For example, persistent use of a low amount is not addressed as a separate category, but could have a differing effect on the existence/level of health and wellbeing impact on the individual.

Authors who have studied adult recreational drug use have attempted to define the term ‘recreational’. Williams (2013) defines as: ‘the consumption of a drug or variety of drugs in the context of leisure time; for instance ecstasy is typically taken at weekends with friends whilst clubbing’ (Williams, 2013:21). This incorporates a social and contextual definition of drug taking, which equates to the broad understanding of ‘recreation.’ Recreational use
does not automatically mean non-problematic, but it does refer to the use of substances in leisure rather than a result of addiction and dependence. Pearson (2001) identified differences in the way cocaine is used in his ethnographic study with adult drug takers. He separates ‘users’ into three categories: regular recreational; binge users; and convenience users. These categories account for differences in frequency and motivation; however all could be classified as recreational or problematic use dependant on subjective understandings of an individual’s ability to function alongside their drug use.

None of the above definitions can completely satisfy the variety and complex ways in which people ingest substances. However, recreational use is associated with leisure time and often categorised through the ability of the individual to maintain control and function alongside use – for example: through social relationships, economic independence, and hobbies and interests outside of drug taking. This refers to controlling the frequency and amount of drugs consumed within an occasion as well as balancing the use of drugs within other aspects of life (Bahora et al, 2009).

The recreational repertoire is historically associated with certain substances, mostly commonly: cannabis, cocaine, ecstasy, LSD, amphetamines, and in recent decade’s ketamine (Measham and Moore, 2008, Riley et al., 2008) and new psychoactive substances, also known as ‘novel psychoactive substances’ (McElrath and O’Neil, 2011; Measham et al. 2011b). Individual use is also not always confined to one particular drug and the literature on recreational drug taking acknowledges the existence of ‘polydrug’ use with drug taking populations. This is where individuals take more than one substance on one occasion or take different substances as separate and unrelated experiences (Boeri et al. 2008). This is what Ives and Ghiani (2006) distinguish as simultaneous polydrug use (SPD) and concurrent polydrug use (CDU) respectively. They argue that most drug use can be classified as CDU especially if alcohol and tobacco are accounted for. Studies which explore polydrug use demonstrate a need for more research, which acknowledges the complexity of drug taking patterns and combinations. The exploration of polydrug use contributes to knowledge about cultural trends in drug consumption but is also important to inform health research and harm reduction strategies.

Substances such as heroin and crack cocaine are often associated with problematic rather
than recreational use. However, Warburton et al. (2005) explored controlled and functional heroin use. They found that individuals maintained an element of control through self-imposed rules about the amounts and frequency of heroin consumed. Drug use was identified as a problem when it impinged on everyday life. This supports previous studies which have also found evidence of controlled patterns of heroin use (Blackwell, 1983; Zinberg, 1984; Shewan and Dalgarno, 2005). This demonstrates that recreational use should not be defined by drug type per se, but reliant on the controlled nature of consumption and everyday functionality alongside use. This evidence also shows it is important not to limit the scope of research by drug type. Substances can be used occasionally and problematically as well as habitually and functionally under the broad definition of ‘recreational’ drug use. This thesis investigates how those who take drugs within adulthood reason their use as functional within their lives. Qualitative research of this kind therefore contributes to a broader understanding of the acceptable parameters of drug taking behaviour by including drug takers' perspectives and experiences.

Previous research has been conducted with drug takers in order to conceptualise drug taking behaviour. This shows individuals who take drugs recreationally resist an ‘addict’ and ‘drug user’ identity when describing their behaviour. Rodner (2005) notes how non-problematic drug users present themselves as rational individuals who describe their drug use as: ‘a controlled loss of control’ (Rodner, 2005: 337). Mayock (2005) found that young people stress the minimal role drug use plays in their lives. Similar findings were found in my own Masters research, where recreational drug takers in their twenties resisted the ‘addict’ stereotype by outlining their dominant legitimate lives within employment or further education (Askew, 2005).

The vast majority of this research has been undertaken with young people. Youth is a time of life which is synonymous with leisure and celebration. In this sense, drug use can be justified as an experimental stage when individuals are free from the responsibilities of adult life. Traditionally, adulthood is a progression from youth where individuals take on more responsibility (i.e. through careers, parenthood, and financial responsibilities) and seemingly have less time for recreation. Consequently, regular drug use can be seen deviating from an adult identity. It is therefore critical to understand how adult recreational drug takers justify their illicit behaviour. This expands current academic understanding of drug taking outside
the stereotypical images of ‘addiction’ and ‘youthful experimentalism’.

Research exploring the changing patterns and the diversity of drug use continues to expand. This acknowledges drug taking exists beyond youth (Pearson 2001; Notley, 2005; Ward 2010; and Williams, 2013), but little is known about how adults conceptualise their use, and whether adult status affects the acceptability of drug taking. Williams (2013) found that drug ‘desisters’ and abstainers argue that drug taking is inappropriate for older age ranges, however current drug users argued their drug use as tolerated within their lives. Acceptability here is linked to a perceived ‘deserved’ right to pleasure within busy and stressful lives. For example, cannabis is smoked to relax after work and ecstasy is taken at the weekends to offset the hard-working week.

Pearson (2001) argues that drug use is integrated part of life within the adult friendship networks he studied, which was rarely mentioned or acknowledged as notable behaviour as the following extract illustrates:

\[
\text{A crucial feature of these men’s lives (and those of their wives, partners, and girlfriends) is that they did not think of themselves as “drug users”—it is merely something that they do, or do not do, as an ancillary to other aspects of their lives, whether work or leisure—and who only rarely, if ever, gather together for the purpose of consuming drugs. This was not a “drug subculture” in which drugs were a central feature of people’s lives; rather these were people for whom drug use was a peripheral but “normal” aspect of life.}
\]

(Pearson, 2001: 173)

This thesis explores whether individuals seek to resist stereotypical images of drug use and creative positive drug taking identities or reject a drug taking subject positioning altogether. This further aids our understanding of the personal, social and cultural acceptability of drug use within the UK and will build on the small body of work undertaken with adult recreational drug takers.
2.1.4 Motivations for drug use: individual, social and cultural factors

The ingestion of substances is part of human behaviour of which very few people are exempt. There are a broad range of substances consumed within the UK, some licit and other prohibited by law. For example, people consume alcohol, nicotine, caffeine and even vitamin substitutes and ascribe certain individual, social and cultural meaning to this behaviour (Hammersley, 2011). This thesis is concerned with the meaning and motives for recreational illicit drug, historically this has been theorised in sociological research. Rational action and subcultural theories dominate this literature, particularly cost benefit analysis (See Boys et al. 2001 Hunt and Evans, 2007 and Parker et al. 1998). The benefits, pleasures and functions of drug use are weighted against the costs, negatives and risks. Drug takers are conceptualised as making rational and considered decisions about their use. However, in their re-examination of the normalisation debate, Aldridge et al. (2011) argue that rational choice explanations for drug use have overshadowed the impulsivity which is also associated with drug consumption. Individual decision-making is intertwined with social and environmental factors as well as changes in popular culture. The most notable drug culture development in recent decades has been the emergence (and subsequent expansion) of the dance music scenes from the 1980s and associated stimulant and psychedelic drug use (Aldridge et al. 2011).

It is important to explore the variety of reasons for drug taking in order to understand how people self-identify with this behaviour. By understanding the sociological meaning and motivation of drug use we can better theorise its place within society (Hammersley, 2011). Drugs have both functional and recreational effects, which create meaning and motive for use (Goode, 2005). It is important to acknowledge different types of substances and their effects, but in general, the pursuit of pleasure is one of the key motivations for drug taking (Boys et al., 2001; Hincliff, 2001; Measham, 2004; Hunt and Evans, 2007; Moore, 2008; Rodner, 2006 Pennay & Moore, 2010 and Williams, 2013). Pleasure and the positive benefits of drug use need to be explored beyond the physiological effects of the drug to include both contextual and cultural experiences (Zinberg, 1984 and Duff, 2003, 2008). This section describes motivations for the most prominent drugs used within the recreational repertoire, acknowledging the interplay between pleasure, positivity, context and culture.
Cannabis continues to be the most widely used drug within the UK. The main positive function identified by users is to relax and unwind. It is often used within the home and is a solitary or small group experience (Parker et al., 1998; Measham et al. 2001; Hammersley, 2006 Williams, 2013). However, cannabis does have links to Rastafarian culture as well as music scenes, such as hip hop (Golub et al., 2005 and Sandberg, 2012). Ecstasy is widely associated within dance music scenes and rave culture (Hincliff, 2001, Williams, 2013). The effects of ecstasy identified by previous studies include: euphoria, increased confidence, ability to stay awake, dancing, feeling of unity and togetherness and escapism from everyday life (Parker et al. 1998; Malborn, 1999; Williams and Parker, 2001; Measham et al. 2001; Hutton, 2006; Duff, 2008; and Williams, 2013). In addition, Hunt and Evans (2007) separate the immediate pleasures associated with ecstasy with longer term pleasures linked to identity and self-image. For instance, individuals stated that ecstasy increases sociability, which helps to overcome insecurities and issues of confidence in social situations.

Cocaine is linked to club culture, however is also linked to small group settings, which focus on low level interaction, such as talking and laughing. Previous literature associates cocaine use with bars and pubs as well as more privately within home (Pearson, 2001 and Ward, 2010). Research demonstrates cocaine has functional benefits associated with its stimulant properties, which combat tiredness and increases longevity within a particular social event. In addition, it is reported that cocaine gives users the ability to consume alcohol without the associated feelings of drunkenness (Pearson, 2001, van de Poel et al., 2009, Aldridge et al., 2011 and Williams, 2013). Ketamine is a contested drug within recreational drug scenes associated with dance music. Research emphasises conflicting opinions about the enjoyment of ketamine due to its sedentary effects on functionality and control (Riley et al. 2008). However, it has become prominent within some clubbing scenes in the past decade, and is often associated with a newer generation of drug takers. The pleasurable effects relate to a childlike state of giggling and foolishness (Measham and Moore, 2008 and Riley et al., 2008).

Hallucinogenic drug use, particularly the use of LSD or acid has decreased in popularity in the recreational sphere in the past two decades. It is historically associated with hippie culture and the first ‘summer of love’ period in the late sixties and the second summer of love in 1988 (Cohen, 2002; Blackman, 2007 and Aldridge et al., 2011). It is associated with
notions of: free love, creative expression, and anarchy. Authors of the normalisation thesis note that it was a popular drug within the NWELS study within the first waves of the survey data, however use decreased as individuals got older. This could be a result of the changing preferences of drugs within youth culture as well as a decrease in availability (Aldridge et al., 2011). Notely (2005) identified a group of drug takers in her research whom she termed ‘searchers’ whose primary drug of consumption was LSD. She found that motivation for drug use within this group was less about leisure and hedonism and more about creativity, enlightenment and self-discovery. The ubiquitous work of Alexander Shulgin together with his wife Ann describes the journey of self-discovery and greater philosophical meaning as a result of hallucinogenic drug use drug, see for example: PiHKAL and TiHKAL (Shulgin and Shulgin, 1992 and 1997 respectively).

When examining motivations for drug use there are a number of individual, social and cultural factors that contribute to the decision-making process. At an individual level, it is important to recognise differentiated taste and preference. People may prefer drugs that stimulate or relax, or may choose to take different drugs depending on their mood and purpose. The effects of a drug may also impact some individuals differently to others. In addition, preferences for particular effects differ between users, even of the same substance. For example, Measham and Moore (2008) noted that some individuals preferred the intensity of ketamine in larger amounts, whilst others preferred smaller doses for a more mellowed experience. The issue of criminality and deviance can heighten drug pleasure, as people enjoy the thrill of engaging in deviant behaviour (Katz, 1988 and Hunt and Evans, 2007).

Context and environment also affect decisions to take drugs. Zinberg (1984) theorised about the influence of set and setting on drug use. Set refers to the attitude of the individual at the time of drug consumption and setting relates to the physical and social surroundings in which drug taking occurs. Setting shapes both individual decision making and the accepted practices and rituals in social spaces (Zinberg, 1984). Drug setting is linked to positivity and pleasure, where people enjoy shared experiences, bond with others through similar interests and gain a sense of identity and belonging (Hunt and Evans, 2007; Aldridge et el., 2011; Hammersley, 2011; Williams, 2013). The expansion of the night-time economy in the past two decades has incorporated nuanced differences in ‘mainstream’ dance culture and
underground micro music scenes (Hutton, 1999 and Measham and Moore, 2009). In addition, the increasing popularity of music festivals both nationally and internationally has created new contexts for drug taking. House parties and after club parties are also a popular way of socialising in more intimate social circles (Ward, 2010).

More broadly, early theories link an increase in drug use with a shift in late modernity to consumption and pleasure (Measham and Shiner, 2009) and changes in identity formed through notions of freedom and individuality (Riley et al., 2008 and Shiner, 2009). Measham and Shiner (2009) are two major contributors of the normalisation debate from opposing perspectives, who returned to the debate a decade after the framework was developed. They both recognise the period of change in the nineties where there was a rise in young people’s drug use but disagree about how this change emerged. They agree increases were influenced by a structural change within society that goes beyond the notions of individualism and rational action models that were predominant in early development of the thesis. Cultural factors influence drug taking as they shape both the acceptability and availability of drugs over-time (Williams, 2013). The pioneers of the normalisation thesis argue that culturally, ‘sensible recreational drug use’ is an accommodated part of youth culture. The authors stress this is related to attitudes towards drugs rather than majority incidence of drug taking: ‘where it joins many other accommodated ‘deviant’ activities such as excessive drinking, casual sexual encounters and daily cigarette smoking (Aldridge et al., 2011: 202). What is significant is that young people no longer find drug use an extraordinary activity and regardless of whether they use drugs, or morally agree with drug taking, drug use is acknowledged as a part of young people’s leisure and recreation.

The vast majority of research is associated with young people’s motivations for drugs, which incorporates individual, social and cultural influences. Longitudinal research and the small body of work which focuses upon adult recreational drug use suggests that drug preferences are not static and change over time (Notley, 2005; Ward, 2010; Aldridge, 2011 and Williams, 2013). There is evidence that older recreational drug taking is linked to more intimate socialisation, such as talking and laughing in the pub (Pearson, 2001), or within the home (van de Poel et al., 2009) and within tighter friendship networks that do not openly permit strangers (Ward, 2010). This indicates changes in drug consumption in adulthood, which are linked to setting. The context in which drug use occurs needs to be explored as it captures
the accepted cultural practices both within certain peer groups and associated within certain environments.

The cultural accommodation of sensible recreational drug use is an important consideration for this thesis. All participants are aged thirty and above and have therefore experienced the rising levels of drug use in the 1990s associated with the emergence and divergence of dance music with the UK (Aldridge, 2008). The individuals interviewed for this thesis are therefore part of a generation in which drug use is argued to be normalised and associated with experimentation and fun. This will have influenced the types of drugs that have been both available and accommodated within their peer groups. Other structural influences may also affect availability and choice. For example, the recent economic crash of 2008/2009 can affect price and accessibility of substances, which can increase or decrease types of consumption (Brettville-Jensen, 2011). In support of the normalisation thesis, it is somewhat irrelevant whether participants were active members of these scenes, as cultural acceptability is associated with the type of drug use that exists when people are growing up within a particular period of time.

2.1.5 Assessing the meaning of drug use: negotiating the pursuit of pleasure with the concept of deviance

Previous research presented within the preceding section shows drug use to be motivated by individual, social and cultural pleasures. However, the positive aspects of drug taking must be negotiated alongside perceptions of drug use as unhealthy, immoral and criminal behaviour (Bright et al, 2008). Moore (2008) and Duff (2008) argue drug pleasures are overlooked, with risks and dangers associations dominating academic and policy discussion. They argue this absence is partly related to the ambiguity in definition; pleasure is felt and therefore difficult to verbalise. Duff (2008) argues that westernised societies are often reluctant to discuss feelings of personal pleasure associated with the body due to cultural preferences for privacy, which links pleasure to notions of immorality and sin.

Drug pleasure is also linked to undesirable pro-drug discourses, which are fiercely avoided in public rhetoric due to the dominance of legal and health discourse. In explaining their drug use, individuals engage in a negotiation of the positive aspects of their behaviour, as well as
the dangers and risks (Williams, 2013). This thesis therefore addresses how pleasure is discussed within narratives describing personal drug use, specifically whether the pursuit of pleasure is a valid motivation for consumption and how this is negotiated alongside notions of criminality and deviance.

In order to accomplish this, the thesis draws from Sykes and Matza (1957) ubiquitous ‘theory of neutralisation’, which applies a conceptual understanding of deviance from those who engage in deviant and criminal activity themselves. This focuses on the ways in which individuals rationalise deviant behaviour in order to protect self-image and avoid blame. Sykes and Matza argue that rationalisations precede the act of carrying out the behaviour, but there is not a causal relationship between neutralisations and crime, i.e. they do not affect the act of the crime but act as a justification for delinquent behaviour. In addition, justifications must be distinguished separately from excuses, the former accepting responsibility for the action and the latter denying responsibility (Scott and Lyman, 1968).

Matza and Sykes five techniques of neutralisation have been applied to research with those who commit crime and engage in deviant acts. The five techniques comprise of: (1) the denial of responsibility, (2) the denial of injury (or harm), (3) the denial of victim, (4) the condemnation of the condemners, (5) and the appeal to higher loyalties. All could be applied as justifications for recreational drug use. The appeal to higher loyalties is relevant to the magnitude of research which shows recreational drug use is peer influenced (for instance: Becker, 1963, Young, 1971, Parker et al., 1998, Boys et al., 1999 van de Poel et al., 2009). The condemnation of the condemners is associated with drug users who reject the legitimacy of drug laws (Young, 1971, Husak, 2002 and Rodner-Szinitzen, 2008). The denial of injury and the denial of victim relates to arguments that recreational drug use causes little harm outside of the personal health and well-being of drug taking individuals (Peretti-Watel and Moatti, 2006).

Maruna and Copes (2005) outline the continued significance of the neutralisation theory but argue that existing research is often analytically limited to a list of the five techniques. They argue that previous use of the method has gone little beyond a basic understanding of neutralising guilt rather than specific theory testing. For example, many justifications for behaviour would indicate that the respondent believes they are delinquent. The nature of
the offense largely relates to the technique used (Benson, 1985) this has largely been ignored by researchers analysing the techniques of neutralisation. To fully understand the different neutralisation techniques it is important to examine each one, how they are used and for what purpose to understand the associations of deviance involved in a particular behaviour (Maruna and Copes, 2005). It is valuable to apply the techniques within this thesis to establish how recreational drug use is reasoned and justified in adulthood as there may be alternative factors that affect how it is accounted based on preference, circumstance and status. Using this approach to understand reasoning for drug use is also important for debates around the relevance of criminalisation in deterring drug use, and further examining the credence of the law on decisions to abstain from drugs (Reuter and Stevens, 2007; TDPF, 2004, 2007, 2009; The Police Foundation; 2000).

Aldridge et al. (2011) tackle the issue of neutralisations in response to critique of the normalisation thesis from Shiner and Newburn (1996 and 1999). They agree that drug takers neutralise their behaviour due to the legal and health implications of their activities, but argue this is not because they believe their behaviour to be morally wrong, but they are justifying their drug use as ‘non-problematic’ to deflect criticism from judgemental others. These are termed ‘good neutralisations’ (Maruna and Copes, 2005) and signify the otherwise conforming lives of these recreational drug takers.

Examining the stigma of deviant activity is especially relevant to this research as the criminality involved in drug taking is the only unlawful behaviour participant’s engage in. Exploring unlawful activity by functional and conforming adults broadens our understanding of deviance and criminality beyond that associated with youth sub-culture. It is relevant to situate drug taking behaviour within wider social conformity and examine how it is justified. Those who are integrated and have a stake in mainstream society, such as: economically through careers, within the roles and responsibilities of families, through their commitment to paying rent and bills, and taking on financial responsibilities such as mortgages. Their conforming lifestyles could therefore offer greater credence to justifications for drug use as they have established and high-functioning lives outside of their use. Participants may use additional techniques of neutralisation, which are relevant to their age and status in society. For example, it has been argued that drug takers present themselves as legitimate social actors, in family life, employment and as responsible citizens (Warburton et al., 2005;
Mayock, 2005; Askew, 2005 and Bahora et al., 2009).

2.1.5 Summary

This section has explored current academic understanding of recreational drug taking and has identified gaps in the literature this thesis will address. Longitudinal quantitative data shows statistical decreases in drug use from the mid-twenties age range onwards, as well in a decline in drug taking since its peak in the mid-1990s (Shiner, 2009 and Home Office, 2012). Aldridge (2008) theorises these declines in drug use in two ways. The first is through the ‘period effect’, where individuals take fewer drugs as they get older. The second is the ‘cohort effect’, where newer generations of young people are less drug involved than those growing up in the 1990s. On closer inspection of the latest version of CSEW there are slight increases in past year drug use for those aged 30 and over (Home Office, 2012). Qualitative research uncovers a more complex picture of transitions into adulthood and changing patterns of drug use (Williams, 2013 and Ward, 2010). More research is needed to achieve a better understanding of the diversity of drug use within society outside of the young recreational and problematic dichotomy.

The majority of research on recreational drug use has been conducted with young people. The application this has to adult populations is therefore unclear. Further exploration is needed to understand the meaning and motivation of drug use for older generations of drug takers. This could be dependent on factors such as: life stage and competing priorities within everyday life, changing preferences associated with drug effects and leisure pursuits; as well as the cultural milieu and acceptability of certain substances and behaviours for different generations of people.

Research concerning adult recreational drug use does exist, but is of limited scope and requires further exploration. For example, it focuses on drug use within early adulthood (Ward, 2010 and Williams, 2013), it emphasises desistance rather than continuation of drug taking (Kandal, 1980; Bachman, 1997; Vervaeke and Korf, 2006, Shiner, 2009, Measham et al., 2011), and is based on ethnographic work focusing on certain substances (Pearson, 2001). This thesis therefore broadens the scope of current knowledge by exploring older drug takers from the age 30. It focuses on meaning and motivation for current use and maintenance of drug use within individuals’ lives. Furthermore, it incorporates a variety of
substances and types of drug taking behaviour. It will offer insight into whether age is a factor that affects the: incidence, type, and meaning and motivation of drug use for a group of individuals.

It is necessary to explore parameters of acceptability of drug taking behaviour by those who take drugs themselves, as this has not been directly addressed within other studies within the area. Motivations for drug taking are based on a number of factors. Firstly, they relate to personal preferences for effects – some may prefer stimulation, others relaxation. Secondly, they are linked to context as different drugs are taken within different scenarios and environments. For example, ecstasy is associated with dance music and public spaces, whereas cannabis is often smoked within the home. Finally, motivations for drug use are affected by culture – this is connected to the era in which people grow up and the types of drugs that are available and accessible to them. A lot is known about young people’s motivations for drug use, however further exploration is needed into adult drug taking behaviour to assess the evolution behaviour in this context. Pleasure may be a key motivation for drug use for adults and it is interesting to discover whether it is used to reason and justify their behaviour.

Sykes and Matza (1957) techniques of neutralisation are applied to further understand how individuals reason and negotiate their drug taking behaviour. Evidence of ‘neutralisations’ within the narratives will indicate that participants feel they need to defend their behaviour, but a willingness to do so shows they feel they can. This thesis will draw on recent neutralisation theory development by Maruna and Copes (2005) and Aldridge et al. (2011) who emphasis that neutralisations do not necessarily indicate that individuals feel they are wrong or deviant, but are trying to defend their behaviour in light of moral and legal opposition to their actions. This thesis assesses how drug use is ‘justified’ and ‘legitimised’ by adults with conforming lifestyles and broadens our understanding of the acceptable parameters of behaviour by drug takers themselves. The next section of the literature review addresses the issue of drug use as deviant activity in further detail.
2.2 Drug use, deviance and the micro social world

2.2.1 Introduction

In order to explore whether illicit drug use is considered deviant by drug takers, it is important to understand the term deviance and its meaning within society. Whether debating the intrinsic link between the two or discussing their associations in a more abstract way, drug use and deviance have a long history of theoretical debate. There is as much disagreement in the literature as there is consensus, partly due to the disparity of the subject matter: a variety of substances, diverse users, various settings and a multitude of reasons for use that are bound under one law. Theoretical debates about deviance and drug use have followed a revolving pattern, with recent theories such as the normalisation thesis in the late 1990s, having much in common with early pioneers of the debate: Howard S. Beckers’ *Outsiders* in 1963 and Jock Young’s the *Drugtakers* 1971. What remains important is not only exploring the meaning of drug taking behaviour for users, but also the reaction to this behaviour from others within society.

This section demonstrates the relevance of labelling theory in understanding deviance, in particular how drug use is considered deviant by some and not others. This is a consequence of exposure to drugs and socialisation within drug taking contexts. The concept of privacy is also addressed, specifically how it relates to the distinction between ‘personal’ and ‘deviant’ behaviour. The normalisation thesis is relevant to young people’s sensible recreational drug use and further research is required to examine whether it is also significant for adult populations, particularly as the participant group will have grown up within a generation where recreational drug use is argued to have been culturally accepted (Parker et al. 1998; Measham et al. 2001 and Aldridge et al. 2011).
2.2.2 Theorising deviance: labelling theory and the drug taker

From the 1930s the notion that deviance could be understood by solely looking at individual pathology has largely been rejected within the sociology of deviance. Shiner (2009) provides a recent critique of the literature. He describes early explanations by the Chicago School of criminology, which proposed that deviance could be explained by looking at class structures and the spatial distribution of social problems, and how this could be understood in relation to urban development. This was challenged by theorists who emphasised broader structural changes within society at that time, for example in response to rapid social change and the rise of individualism, competition and acquisition (Tannabaum, 1938) as well as social interaction and cultural conflict (Lemert, 1948). It was not until the 1950s and 1960s that there was a theoretical shift from explanations of deviance to an understanding of the concept of deviance itself, not as uniformed behaviour but as a label ascribed to certain actions and in particular, certain actors.

The connection between drug taking and deviance is held in the epistemological understanding of behaviour, not just in actions but the ways in which these actions are given meaning through language and social interaction. This is based on social constructionist epistemology, specifically how language creates rather than reflects society. Deviance is therefore a social construct. Here labelling theory or as the pioneer Howard S. Becker prefers, ‘the interactionist theory of deviance’ (See Chapter 5 – Labelling Theory Reconsidered - in Becker’s revised edition of Outsiders in 1991) is the starting point for the debate. This perspective was first introduced by Becker who argued that deviance is not an act but a label assigned to certain behaviours deemed outside the norms of society. Rather than seeking to unearth why people act in deviant ways, Becker focused on the meaning of deviance and why particular forms of behaviour are disapproved of, by whom, and for what reason:

*Deviance is created by society. I do not mean this in the way that it is ordinarily understood, in which the causes of deviance are located in the social situation of the deviant or in ‘social factors’ which prompt his action. I mean, rather that social groups create deviance by making the rules whose infraction constitutes deviance and by applying those rules to particular persons and labelling them as outsiders. From this point of view, deviance is not a quality of the act a person commits, but rather a consequence*
The deviant is one to whom the label has successfully been applied; deviant behaviour is behaviour that people so label. (Becker, 1963: 152).

Becker argues that society is constructed by the collective interaction of social groups within localised environments. Here different sets of norms and values are created, which may or may not reflect those of wider society. He asserts that certain actors and actions are more likely to be reprimanded than others, and status and power influence what actions are labelled deviant within society. This is understood as a working class and middle class disparity and what Becker termed the distinction between rule breakers and rule enforcers. Those who enforce the rules have power to condemn other people’s behaviour and those who do not conform to the rules within society are considered the rule breakers. These people are considered deviants and ‘outsiders’.

There is no uniformed agreement of values and norms in society as different social groups behave in different ways dependent on learned behaviour through socialisation. Those with power in society determine the laws in order to govern behaviour; therefore the rules benefit some and discriminate against others. This causes conflict and inequality within society and leads to some people being labelled deviant for their behaviour and not others. To illustrate his theory about deviance, Becker uses the example of a marijuana smoker to highlight the difference between the norms and values held by society as opposed to individual drug users. He suggests that individuals are not driven to smoke marijuana through deviant tendencies but are introduced to the drug through social interaction and learn to enjoy the process as something that facilitates pleasure. This is supported by research presented in the last section, which acknowledges pleasure associated with drug use. For example, within dance music scenes there is shared pleasure and unity from taking ecstasy. Through the collective social interaction associated with clubbing, people describe a sense of belonging to something unique, where they experience new friendships and strengthen relationships (Riley et al, 2008). Drug takers also talk of the enlightenment of drug taking which has resulted in broadening of perceptions and subsequently contributed to a more positive outlook on life (Hunt and Evans, 2007). In this sense, drug use is not considered a deviant activity by some groups of people, but is a culturally accepted form of behaviour within certain contexts.
Becker’s work was followed by Jock Young (1971) in his book *The Drugtakers*. Young also focused on the importance of social interaction in determining action and behaviour. He argues that the legal status of a substance does not necessarily account for whether it is labelled deviant within social groupings. For example, alcohol is legal in the UK and some groups, such as those practising the Muslim faith would consider it deviant to drink. Tobacco is legal within UK society but it is becoming more socially deviant to smoke increased legislation and regulation as well addictiveness and the well-documented health risks and mortality related illnesses. This demonstrates that not all deviant behaviour is classified as criminal and not all criminal behaviour is considered deviant, as the following extract from Young highlights:

‘Not all drug takers choose to accept the definitions of drug use taken as given in society. Some come together realising that they have similar problems and collectively evolve a new solution. They create a culture where drugs are used, but the drug is given a different meaning from that existing previously’.

(Young, 1971:91)

Labelling theory argues that an individual cannot be considered inherently or wholly deviant within society. Firstly, people do not act in deviant ways with every action (Eriksson, 1964). Secondly, deviance is relative to an individual’s own micro social world and what some people will categorise as deviant, others will not (Becker, 1963 and Young, 1971). Finally, individuals recognise their behaviour to be deviant through the justifications they make about their behaviour (Sykes and Matza, 1957). This must also apply to conformity and no individual can therefore be acknowledged as behaving in entirely conforming ways. Deviance and conformity are subjective concepts, in which no person can always act within either extremity. Labelling theory can therefore be used within this thesis to explore the conceptual understandings of deviance for ‘otherwise conforming adults’ as they cannot be viewed as ‘outsiders’ in terms of their integration into mainstream norms and values. Furthermore, the research explores perceptions of deviance by individuals for whom drug taking has been a consistent aspect of their lives and drug taking therefore is not deviant from their routine existence. In this sense, the concept of deviance is likely to bring about new meaning in the study of drug taking behaviour.
2.2.3 Openness about drug use: privacy versus concealment

Exploring drug use as a deviant activity requires a discussion of openness and privacy about this behaviour. Becker refers to ‘secret deviance’ and argues an act is only labelled deviant when it is publically exposed and punished as such. He suggests that individual acknowledgement of one’s own behaviour as deviant is important to the application of the label in society. This demonstrates an important distinction about the personal and the private, which is especially relevant in the case of drug taking. Drug use is often a guarded activity, which takes place in private or semi-private settings (van de Poel et al., 2009), for example, the use of cocaine in toilet cubicles in bars or clubs. In his study of drug use within a friendship network of adults, Pearson (2001) acknowledged that cocaine use was undetected by himself at the beginning of his ethnographic research as it was much more hidden than cannabis smoking. This shows that the use of certain drugs may be more concealed than others. This thesis therefore further explores the reasons for privacy and discretion associated with distinct substances, and specifically how this is negotiated amongst adult populations.

Privacy around drug use is related to the illegality of certain substances in order to avoid detection and sanction. The successful concealment of this behaviour is often cited as the main reason the law does not have an instrumental effect in deterring drug use (Duster, 1970 and Reuter and Stevens, 2007). This questions whether drug use can be considered deviant by the individual if behaviour continues to go undiscovered and unlabelled. Exploring whether privacy relates to fear of being morally judged by others, allows an examination of deviance at the micro social level.

Warburton et al, (2005) found that heroin use was hidden from certain people as an important aspect of control. The authors found that this was employed to protect self-image through fear of being labelled a 'junkie' or and 'addict' in wider society. In this sense, drug takers are aware of the stigma attached to dependent drug users and work to avoid having this stereotypical image attached to them. Again different drugs should be explored separately as some may be attached to negative stereotypes more than others. For example, heroin and cocaine are associated with physical and psychological dependency and therefore may result in this drug use being more hidden than others.
There is ambiguity around the reasons for which drug use is kept a private activity. Illegality plays a part as consumption requires discretion to avoid detection from judgemental others and to protect from criminal sanction. However, not all private behaviours are kept as such because they are considered deviant, it could be they are considered personal and therefore belong in the private realm. Knowledge and discussion of behaviours relating to sex, personal finances and ill-health are often considered private from broader public knowledge (Warren, 2010). Privacy is considered a fundamental human right in westernised societies and is recognised under Article 8 in the Human Rights Act 1998 in the UK. There is a wide volume of work, which considers the right to privacy, which covers home life and correspondence, including Elias theorisation, 1969, 1994 and 2000 of the civilising process. This relates to personal freedom and right to privacy associated with mind, body, and context. The right to privacy is related to freedom to control body and mind, which dates back to John Stuart Mill’s ‘On Liberty’ first published in 1859. Context is important with different behaviours being acceptable within the public and private realms. Goffman’s (1959) pioneering work ‘The Presentation of the Self in Everyday Life’ emphasises the importance of both environment and socialisation on affecting behaviour exhibited in certain environments. Young (1971) makes the distinction between appropriate behaviour within the ‘subterranean world of play’ compared to the world of work. It is therefore important to consider the reasons for privacy around drug use in order to explore whether it is a private activity because it is considered personal or deviant.

Central to the arguments of Becker and Young is the complexity in understanding the individual versus the collective. Here the emphasis is taken away from reasoning individual actions and motives to the divergence between micro and macro conceptions of deviance within society. To understand the influence of the condemnation of drugs, it is important to undertake research with people who take drugs themselves. This requires a three tiered analysis of the reaction to drug use within the participants’ lives, which includes: the perception of their own behaviour, as well as their understandings of it within both their micro social world and within wider society more broadly.
2.2.4 Contemporary debates on deviant drug taking

British subcultural theory argues that youth subcultures are associated with resistance to mainstream power. Cohen (1972 and 2002) asserts that society’s response to subculture is influenced by media representation, which is steeped in fear and concern as each generation brings about changing patterns of youth lifestyles. Cohen describes a moral panic as:

‘a condition, episode, person or group of persons emerges to become defined as a threat to societal values and interests; its nature is presented in a stylized and stereotypical fashion by the mass media; the moral barricades are manned by editors, bishops, politicians and other right thinking people; socially accredited experts pronounce their diagnoses and solutions; ways of coping are evolved or (more often) resorted to; the condition then disappears, submerges or deteriorates and becomes more visible.’

(Cohen, 2002: 1)

Young people’s drug use continues to be associated with moral panics within contemporary Britain, most notably around ecstasy use beginning in 1995 after the death of Leah Betts (Newcombe, 1997). Leah Betts was a teenager from a middle class family who died after taking ecstasy on her 18th birthday. There was a widespread campaign (initiated by her parents) within Britain warning young people of the dangers of ecstasy under the proviso that one pill can kill. It was later revealed that Leah had died as a result of excess water consumption, rather than a direct result of the ingestion of the ecstasy tablet (Newcombe, 1997). A more recent drug related moral panic in Britain has focused upon new psychoactive substances such as mephedrone, which was banned in April 2010 after the dominance of negative press, specifically the coverage of the deaths of Louis Wainwright (18) and Nicholas Smith (19) from Lincolnshire. Mephedrone was implicated by the media as a cause of their deaths and was a key driving force behind the ban of the drug. However, the toxicology report revealed that the cause of death was a consequence of a number of substances: alcohol, ketamine and methadone (the prescribed substitute for heroin dependence) and there was no mephedrone found in their systems (Sare, 2011). This demonstrates that drug use remains a highly contested activity within mainstream society, with a clear opposition from media and political institutions, which influence how drug use is perceived and represent anti-drug attitudes within society.
As the previous section described, the normalisation thesis was introduced to explain recreational drug use as culturally accepted rather than deviant activity within youth (Parker et al. 1998; Measham et al. 2001 and Aldridge et al. 2011). The thesis is subject to on-going debate, which is deeply embedded within opposing perspectives on drugs and their associations to risk and danger. For example, the drug driving adverts in the UK launched in 2008 ([http://drugdrive.direct.gov.uk/](http://drugdrive.direct.gov.uk/)) could be interpreted as both support and rejection of the normalisation thesis. The campaign depicted a group of young people driving home after a night out after taking stimulant drugs. The eyes of the driver had been enlarged through computer generation, with the tag line: ‘drug driving: your eyes will give you away’. This conveys a warning to young people that their drug use can be detected by the authorities. The government’s delivery of the campaign could be interpreted in both support and rejection of the normalisation thesis. On one hand, the campaign clearly acknowledges the widespread use of illegal substances. Furthermore, it is focused on drug driving (likened to drink driving) rather than an overall drug deterrence message. On the contrary, it could be argued the campaign clearly associates drug taking risk and danger and does not indicate an acceptance of drug use within society. The message overall is therefore anti-drug, which some may argue rejects normalisation.

This demonstrates inconsistencies in the definition of ‘normalisation’ and highlights the relevance of Becker and Young to our contemporary understanding of deviant drug taking behaviour, as behaviour can be viewed in different ways. Nevertheless, the normalisation thesis is conceived as a barometer to examine drug use as deviant activity (Parker, 2005). Recent studies into cannabis use in Norway (Sandberg, 2012) and Canada (Hathway et al., 2011) indicate that cannabis is still considered an oppositional and sub-cultural activity. Rodner-Szinitzen (2008) supports the existence of normalisation at the micro level. The narratives of the recreational drug takers within her study referred to their controlled use of drugs and the rejection of drug laws within society. Furthermore in support of the thesis, drug takers refer to the pleasures around drug taking within their narratives (Pennay and Moore, 2010). This indicates that some individuals who take illicit substances feel they have a voice as a drug taker and can reason their use as legitimate. This has been demonstrated by Measham et al. (2011) and Aldridge et al. (2011) in discussions of how drug takers rationalise their drug use alongside their otherwise conforming lives. This does not mean
they believe themselves to be inherently deviant, but can demonstrate their understanding that it is an illegal activity that others may find morally wrong.

The term ‘deviance’ is most commonly associated with young people, indicating a period of resistance before the conformity of adulthood. By conducting research into drug use, which focuses upon adults who lead otherwise conforming lives allows for an isolated examination of the normalisation thesis. On one hand, recreational drug use maybe legitimised within youth as a time which is associated with freedom from responsibility and experimentalism with ‘deviant’ activities. Drug use may therefore be further condemned within adulthood due to its inappropriateness due to increased roles and responsibilities. Conversely, recreational drug takers could have greater legitimacy within adulthood as individuals are established within society, have controlled their use over the life course, and exhibit function alongside this behaviour. It is necessary to develop the normalisation literature outside of youth culture as current knowledge is limited. It is especially relevant for this study, as all participants have experienced an era in which drug use became increasingly attached to mainstream leisure activities and is subsequently argued to have become normalised.

2.2.5 Summary

This section has addressed theoretical understandings of deviance as associated with recreational drug use. It is situated within the socially constructed perspective of labelling theory, which emphasises deviance as a societal reaction to behaviour, which has different meanings to different social groups within society (Becker, 1963). The concept of deviance is an important factor when considering the self-perception of adults who take illegal drugs recreationally. This relates to three tiers of reaction. Firstly, with regard to macro deviance relating to activities against the law, which deviate from the norms and values of mainstream society. Secondly, relating to micro deviance and deviation from the behaviour within social environments. Thirdly, relating to the self and whether drug taking is deviant within the lives of the individual. It is necessary to investigate how these three tiers influence an individual’s perception of their drug taking behaviour.
At the macro level, drug takers are working against two competing stereotyped identities: the drug user label and deviant label. Both have strong negative associations which threaten status and legitimacy in everyday life. The evidence of moral panics around drug use represents hostility and condemnation of drugs. However, support for the normalisation thesis shows recreational drug use has moved from a sub-cultural activity towards the mainstream within the lives of young people (Aldridge et al., 2011).

The micro social world is not a homogenous entity in the lives of individuals as the deviant label is not rigid and means different things to different people, groups and cultures. Drug use is a learned behaviour through interaction, which is reinforced through regular use. However, different forms of behaviour contribute to one’s sense of identity and people have competing subject positions, such as: their professional roles, their family relationships, intimate and close relationships, which all represent different parts of their identity. The ways in which people negotiate drug taking subject positions will help inform knowledge about deviance.

Becker (1963) believed that the deviant status has more weighting than other positive aspects of the individual. However, this may not be true for those with a high stake in society and notions of deviance may have different meaning for people who lead otherwise conforming lifestyles. Status, power and function within society may support the integration of sensible and controlled recreational drug use within the lives of adults. This could indicate a legitimate voice of drug taking individuals within society. On the contrary, the long-standing associations of drug use and deviance could amplify guilt and fears of moral judgement for citizens who conform outside of drug taking activity. Adults may therefore feel like they are deviating from their status in society. It is therefore imperative to speak to drug takers themselves in order to understanding the meaning of drug use and its associations to deviance.
2.3 Drug use, crime and society: the negotiation of criminality by otherwise conforming citizens

2.3.1 Introduction

This section explores the associated criminality involved in drug use. It begins by situating the research within the context of current legislation, which prohibits the sale and possession of certain substances and policy which strives for prevention and abstinence. Law and health discourse dominates both academic and policy discussion, but current rhetoric situates the study of drug use within an interesting era of change. This is particularly relevant as the focus on ‘otherwise conforming adults’ allows for the isolated analysis of drug taking and its relevance to criminality and deviance.

The concept of risk is also examined, which relates to the impact of drugs on health as well as the risk posed by criminality. Previous research has found health risks to be of greater concern to drug takers than risks associated with criminality. However, these studies incorporate the views of young people and there could be further implications for adults. For instance, there could be health implications associated with longer term use and there could be an increased threat of criminal sanction due to established and successful livelihoods. This underlines the need for more research about drug use within adult populations.

This section explains structural changes within society from late modernity, which signified a shift to individualism. This is conceptualised as a move towards neoliberal ideology, which prioritises rational action and personal decision making over governmental control over behaviour. This can be applied to justifications for functional drug use, where people make consumption choices, which have little impact on progression and success within their lives. It is also appropriate to refer to resistance of state control, where drug use can be categorised as a form of self-empowerment. This is particularly relevant in times of austerity when citizens are disgruntled with political governance of their country.

The relevance of neoliberal ideology to the thesis leads onto discussions about the relevance of theories of compliance with the law (Tyler, 2006) and situational action theory (Wikstrom, 2006). These would assume that drug takers do not believe their behaviour to
be immoral and in addition, they may challenge the criminalisation of certain substances as a whole. These theories may therefore offer explanations for how drug takers justify their decisions to take drugs further. The utilisation of discourse analysis within drug research has become an expanded area of study within the field in the past decade, particularly in Australia. The majority of this work has focused upon a critical discourse analysis of policy documents or the study of problematic and chaotic drug use. This demonstrates the need to develop form of analysis within a recreational context. This helps to establish whether criminal and addict identities are resisted within the narratives and furthermore, whether there is a legitimate voice for recreational drug takers within society.
2.3.2 Drug Policy and The Misuse of Drugs Act 1971: the law and policy in context

Individuals engage in illegal behaviour when they take substances that are classified under the Misuse of Drugs Act 1971 (MDA). The participants in this study admit using illicit drugs in the past year, although drug use itself is not a crime, the possession and sale of these substances are against the law. The MDA classifies ‘controlled substances’ into a three tier system (from A to C). Drugs within the Class A tier (for example heroin, cocaine, ecstasy, LSD, ‘magic’ mushrooms and amphetamines prepared for injection) are deemed the most harmful and therefore carry the highest penalties for possession (maximum of seven years) and distribution (maximum of life). Those in Class B (such as, cannabis and barbiturates) carry a five year maximum sentence for possession and 14 years for supply. The lowest tier is Class C which carries a two year maximum sentence for possession and 14 years for supply and includes: ketamine, benzodiazepines, anabolic steroids and GHB. This act restricts: the importation and exportation of controlled drugs; the production and supply of controlled drugs; and the possession of controlled drugs (MDA: 1971).

Seddon (2010) provides a comprehensive evolutionary assessment of drug policy in the UK. He confirms that the control and management of certain substances dates back to the late nineteenth century, with a notable shift to the current classification system beginning with 1920 Dangerous Drugs Act, which later developed into the 1971 MDA. Several studies also look at the history of British drug policy and describe changes in political approach over the last 30 years (see Duke, 2006; MacGregor, 2006; Coggans 2006; Seddon et al. 2008). They, like Seddon (2010) describe a shift in focus from harm reduction in the 1980s to criminal justice in the late 1990s and beyond. In the 1980s, AIDS and HIV became prolific within the intravenous drug using population (IDU). This necessitated a public health drive towards harm reduction strategies by the Thatcherite government, which was implemented through widespread campaigns and the introduction of needle exchanges, which aimed to increase awareness about the transference of blood borne viruses (BBV) through the sharing of drug using paraphernalia.

As harm reduction strategies became established within treatment services, drugs policy became increasingly centred on criminal justice strategies. This focus was developed
through the 1995 ‘Tackling Drugs Together’ White Paper devised by the Conservative
government under Prime Minister John Major (MacGregor 2006). It marked a shift towards
enforcement and punishment rather than harm reduction (Duke 2006) and saw the
introduction of Mandatory Drugs Testing, coerced treatment through the Criminal Justice
System with the introduction of DTTOs (later renamed DRR) and a strategic focus on
deterring young people from taking drugs through the Universal Schools programmes
(Coggans 2006). The current coalition government formed in 2010 continued the
unwavering dedication to prohibition. Prevention and enforcement remain at the heart of
the drugs strategy, together with the formation of the recovery agenda (Home Office,
2010). Assisting people with recovery from drugs is a major focus, which incorporates the
clear message of abstinence and the prevention of drug use overall. The government does
not acknowledge the existence of unproblematic or functioning drug use.

The MDA and UK drug policy have received widespread discredit. Buchannan and Young
(2000) examined the principles behind UK drug policy in the 1980s and the 1990s and its
effectiveness in reducing drug consumption and minimising the social consequences of drug
misuse. They argue that the discourse surrounding drug policy is based on prohibition,
punishment and abstinence, which fails to acknowledge the extent, nature and diversity of
illegal drug taking. Buchannan and Young demonstrate how this stance contributes to the
stigmatisation, marginalisation and social exclusion of problem drug users. Seddon et al.
(2008) emphasise the conceptualisation of drug takers as either problematic addicts or
young experimentalists ‘problematises drug policy’ as drug use has conflicting meaning and
consequences for these two groups.

Reuter and Stevens (2007) question the deterrent effect of the law due to an increase in
drug use over the decades. In addition they argue that: very few people are caught and
punished for possession and supply and substances are widely available despite their illegal
status. This is supported by Bahora et al. (2009) and Rosenberg et al. (2008) who state the
ease at which their participants can obtain ecstasy. Measham and Moore (2009) conducted
a study into drug taking in the Manchester night time economy (NTE), which found up to
91% of those entering a club, had taken or planned to take illicit substances on the night of
research. Shiner (2003) highlights the widespread use of ecstasy and LSD illustrates that
illegality is not deterring use but is criminalising numbers of young users. Furthermore, evidence suggests fear of criminal reprisal is not cited as the main reason young people abstain from drugs; it is rather: the lack of interest and curiosity; peer influence; as well as fears about the physical and physiological damage, which are most closely associated with reasons for abstinence (Rosenburg et al., 2008; Fountain et al., 1999; McIntosh et al. (2005) and Vervaeke et al., 2008).

Those who petition for change stress the need for alternate strategies for UK drugs legislation and policy. They argue a shift in focus from enforcement and prevention to health and harm reduction is necessary (Police Foundation, 2000; McKeganey, 2007; Nutt et al. 2007; UKDPC, 2012). As demonstrated in previous sections, non-problematic drug use is largely ignored from policy (Parker, 2005; McKeeganey, 2007 and UKDPC, 2012). The UK Drugs Policy Commission issued a report in 2012 ‘A fresh approach to drugs: the final report of the UKDPC’, which argues that policy needs to respond to the different meaning and motivations for drug use. The report acknowledges that not all drug use is detrimental and problematic and more harm reduction advice is needed to support people:

Taking drugs does not always cause problems, but this is rarely acknowledged by policy makers. In fact most users do not experience significant problems, and there is some evidence that drug use can have benefits in some circumstances. Drug policy also does not take into account the different reasons that people take drugs or can become addicted. In short, there is not a single drug problem and so we need a variety of solutions to a variety of problems

(UKDPC, 2012: 13).

Despite growing discredit and petition for change (see Bucanan and Young, 2000; Police Foundation, 2000; Reuter and Stevens, 2007; Nutt et al. 2007; McKeeganey, 2007; TDPF 2004, 2006, 2011; and UKDPC, 2012), there has been no significant overhaul of the current classification system. The number of prohibited substances continues to increase, most recently with the introduction of the ‘temporary class drug orders’ in 2011. This furthers the powers of government to restrict use and supply by banning new psychoactive substances as they emerge. The Advisory Council on the Misuse of Drugs (ACMD) is then appointed to assess whether the drug should be permanently added to the MDA based on the risks and harm it poses to individuals and society (Home Office, 2011). At the time of writing, methoxetamine (‘mexxy’) was the first drug to be placed under the temporary class ban in
April 2012 and was subsequently classified in category B on 26th February 2013 under the MDA. Other substances such as Benzo Fury (benofuran, 6-APB and 5-APB) and NBOMe have been subject to temporary class drug orders in June 2013 (Home Office, 2013). This provides further evidence of widening the scope of drug control within the UK, with any relaxation in the law seeming unlikely in the foreseeable future.

The normalisation thesis argues young people’s recreational drug use can no longer be categorised as an exceptional and deviant activity. However, the possession and sale of drugs remains prohibited by law and the threat of punishment carries with it severe implications. At its least severe, a criminal record from a warning could limit opportunities for employment and travel to other countries. At the more punitive end of the spectrum, it could result in incarceration. Literature in the area indicates that drug taking can be justified within youth as a stage of experimentalism, hedonism, and the exploration of risky behaviours. The criminality associated with drug use has further implications for adults based on the premise that through increased status and dependent responsibilities, the implications of punishment on livelihoods increases. An exploration of how criminality is negotiated by adult recreational drug takers will examine this issue. The following section draws attention to the existing theoretical explanations, which may help understand why otherwise conforming citizens break the law to engage in drug use.

2.3.3 Negotiating drug risk: criminality versus health

Drugs may be understood to pose danger and risks of various kinds to individuals and society. For drug taking individuals, risk can be categorised by two overlapping factors. Firstly, the possession and supply of substances classified under the 1971 MDA are against the law and therefore carry risks associated with criminal penalties, which could result in a warning, a criminal record, community penalties or even prison. Secondly, drug use is a risk to health through the ingestion of substances that can have harmful effects on physical and mental well-being, as well as accidents or harm that could occur through being intoxicated (Shewan et al, 2004). The two do not exist separately from one another and some would argue that risks to health are increased due to the prohibition of certain substances, for example the unknown purity of adulterated substances regulated by criminal law rather
than product standards (Shewan et al, 2004 and Transform, 2004). Either way, drug taking can be considered non-normative due to the risks involved in this behaviour (Peretti-Watel & Moatti, 2006).

Previous research indicates drug takers are more greatly concerned with health risks than the threat of criminality connected to their drug use. Studies show that individuals assess the risks associated with each drug independently. Heroin and crack are deemed dangerous because of their addictive properties, whereas drugs such as cannabis and ecstasy are deemed less risky (Breeze et al. 2001; Hunt and Evans, 2007; and Williams, 2013). Becker found that marijuana smokers would argue that their use is not as unhealthy as alcohol. Peretti-Watel and Moatti (2006) term this ‘scapegoating’ in order to neutralise drug taking behaviour. In addition, individuals mitigate health risks when making decisions to take drugs (Becker, 1963; Parker et al. 1998; Boys et al; 1999 and Williams, 2013). Examples include: limiting use to weekends or abstaining during stressful periods at work (Vervaeke and Korf, 2006 and Williams, 2013); by drinking water and taking breaks from dancing to avoid dehydration (Hunt et al, 2007), and ensuring drugs are consumed in a safe environment with trusted friends (Rodner, 2006).

This evidence is again dominated by studies with young people and little is known about how this risk is negotiated by adults. Pearson and Shiner (2002) found that attitudes towards drugs mellow as age increases. However, their study did not include self-reports of drug use and perceptions of their own behaviour, as it focused upon the dangers and risks certain substances pose to society more generally. Cannabis was viewed as the least harmful illicit substance, with drugs such as heroin and cocaine argued as the most risky. The older the respondents, the more harm they associated with alcohol and tobacco.

The longer term health risks could be of greater concern to adult drug takers due to extended periods of use. In this sense, the costs of drug use could supersede the benefits if consumption has a negative impact on health. Williams (2013) theorises the concept of risk associated with drug taking decisions in early adulthood (aged 28). She argues that desistence from a drug use is not a straightforward:

"The narratives of the interviews suggest the relationship between harmful health experience and desistence is complex. In some cases, negative effects experienced
when initially trying a drug, for instance LSD, did influence decisions not to take individual drugs again. However, when drug takers were experienced or familiar with a drug, and to some extent it was fundamental to their drug journeys or life, the road to desistence was less certain. In some cases, negative experiences were accepted as part and parcel of the drug taking experience or strategies were adopted to manage them. In others, over time, they led to a reduction in the frequency of drug taking or quantities consumed, whilst for other, harmful effects resulted in temporary desistence and a subsequent return to drug taking, albeit, for some, at a slower pace or a switch to alternative drugs.

(Williams, 2013: 63)

Williams (2013) found that risks associated with the comedown – for instance tiredness, irritability, and paranoia were accommodated by drug takers, they were not attributed as reasons for desistence, but did contribute to a reduction in drug use for some individuals. Beck (1992) and Giddens (1991) theorise the concept of risk in late modernity. They refer to a cultural shift from the reliance on fate and pre-meditated destiny in pre-modernity to a meritocratic, individualistic and self-regulated society in late modernity. They argue that decision making has since become a risk assessment exercise, which in turn has perpetuated cultural anxiety, particularly in relation to health and well-being. Individuals are held responsible for making the right decisions to avoid risky activity.

With respect to changes in drug use and the conceptualisation of risk, Seddon (2010) describes the shift towards neo-liberal ideals in society, which has increased freedom and expanded consumerism, whilst at the same time restricted the use of substances and emphasised the risk of addiction and dependence. This has led to the ‘criminalisation’ of drug policy in recent decades within the UK (Seddon et al. 2008). Elsewhere, Seddon (2010) demonstrates how the theoretical examination drug use is embedded within collaborative disciplines, which elevates the complexity of understanding it within society. This incorporates the discourses of: addiction; economics; freedom and choice; as well as health and morality. Negotiating the risks associated with drug use is therefore not straightforward as competing discourses may contradict one another, resulting in risk related trade-offs. For example, health risks seem to supersede risks of criminality for some drug takers, for example legal drugs can be categorised as more risky than illicit due to health implications (Becker, 1968 and Peretti-Watel and Moatti, 2006).
2.3.4 Neoliberalism and the rise of consumerism

Beck (1992); Giddens (1991); and Beck and Beck-Gernsheim (2002) argue late modernity is synonymous with a move towards individualised society, which represents a shift towards neoliberal ideals. Neoliberalism is a form of economic governance, which conceptualises the ways in which societies should be managed and controlled. Neoliberal policies rose to prominence in the late 1970s and 1980s and are often characterised by the Conservative Thatcher government in the UK and the Republican Regan administration in the USA. This ideology signifies a shift from governmental led social welfare to de-regulation and free market economy where individuals, groups and companies become autonomous in their decision-making and actions. This shift makes individuals more responsible for decision-making within their lives and ensures systems and processes operate to maximise efficiency. Neoliberalism emphasises widespread governmental intervention as a negative impact on society, as it creates a culture of dependency (Miller and Rose, 2008).

The central premise of individualised rational decision-making and action is relevant to the study of deviance and drug taking. Firstly, the emphasis on drug taking decisions is based on the idea of consumerism. Individuals are autonomous agents who, given the freedom, will strive to maximise their progression and potential, which in turn capitalises on their economic and social contributions to society. Miller and Rose (2008) demonstrate the importance of the individual in neoliberalism rationalities in the following extract:

‘A sphere of freedom is to be (re)-established, where the autonomous agents make their decisions, pursue their preferences and seek to maximise the quality of their lives. For neo-liberalism the political subject is less a social citizen with powers and obligations deriving from membership of a collective body than an individual whose citizenship is active’ (Miller and Rose, 2008: 82).

Drug taking is seen as part of free will to make autonomous decisions as an active consumer. However, the threat of addiction associated with drug use would be diminishing personal freedom and therefore is to be avoided. If drug takers can argue their use as controlled then they are ‘normalising’ their behaviour as unproblematic and contest the risk of government intervention (O’Malley, 2002). The neoliberal emphasis on the micro workings of society advocates the freedom of individuals to act in ways which are personally beneficial. In section one of this chapter, research was reviewed that demonstrated drug
use has a positive impact on the lives of adults, which goes beyond the physiological effects of the drug. For example, the use of ecstasy within clubbing contexts is argued to reduce social anxiety and increase confidence in some individuals (Hunt and Evans, 2007). Furthermore, the stimulant effects of cocaine are argued to increase awareness function within social situations (Pearson, 2001, van de Poel et al, 2009, Aldridge et al, 2011 and Williams, 2013). More broadly, drug taking is legitimised as time off from working lives, aiding relaxation and escapism, and to assist with the work/life balance. In this sense, individuals are making rational decisions when taking illicit substances in these ways, which can be argued as increasing productivity in their lives overall.

Riley et al. (2010) found evidence of neo-liberalist ideals within discourses around consumption in a study with individuals who take psilocybin mushrooms. This relates to individuals’ rights to exercise personal freedom; the controlled use of the drug; and their subject positioning as economic citizens by outlining drug use as part of leisure activity. Here the use of the drug is asserting ‘freewill’ and this is categorised as ‘rational’ through the emphasis of control and function within everyday lives. However, Riley et al. found individuals did not feel these views would be supported within wider society and were only relevant within their immediate social circles. Indeed, the neoliberalism ideology does not advocate law-breaking behaviour as the focus is on ‘consumers’ making ‘responsible’ decisions within society.

O’Malley (2002) argues the notion of ‘freedom for rational decision-making’ is in fact making individuals accountable for their actions, i.e. ensuring they negotiate risks, harms and defend their position. This is in fact impinging their freedom and governing people to behave in restrictive ways. This is reminiscent of Thaler and Sustain’s (2009) concept of ‘liberal paternalism’, where people are deemed responsible for making their own choices about health, finance, and welfare but are encouraged to do so in a way that maximises well-being. Drugs are categorised as dangerous and risky, which reduces strength in the argument that they are rationally motivated and positively experienced. Nevertheless, the centralisation of the consumer in society through neoliberal rationalisation paves the way for discourse about rational drug taking behaviour (O’Malley, 2002).
Inglehart (2008) argues that macro changes are a result of post-materialist shifts within culture, where freedom of speech and questioning authority are increasingly viewed as positive ways of being. Here acts of deviance are associated with resistance to authority, power and mainstream ideals. Alongside the emergence of neoliberalism ideals was a rise in the resistance to political power and ideology. Quite different to neoliberalism rationalities, this focused upon the abolishment of discrimination and an appeal for human rights and equality. For example, movements in gay rights, feminism and race equality challenged the state, the law and mainstream institutions. Within criminological literature, Sykes (1974) conceptualised these movements in the 1960s and 1970s through the development of conflict theory. To be deviant indicated a revolution and an alliance of ‘people power’, which was celebrated as a fight for justice and equality. It is therefore relevant to speak about drug use as an empowered statement in resisting state control and influence. This is apparent within opposition to the criminalisation of specific substances, which will be explored in detail in the next sub-section of this literature review.

Being ‘deviant’ compared to conformist can therefore be understood as positive as people are celebrated for being unique and living their lives differently to others. Books such as Outliers (Gladwell, 2009) demonstrate how unique situations bring about individual success and change within society. For example, Bill Gates developed the Microsoft Empire through revolutionary technological advancements, which have global impact on areas such as, business and education. Indeed, references to ‘positive deviance’ can be found in literature on organisational development (Spreitzer and Sonenshein, 2004) and athletic ability (Fielding et al, 2006).

Tyler (2006) argues that beliefs around the legitimacy of the law are associated with a country’s overall satisfaction with governmental control, which can fluctuate at different times. Peretti-Watel and Moatti (2006) argue drug taking can be viewed as a form of self-empowerment and the assertion of free will. They argue this is especially relevant in response to situations that individuals have no power and influence over. Most recently, the coalition government has suffered widespread criticism due to cuts to public funding and services, whilst household amenities and taxation have continued to rise. Due to dissatisfaction with the way the country is being governed, citizens have less faith in state
control and are therefore more likely to act in non-conforming ways. This could therefore have an impact on motivations for drug use.

The arguments here further support the idea that perceptions of behaviour are embedded within the micro social world and continue to illustrate how drug use can be justified within the lives of otherwise conforming citizens. The emergence of late modernity centralised individualised action and decision-making, which has resulted in a complex understanding of drug taking as a deviant activity. On one hand, there is evidence that drug taking can be argued as supporting rational action and personal choice. On the other hand, drug use can also be a statement of ‘positive’ deviance in opposition of state control, or more specifically in challenge of the criminalisation of illicit substances. The thesis therefore extends beyond exploring the relationship between drug use and deviance to incorporate what ‘being deviant’ means to otherwise conforming adults. It addresses more broadly whether individuals perceive themselves to be conforming or deviant people within society.

2.3.5 Drug use, crime and the legitimacy of the law

Tom Tyler writes extensively on compliance with the law (2003, 2006 and 2011), which examines the influence of instrumental and normative factors on decisions to engage in law-breaking behaviour. Instrumental factors relate to classic deterrence theory, which asserts that people’s behaviour is driven by the likelihood they will be detected and sanctioned. This is the driving force behind UK crime-control policy, which assumes that the threat of punishment is the most effective strategy for deterring criminal activity (Bradford, Jackson and Hough, 2012). From this perspective, the expansion of recreational drug taking behaviour since the 1980s is due to the perception that the likelihood of detection and punishment is low. This is supported by Reuter and Stevens, (2007) challenge to current policy. Tyler’s pioneering work places greater emphasis on the influence of normative factors on compliant behaviour, which combines personal morality and legitimacy. He argues that people obey the law because they believe it to be just and fair, hence they are more influenced by their sense of personal morality than rewards and punishments.
‘Personal morality is not a feeling of obligation to an external political or legal authority. It is instead an internalised obligation to follow one’s own sense of what is morally right or wrong.’ (Tyler, 2006: 25)

Tyler’s work has been developed in the UK, specifically in relation to police legitimacy and compliance with the law. Legitimacy is influenced by whether the law is seen as just and if the police are perceived as behaving fairly (Bradford, Jackson and Hough, 2012). However, this theory of compliance has not been sufficiently developed outside of this area, and it is valuable to test it in relation to drug taking behaviour and legitimacy of drug legislation. From a normative perspective, this would assume that people take drugs because they do not believe drug use is immoral. Of further consideration is people may view criminalising drugs as an immoral response within society, which goes against the norms and values relating to human rights and freedom of choice. In this sense, individuals can argue society is deviating from the protection of individuals by enforcing dangerous substances within an unregulated market (TDPF, 2004, 2007, 2009). As part of a free democratic society, individuals should be able to their exert free will on decisions that affect their own body and mind (Husak, 1992). As John-Stuart Mill states, ‘over himself, over his own body and mind, the individual is sovereign’ (Mill, 1859: 4). These arguments have become centralised through established think tanks such as Transform Drugs Policy Foundation (TDPF), which lobby for changes in government policy (TDPF, 2004, 2007, 2009). There is also increasing support in some sections of media and politics for decriminalisation and legalisation of certain substances (particularly cannabis and ecstasy). For example, influential businessman and entrepreneur, Richard Branson has made public his support for the decriminalisation of cannabis (Guardian, 2012). This allows for the evolution of less condemnatory discourses around drug taking and possibly a shift to incorporate the legitimate voice of drug taking individuals.

Wikstrom (2006, 2010) also examines criminal behaviour as moral action to explore why people obey or breach the laws of conduct. He developed ‘Situational Action Theory’ (SAT) to explain moral action and causes of crime. This combines the influence of personal and situational factors with regard to criminal behaviour. Wikstrom argues that compliance with the law is not solely influenced by an individuals’ personal morality, but also the moral rules and likelihood of punishment within a particular setting. This is particularly important as
context and setting are relevant when making decisions to take drugs (Zinberg, 1984; Hincliff, 1999; Measham and Moore, 2009; Duff, 2003 and Williams, 2013). This is supported by the normalisation thesis, which asserts that stimulant drug use within a clubbing context is normalised in two ways. Firstly, as many people take drugs in a club it is therefore not against the moral codes of the situation. In addition, people do not tend to be arrested or punished or experience disapproval for taking drugs within the club if they follow the codes of discretion, i.e. if they do not do it openly. Consequently, the action within the environment is not morally condemned and therefore it does not breach the moral code of the circumstances. This would support evidence that individuals are motivated to take drugs because they are both available and culturally accepted within these contexts (Parker et al. 1998; Measham et al. 2001 and Aldridge et al. 2011). If, however, an individual took ecstasy mid-week whilst working in an office, this would be breaching the moral code of the environment and therefore classified as deviant activity.

Situational Action Theory therefore expands Tyler’s theory of compliance by theorising beyond whether people believe behaviour to be immoral, but whether it is immoral in certain contexts. It is important to assess the acceptability of behaviour within certain contexts and whether this is relevant to the justifications for drug use. These theories have not been applied within the drug literature at present, however it a valuable area of exploration, especially as pro-legalisation and pro-choice discourses are becoming more prominent when debating drug use.

2.3.6 Drug use discourse: law, addiction and morality

Ascertaining whether individuals perceive their behaviour as immoral and criminal is central to the research question. In order to establish what is considered ‘deviant’ drug taking by participants, the thesis uses discourse analysis, paying attention to how drug use is described, reasoned and negotiated within the interviews. This is a growing analytical approach within the drugs field, which demands further exploration. Australian academic literature has utilised the discourse analysis approach in the study of illicit drug use to a far greater extent than in the UK. For example: through the examination of newspaper articles
(Bright et al., 2008): media representations of problematic drug use (Moore, 2008): and an assessment of drug policy (Stafford, 2007). The thrust of research in this area has focused upon Foucauldian discourse analysis of drug use in modern society. This demonstrates that: medical, legal, political and moral discourses support the current prohibition of substances on the basis they are:

‘Dangerous to the body (medical), corruptive to the soul (moral), a threat to normative society (political) and thus must be outlawed (legal).’ (Bright et al., 2008: 146)

Stafford (2007) highlights the dominance of the legal and moral discourse within drug policy, where moral judgements succeed scientific enquiry. This ensures the maintenance of dominant power and situates drug taking individuals within passive subject positions, for example as un-well and vulnerable addicts or as dishonest criminals fuelled by their self-centred prioritisation of drug use over other aspects of life. Taleff and Babcock (1998) argue these dominant discourses negatively impact treatment and recovery as they assume a binary relationship between drug and user, when in fact a multitude of factors contribute to reasons for illicit substance misuse problems. Buchanan (2004) argues that drugs are demonised in Britain through the notions of fear, punishment and war. He argues this hinders the recovery and reintegration of problem drug users (PDUs) into the wider community. These examples demonstrate how dominant discourses create and reaffirm inequalities in society. The archetypal drug user is described in terms of dependence and chaos and therefore punishment and rehabilitation is necessary for all drug users (Buchanan and Young, 2000).

Research on recreational drug use, which focuses on discourse is extremely scarce, but indicates that drug takers resist a drug using identity and speak from different subject positions to maintain a positive self-image (Askew, 2005; Mayock, 2005; Rodner, 2005; Riley et al. 2008 and Riley et al. 2010). For example, one respondent in my own research in 2005 spoke from the subject position of a mental health nurse to argue his case for legalisation. This indicates that the voice of a drug user (recreational or problematic) is marginalised. Rodner (2005) found that non problematic drug users used labels such as ‘addicts’ and ‘abusers’ in order to distinguish themselves from this behaviour. However, it shows people
are capable and willing to argue from alternative positions, in which to defend drug use within society.

This thesis bridges gaps in knowledge by focusing on an under-researched drug taking population utilising a distinct form of analysis. It explores the narratives around recreational drug taking by examining whether participants conform or resist to a drug taking identity. It assesses the legitimacy of speaking from the subject positioning of an experienced drug user and how their behaviour is reasoned in light of discourses of crime, health and adulthood.

2.3.7 Summary

The study of adult recreational drug use and its association to criminality presents itself as a timely academic study in relation to policy debate and its underdevelopment in academic research. Literature shows growing opposition to policy and the law, which is challenged through discourses of health and a shift towards free will and individualism. This may signify cultural shifts in the conceptualisation of drug use in society as the homogenisation of drugs and their users are increasingly being disputed. However, the law and policy remain staunch on issues relating to prevention and abstinence of illicit drug use. Therefore, research examining the narratives of drug takers offers an insight into the ways in which behaviour is legitimised and reasoned with regard to these issues.

The focus on ‘otherwise confirming adults’ adds an extra layer of significance to the study. Participants lead legitimate lives – through jobs; parenthood; paying bills and housing costs; and through positive social relationships with others – therefore it is possible to focus on drug use as an isolated criminal activity. The concept of risk is central to contemporary research on drug use (Seddon et al. 2008; Seddon, 2010 and Williams, 2013). It highlights that health risks have greater significance to drug takers than criminal risk. However, the links between drug use and criminality are underdeveloped in relation to adult recreational drug takers. This gap is significant as the threat and risk of a criminal record could be of greater significance than in youth, due to than increased stake in society through roles and responsibilities. The dominance of health risk discourses in itself poses a challenge to current policy and may suggest a cultural shift in the way drugs are being conceptualised within society.
A more nuanced understanding of drug use and its associations to deviance and criminality is required. The emergence of: late modernity, neoliberal governance, and control theory have signified the centralisation of individual action and decision making in society. Drug taking can be argued as the assertion of free will and a resistance to society’s imposition and control over individuals. It is therefore important to addresses whether the ‘being deviant’ is celebrated or resisted within the lives of otherwise conforming adults.

Developments in criminological theory associated with the emergence of the theory of compliance and SAT are relevant to this research. These theories have not yet been examined within the drugs field, but make a valuable line of academic inquiry. An emphasis on normative factors influencing behaviour assumes that drug use is not regarded as immoral by drug takers themselves, particularly within in certain contexts. In addition, the law itself may be challenged by drug takers, which questions whether drugs should be prohibited within society. This rhetoric has gained increasing support, with centralised think tanks, such as TDPF challenging the criminalisation of drug policy and has paved the way for the voice of legitimate drug takers within society.
Chapter Three: Methodology

3.0 Summary

The thesis addresses the following research question:

*How do otherwise conforming adults negotiate the criminality and deviance associated with their illicit substance use?*

Qualitative methodology was employed to answer the research question. This was done via individual semi-structured interviews based on a narrative approach. The aim was to speak to those over the age of 30 who had taken illicit substances within the past year. Individuals were approached to take part in an interview about their drug taking for research exploring recreational drug use in adulthood. I explained to potential participants that recreational drug use is often understood as a youthful pursuit and there was a lack of understanding in the field about recreational drug taking in adulthood.

The data comprises 26 interviews with individuals between the ages of 30 and 59. Half were male and half female. All but two participants were employed in a range of jobs within the private, public and voluntary sector, ranging from musicians to senior staff working within health and social care. One participant is retired and another is a student. Just over half (14) were either married or in long-term live-in partnerships and 12 were parents. Ecstasy, cocaine and cannabis are the main drugs used by the participants. The majority were also poly-drug users and multi-drug users, meaning they would take different drugs dependent on preference for a type effect within particular circumstances and context.

Using my personal connections as a starting point, the participants were accessed via key gatekeepers using snowball sampling techniques. The gatekeepers were a mixture of personal contacts and recommendations of contacts by others. A website was created as an information and contact point for those interested in the study. Potential participants could read more about the research and decide if they were interested in taking part. The initial sample was structured to include participants: across a broad age range, including equal amounts of males and females, a variety of occupations and those with and without children. The recruitment focus then became targeted using theoretical sampling.
techniques in order to explore different dimensions within the research question. Themes that arose from early analysis (e.g. whether use was hidden from intimate partners; religion and cultural background) guided subsequent sample selection choices, allowing for further variety in exploring aspects of criminality and deviance.

Discursive psychology, which is a form of discourse analysis, was used to examine the research questions. This examines interpersonal language and the functioning of speech as well as the relationship between: discourse, subject positions; and action in the wider social context. A narrative approach to interviewing was therefore employed to encourage a participant centred interview using a story-telling format. The participants were not asked directly about their views on whether they believed they were ‘deviant’ or ‘criminal’ as the discourse analysis approach was applied in order to elicit the subtleties about criminality and deviance within the narratives.
3.1 Epistemology

3.1.1 Social constructionism and discourse analysis

Discourse analysis directs the research method. The epistemological and ontological approach is derived from social constructionism in which social life exists through the meaning created through human interaction (Mason, 2002a). Social constructionism is a ubiquitous epistemological standpoint within the social sciences. It challenges positivism and other scientific based research by positioning language and communication as central in the creation of the social world (Burr, 1995 and Coyle, 2000). Human beings ascribe meaning to objects and human life through language, ‘There is no meaning without a mind’ (Crotty, 1998, p.9).

These human interactions are learnt and reinforced throughout time; they are not static as language and meaning change and evolve. For example, the meaning of homosexuality has evolved from widely condemned criminal act and a contentious mental disorder into a fundamental human right based on equality and freedom of sexual orientation. There is still widespread debate regarding the lived experience of equality based upon sexual orientation. However, the discourse surrounding same sex partners has evolved from crime and condemnation to equality and freedom.

Discourse analysis has been applied within a growing number of disciplines, particularly within arts and humanities, including: gender studies; health studies; political science; and social psychology. It is a broad term, which incorporates a number of approaches, for instance conversation analysis (CA) which is used to deconstruct and examine conversations within naturally occurring speech (Woffit, 2001). Feminist research uses critical discourse analysis (CDA) to stress the power struggles and subordination of women in society (see Schwartzman, 2002; Forbes, 2002 and Mendes, 2012 for recent examples). The discourse analysis method is united by one defining premise: language is not a neutral communication device used to reflect reality but a powerful tool which constructs and defines social life (Gill, 1996 and Coyle, 2000). There are numerous definitions of discourse, Burr (1995) conceptualises it well:
‘A discourse refers to a set of meanings, metaphors, representations, images, stories, statements and so on that in some way together produce a particular version of events. It refers to a particular picture that is painted of an event (a person or class of persons), a particular way of representing them in a certain light’ (Burr, 1995, p 48).

3.1.2 Discursive psychology: analysing the performance of language

Discursive psychology (DP) examines the performance of language and how narratives are constructed within ‘interpretative repertoires’ (Potter and Wetherall, 1987). These are flexible discursive resources utilised in a purposeful manner and linked to the situation and context in which they are told (Burr, 1995; Gill, 1996 and Willig, 2003). This micro analysis is focused on the individual construction of discourse and the action orientation within it. Within this thesis, the analysis focuses on how language is constructed to convey meaning, for example: justifications, reasoning and neutralisations regarding drug use. For example, when participants attempt to justify drug use it shows they feel they can reason their actions to others, but it also shows they think they need to.

DP has been used in criminological research. It has been applied to the narratives of violent or sexual offenders to understand the cognitive processes involved in this deviant behaviour. For example, Auburn and Lea (2003) provided an analysis of sex offender treatment talk, which described how sex offenders manage the notions of personal blame and responsibility within their narratives. Riley et al. (2008) used DP to examine the ways in which the substance ketamine is conceptualised by people attending free rave parties. They found that ketamine was contested substance, with both support and opposition for its use in these partying contexts. Ketamine could be constructed as both an enabler and an inhibitor of freedom. The authors identified both the discourse of neo-liberalism and the discourse of intoxication in the narratives about this consumption.

Studying narratives through discursive psychology requires an examination of the ‘subject positioning’ of the narrator. This is concerned with how individuals situate themselves in their narratives and what this achieves for the overall account being told. An individual has many different personas, which contribute to the sense of self (Foucault, 1972; Davies and Harre, 1990 and Hall, 1997). They maybe a mother, a daughter, a lover, a work colleague, and their subject positioning within the narrative will vary depending on the context in
which it is being told – for example at work in a professional context or with friends in the home. Within this narrative, the speaker may position themselves as a son or a friend and adhere to the characteristics of that persona in the development of their narrative. That is not to say that one version is more ‘truthful’ than the next, there are just different ways of communicating experiences. Different subject positioning can help support and reject critique about behaviour (Hall, 1997), for example being a drug user can threaten the subject position of a responsible mother (Measham et al. 2011). It is therefore important to examine the perspective of narrator to gain meaning about the subject matter. This is what Davies and Harre (1990) define as ‘reflexive positioning’. An exploration of how participants’ account for their illicit consumption in reference to their subject positioning of otherwise conforming adults will be undertaken.

Within a narrative the speaker will also define other peoples’ subject positioning, this is called ‘interactive positioning’ (Davies and Harre, 1990). One of the central components of this exploration is how people account for their illicit behaviour to others, specifically in light of the criminality and deviance associated with it. An analysis of the subject positioning will assess whether the participant is comfortable identifying themselves as a recreational drug taker or whether this is something they avoid.

Part of the analysis is also focused upon how others view the participants’ drug use. The use of subject positioning will provide information about power relations and whether participants are situated as conforming or deviant citizens by people in their micro social world. Discourse creates power relations within society, which ensure dominance of state power and control over individuals (Foucault, 1972). Within this research, the discourses of crime and deviance are studied within the narratives, as well as discourses, such as health, morality and addiction. For example, certain substances are prohibited by law within the discourses of risk, morality and health. Drug takers are therefore marginalised as they are engaging in a dangerous, criminal act (Taleff and Babcock, 1998 and Rodner, 2005).

The subject positioning of a drug user is therefore negatively portrayed, and it is expected this position will be resisted by participants when they are describing their own behaviour. Hall (1997) and Holloway and Jefferson (2000) conceptualised definitions of the ‘self’ in opposition to the ‘other’. They argue individuals often define the other as ‘bad’ in order to
represent themselves as ‘good’. This helps to project a positive self-image and deflects criticism.

This narrative construction is associated with a particular aspect of subjecting positioning, and is termed the ‘defended psychosocial subject.’ This was developed by Holloway and Jefferson (2000) and further by Gadd and Jefferson (2007). The defended psychosocial subject offers a way of understanding how people negotiate meaning within particular circumstances and emphasises how people defend their actions through anxiety. It is useful when analysing narratives about personal drug use as the dominant discourses of deviance, criminality and morality are likely to make ‘drug takers’ susceptible to defending their behaviour through fear of criticism. The subject in question (in this case drug use) is constructed by both positive and negative attributes. A key feature of the ‘defended psychosocial subject’ is when people describe themselves in contrast to ‘the other’ in order to defend their own arguments, behaviour and beliefs (Hollway and Jefferson, 2000).

The researchers’ role in the construction of the discourse also needs to be integrated within the analysis. This involves the types of questions asked, the preconceptions about personality and social identity as well as, gender, age and ethnicity, which will all affect the accounts produced. The conversation that is produced is a joint interaction, which is conceptualised as a ‘discursive practice’ (Davis and Harre, 1990). This requires a reflexive account of the interview context and the power relations that arise from this. This is discussed in more detail in section 3.2.2 of the methodology.

The use of discourse analysis enables us to understand the cultural milieu of drugs. It allows for an exploration of how people construct their narratives to reason, describe, and justify their drug use. Furthermore it examines how discourse is utilised to defend or to contest a particular subject position. For example, participants may draw from the discourse of freedom to defend their behaviour, emphasising their right to personal choice and private life. This approach therefore aides in understanding the differentiated behaviour of individuals and how this connects with the social meaning of drug use within society.
3.1.3 Limitations of discourse analysis

Discourse analysis is best utilised through naturally occurring speech and text. Interviews are a considered an enforced social interaction that influences answers and responses (Potter, 1996a, Silverman, 2005). However, all speech has purpose and requires a reflexive analysis of the situational context in which it occurs (Seale, 1999 and Silverman, 2001). The way in which language is constructed is central to the analysis, as Wolcott (1999) argues ‘every view is a way of seeing, not the way of seeing’ p 137.

Threats to reliability and validity relate to the misuse of the discourse analysis method. Although there is much flexibility within the analysis, techniques should be based on strict methodological and theoretical underpinnings (Antaki et al, 2003). Previous research has been criticised for the overuse of quotations to support themes without detailed explanations. In addition, critique based solely on the recognition of linguistic features, such as metaphors, is argued too simplistic (Antaki, et al, 2003). In this sense, discourse analysis is a laborious task and careful planning and time management is required. Interviews should be meticulously transcribed and the analysis is a multifarious skill that requires patience and practice. This can be disadvantageous for those working within certain time limits and word count restrictions (Gill, 1996 and Antaki, et al, 2003).

In order for the current project to be time effective but analytically rich, the analysis explores: how drug use is reasoned and justified; the types of discourse that are drawn from within the narratives to support the subject positioning of a recreational drug taker; and the instances of defence and how this justifies their behaviour. Combining these three components of the discursive psychology approach in a targeted way allows for a thorough exploration of the research question, utilising key aspects of each technique based on the aims of the research rather than a purely grounded approach. This method has been utilised within my Masters dissertation and therefore proficiency with these techniques had been gained prior to the study.
3.2 Methods

3.2.1 Narrative interviewing

One-to-one interviews are a frequently utilised method for research that requires eliciting in-depth information from individuals (Mason, 2002). They are particularly appropriate for research on sensitive subjects such as illicit drug taking, as they allow for a confidential exchange between the researcher and participant, which encourages people to speak as openly and honestly as possible. Interviews are a ubiquitous method when seeking explanations for drug taking behaviour. The list of previous research is extensive and is covered in the literature review, particularly in section 2.1, which begins on page six. Interviews are particularly appropriate for this study as drug use is a private aspect of the participants’ lives.

The interviews were semi-structured or loosely structured in format that allowed for a detailed discussion of drug taking experiences, perceptions, and views to take place. A narrative approach was employed to encourage an informal, conversational exchange, which encouraged the participant to be central to the study. This is seen as the hallmark for in-depth qualitative interviewing (Hollway and Jefferson, 2000). Open-ended questions are vital to reach the core of the research enquiry as they allow for participants own interpretation of the question. For example the following question was asked to participants: ‘What were you brought up to believe about drugs?’ Participants could interpret this as parental upbringing, schooling or peer support dependant on what was relevant to them.

Appropriate probing questions were used to gain more information around criminality and deviance. For example, to ascertain why drug taking is hidden from certain people; why in particular the participant would not buy drugs direct from a dealer or in a public place; and when the participant referred to drug taking as ‘bad’ or ‘wrong’. The narrative approach was important as it elicited in-depth accounts from the participant, which ensured the discourse analysis method could be applied effectively. The narrative approach is also valuable in interviews on sensitive topics, where participants may be anxious or defensive about the subject matter. It allows for subtleties to be drawn out of the stories, which avoids too much
invasive questioning (Holloway and Jefferson, 2000; Gadd, 2000 and Gadd and Jefferson, 2007)

Interviews also allow for the researcher to weigh up the non-verbal signs when people are describing their experiences. For example, how comfortable participants look; what their speech is like; how they respond to some questions and not others to and where difficulty in responses lie (Kumar, 2005). This was important when reflecting on all the interviews but particularly so when interviewing two of the participants, Rhys and Stephan. Both participants are male and aged between 35 and 40, with high-pressured and responsible occupations. Both Rhys and Stephan presented themselves as self-assured, confident and verbalised that they were comfortable taking part in the interview. However, their body language and responses to the questions indicate they may have been uncomfortable talking about their own drug taking directly.

Stephan seemed restless, often shifting in his seat during the interview. He spoke fast, his sentences trailed off and he often digressed off topic. He rarely said the actual names for drugs and referred to them ambiguously using phrases such as: ‘a little bit of this and that’. He also rarely answered a direct question and was vague when describing his experiences. He preferred to talk about abstract scenarios and in doing so avoided an in-depth discussion of his own drug use. Interviews are context specific and in doing so avoided an in-depth discussion of his own drug use. Interviews are context specific and there could be many reasons why both Rhys and Stephan felt uncomfortable talking in this situation. It could be related to personal preference regarding the expression of feelings, it may have been related to the fact I was female or they were cautious despite promises of confidentiality, fearing I might discuss his answers with mutual friends. However, the apparent sensitivity of the topic was not revealed by analysing the content of what they said.

3.2.2 Thinking reflexively about interviewing within personal networks

Social science research standards dictate that interviews should be neutral and unbiased. For example, questions should not be framed in order to gain responses that satisfy predetermined theoretical assumptions. However, I would agree with Hollway and Jefferson (2000) who argue no questioning is truly neutral when it is asked based on a specific research enquiry. A further complexity of neutrality within this research is that participants
were (to varying extents) connected within my social networks. Knowledge and information
the interviewer has about the participant (and vice versa) undermines the accomplishment
of neutrality within the interview (Garton and Copland, 2010). Although some might
consider this to be interview bias, I support all interviews need to be considered as
situational and contextual exchanges to account for the inevitable bias, which will result
from qualitative research with human subjects. Reflexivity of this kind is regarded as an
important part of the analytical methodological process (Rapley, 2001).

Interviews cannot be viewed as an objective data extraction tool, which provide a true
reflection of reality. The interview takes place within a period of time, for a specific purpose
and the account is presented by and to a particular person. Firstly, the interviews take place
at certain point in terms of life stage and more specifically the date and time of the
interview. For example, their account could be different on a Friday when the working week
is over when people are likely to be focused on the leisure pursuits of the weekend, than on
a Monday when people are likely to be concentrated on their working week. One interview
was conducted during a festival and the situational context of a being in a time space
removed from the routine of daily life is likely to have an effect on what was said.

Despite the rapport achieved between the participant and myself, plus the use of open-
ended questioning to encourage participant led narratives, the accounts obtained were
never the less provided for the purpose of an interview. People present themselves in a
certain way in this orchestrated situation, which is further affected by the awareness that
the interviews are being recorded. In addition, the interview is jointly created by both
researcher and interviewee (Rapley, 2001 and Roulsten, 2004). This is what Seale (1999)
regards as ‘Interview-data-as-topic’ and what Silverman (2001: 104) refers to as ‘interview-
as-local-accomplishment’. Prior relationships are an influential part of the construction of
the interview (Garton and Copland, 2010) and all the interviewees were in some way
connected to me. I had either met them through mutual friends in social situations, had
been introduced to them through gatekeepers, or had established relationships and shared
experiences prior to the interview taking place.

There are advantages of conducting research within personal networks. Primarily it
encourages the participant to go into further depth about personal topics as they are more
willing to open up with people they know (Taylor, 2011). The dilemmas that arise from conducting research within personal networks are also of importance. As has been documented in ‘insider research’ elsewhere, I found shared understanding of experiences sometimes resulted in the avoidance of explication, (e.g. DeLyser, 2011 and Taylor, 2011). This was of specific consideration when I interviewed ‘Billy’ as our shared knowledge of his drug taking meant he often avoided explaining things in detail. In addition, I often overlooked certain follow-up points using prior knowledge rather than research enquiry. This was a special case as I knew this participant more closely than the others. In the majority of cases, the rapport building accomplished through shared understanding helped not hindered the research. Building rapport with the participants is paramount to good quality interaction (Pitts and Miller-day, 2007).

Within all the interviews there was mutual understanding that both the participant and I had a shared cultural knowledge of recreational drug taking. For example, the understanding of colloquial ‘drugspeak’ – ecstasy as ‘pills’, ‘little ones’; cocaine as ‘coke’, ‘sniff’, ‘chiz’ and various references to the different forms of cannabis – hashish, bush and skunk. Also references were understood such as, ‘the after crack on’, relating to post club/rave parties and gatherings or ‘getting on it’ as taking drugs. These shared understandings helped with many stages of the research: from access and recruitment of the target group; as well as the high level of rapport and openness within the interview (Taylor, 2011). However, the interviews’ success did not solely rely on this. It was important for me to make the participants feel comfortable by paying careful attention to what they said and being open, interested and non-judgemental about their responses. Knowledge of recreational drug culture provided rapport, but connectivity in the interview was built on the basis of understanding and engaging with that particular individual.

3.2.3 Limitations of interviews as a research tool

Interviews are a common data collection method, which are often criticised for their over-use (Mason, 2002). They are suitable for this research, particularly due to the sensitivity of the interviews concerning illegal behaviour, which was a confidential aspect of the interviewee’s lives. In the planning stages of the research, a two-stage process of one-to-
one interviews and then follow-up focus groups was considered. This would allow for a comparative analysis between how people talked one-to-one, with how people talked in a group about their drug use. This would also be a good way to further explore visual and non-verbal signs by studying the participants’ interactions with others. However, I decided individual interviews would be sufficient to explore this topic. Firstly, adult recreational drug takers are an under-researched population in academia and more participants would be achieved by using one-stage of analysis. This allowed for a greater breadth in demographics and drug taking behaviour from the participants. I was also concerned about capturing people for two stages of the research when follow-up rates can be difficult to achieve (Babbie, 2011 and Bryman, 2012) especially as people may feel uneasy speaking about a personal subject in front of other people. In addition, the organisational work required to secure people for two data collection points would hinder the time needed to spend on the in-depth analysis.

3.2.4 Piloting: Developing the interview schedule

‘Good qualitative interviewing is hard, creative, active work’ (Mason, 2002 p.67)

The interview schedule was tested through extensive piloting. Piloting is an effective way for interviewers to build confidence and practice questions prior to the interview (Samson, 2004). It took several attempts before the results were satisfactory as it was difficult to design questions which reached the heart of the research enquiry using a narrative approach. Asking questions, such as ‘do you think drug use is morally wrong?’ is a closed question, which does not encourage a narrative response and could be considered loaded or biased. It was therefore important to encourage participants to speak about deviance more subtly, especially as notions of identity and self-perception are central to the research. Open-ended questions were used to encourage participants to produce narrative accounts (Hollway and Jefferson, 2000). This was a tricky process, as the balance between eliciting information from the participants and encouraging a conversational flow was a difficult to strike at first. It was also important to test the schedule to ensure that both the participant and I were comfortable with the line of questioning. It was therefore invaluable to get
feedback from the pilot interviewees about how they felt about the interview and what could be improved.

After three pilot interviews, the questions remained too direct in their questioning. For example, questions such as, ‘do you know what the maximum penalties for personal possession of the drugs you take?’ felt interrogative and loaded. After several revisions, the interview schedule was turned into a more appropriate topic guide covering four key themes:

1. Drug taking
2. What were you brought up to believe about drugs?
3. Openness about drug taking with others
4. Opinions of the law and policy; society’s attitude toward drug takers.

The first section explored current (past year drug use) as well as a brief lifetime history, covering peak drug use and any reasons for periods of abstinence. This helped to ascertain whether changes in drug use were connected to issues of deviance and criminality. The second section addressed the participant’s upbringing around drugs, ascertaining influences that shaped their views and how views changed over the life course. The third section targeted the core aims of the research, ascertaining how open they are with others about their use, and then probing around who it is hidden from and for what reason. The forth section focused on addressing participants views about law and policy, whether they opposed the law or felt it necessary, what they would do to amend it and whether they felt they were accepted as drug takers within society. This approach worked much better and felt more like a conversation with natural flow. It incorporated open-ended and closed questions that were followed up with prompts and probes.

Within the first few interviews, the style of questioning continued to be tried and tested. With this type of exploratory enquiry, it is important to be flexible within the fieldwork process and to constantly analyse the results that are being produced and consider if the process could be improved. After the first ten interviews, there was a reflection period to assess whether the key research questions were being answered. It was apparent that there
needed to be more probing around perceptions of others finding out about drug taking: what people’s major concerns were; what they perceived others would think about them and how this affected them. This was an important part of the development of the study and helped to elicit further depth in subsequent interviews.
3.3 Access, sampling and participant demographics

Twenty-six interviews were conducted over a seven-month period. This section outlines the positive benefits of using personal connections for the study, as well as the considerations regarding the management of these relationships. A set of inclusion and exclusion criteria was utilised to ensure the research questions could be answered sufficiently. This focused upon: age, recreational drug and legitimate lifestyles. Biographies for the respondents are detailed in Appendix A.

3.3.1 Age

The study targeted adult drug takers over the age of 30 to explore recreational drug taking throughout the decades of adulthood. The following graph details the age of the 26 participants. The youngest people in the sample are 30 and the eldest is 59 with an average age of 40.5. In Figure A, the ages are grouped into 5 year bands (30-34, 35-39, 40-44, 45-49, 50-54 and 55-59). The distribution of age shows that largest age category is the thirties (13 people) followed by their forties (eight people) followed by the fifties (five people). The hardest age categories to find were the late forties and early fifties.

Figure A: Age of participants
3.3.2 Drug taking

The study recruited individuals who had taken illegal substances within the past year. The term ‘recreational drug taking’ is difficult to define as it is often based on subjective understanding relating to: frequencies; amounts and purpose of use (a detailed discussion about this can be found in Chapter Two, 2.1.3 on pages 13-15). However, none of the respondents were seeking advice or guidance for drug related issues or problems. Furthermore, respondents did not consider themselves addicted or dependent on substances and did not express that drug use interfered with the functionality of their lives.

To ensure the participants were in a position to talk about recent drug taking activities and the meaning of it, individuals needed to have taken illegal drugs within the last year to be eligible for the interview. The recruitment process incorporated individuals who take drugs to varying extents. For some, drug use was restricted to a select number of occasions a year and for others it was daily. I included those who are ‘active drug seekers’ as well as those who do not buy their own drugs, in order to explore the wide spectrum of reasons and opportunities for recreational drug taking, which is central to the analysis.

Section 3.8 describes the drug use of the participant group overall, and the participant biographies in Appendix A describes individual current drug taking behaviour in detail.

3.3.3 Otherwise conforming adults: legitimate lives

The study concentrates on drug takers who are otherwise conforming citizens. Criterion was implemented to include only individuals whose main source of income was not through criminal activity. This was to incorporate people who may engage in low-level dealing or ‘sorting’ of drugs associated with their own use, but to exclude those who earn substantial income through drug dealing or who have other non-legitimate sources of income. The respondents needed to be, on the whole, law abiding citizens in order to explore the reasoning, views and self-perception about breaking the law to consume drugs. It is important that this is the only criminal act that people engage in on a regular basis in order to isolate drug associated criminal behaviour.
Chart A below shows the range of participant’s occupations. There was wide variety within the sample to obtain a balance of people who are involved and motivated by different types of careers and income. Two participants were musicians but also work part-time in the voluntary sector. These have been accounted for 0.5 in each category. Job sector and jobs have been slightly changed in some cases for confidentiality.

**Chart A: Participant occupations**

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising</td>
<td>1</td>
</tr>
<tr>
<td>Administration</td>
<td>1</td>
</tr>
<tr>
<td>Criminal Justice</td>
<td>2</td>
</tr>
<tr>
<td>Education</td>
<td>4</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>1</td>
</tr>
<tr>
<td>Finance</td>
<td>1</td>
</tr>
<tr>
<td>Graphic Design</td>
<td>1</td>
</tr>
<tr>
<td>Policy</td>
<td>1</td>
</tr>
<tr>
<td>Recruitment</td>
<td>1</td>
</tr>
<tr>
<td>Web Design</td>
<td>1</td>
</tr>
<tr>
<td>Sales</td>
<td>1</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>1</td>
</tr>
<tr>
<td>Musician</td>
<td>1</td>
</tr>
<tr>
<td>Surveyor</td>
<td>1</td>
</tr>
<tr>
<td>Marketing</td>
<td>1</td>
</tr>
<tr>
<td>Student</td>
<td>1</td>
</tr>
<tr>
<td>Health &amp; social care</td>
<td>1</td>
</tr>
<tr>
<td>Retired</td>
<td>1</td>
</tr>
<tr>
<td>Voluntary</td>
<td>2</td>
</tr>
<tr>
<td>Music technology</td>
<td>2</td>
</tr>
</tbody>
</table>

When looking at job in relation to sector, Figure B shows a slight majority worked in the private sector (42%), with 31% in the public sector. One person is a self-employed physiotherapist and another is a self-employed graphic designer. Two participants are self-employed musicians who also worked voluntarily part-time and are therefore counted as 0.5 for each in each sector. One person is a student and another retired. This shows the sample is sufficiently varied by job sector and occupation.

**Figure B: Job sector of the participants**
There were different levels of responsibility and seniority in the workplace within the sample. This included: managing directors and senior and mid-level management within the public and private sectors. These participants were responsible for: managing people, high-impact decision making as well as other responsibilities. The sample also included those who are client engaging and public facing. This included: teachers; those working with vulnerable adults and young people; and in one instance, a paramedic. Participants therefore represented a number of sectors and levels, all but one respondent (who was retired) all had the responsibility of professionally representing a company or organisation, which could be threatened by knowledge of their drug-taking behaviour.

In addition, 12 out of the 26 participants were parents (46%). The age ranges of children were from toddler to adult. Six people (50% of parents) have one child and six have two or more children (50%).

**Figure C: Percentage of participants who were parents**
3.3.4 Demographics

The demographics of gender, ethnicity and marital status were recorded to ensure that there was variety within each. There were equal numbers of males and females within the sample as Figure D shows.

Figure D: Gender of the participants

There was limited variation in terms of ethnicity. The majority of respondents were White British (85% n=23). One participant is of Indian/Hindu background, one is Black Jamaican, one is Mixed Race (white British and black African) and one was white North American. As Figure E shows, there are roughly the same number of participants who are married or had
a long-term partner with those who were single. Four people are married and a further ten have long-term live-in partners (14 in total) and 13 people are single. Marital status is evenly split between males and females. This means many participants have to consider other people when making decisions within their lives. This is especially relevant as one participant keeps their drug use hidden from their partner and a further three participants had partners that did not take drugs themselves.

**Figure E: Marital status by age**

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Single</th>
<th>Married/Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-34</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>35-39</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>40-44</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>45-49</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>50-54</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>55-59</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

**3.4 Sampling strategies**

The aim of the sampling strategy was to provide a varied group of individuals who were both suitable and willing to be interviewed. Sampling becomes increasingly difficult when researching criminal or deviant behaviour (Lee, 1994). In this study, the focus was on encouraging those who are otherwise confirming citizens who may conceal their behaviour from people close to them to take part. Gaining access through gatekeepers and snowball sampling was therefore central to achieving the target group. Becker (1970) refers to these as pathways of data. Snowball sampling is a widely used recruitment technique in drug research as it provides access to low visibility populations when researching sensitive or private topics. It is a primary method used when using in-depth qualitative interviewing in the drugs field (see for example: Hincliff, 2001; South, 2004; Notley, 2005; and Rodner, 2005).
I was in a position where I had access to a variety of drug takers within my personal networks. I sent an email to over 50 people and asked them to promote my research using my website for information (www.askewphd.co.uk). I used Facebook to contact people I had met over the years who were interesting case studies, for example because of their job or age. I also went to a number of festivals during 2010 and 2011, where I networked to find potential participants. I managed to complete one interview at a festival. This allowed me to self-select based on interesting variables, which contributed to a varied sample of participants. This is a key positive benefit by conducting insider-status research (Taylor, 2011).

Key gatekeepers were also instrumental in securing interviews. For example, my partner works as DJ and promoter and knows a wide selection of people who are suitable for interview. A friend who was too young to be interviewed for the research secured two participants from his friendship group. The final sample was achieved by a combination of researcher selection (six people) and gatekeeper selection (ten people), self-referral (four people) and snowball sampling techniques (six people). A diagram of the sampling strategy can be found in Appendix B.

### 3.4.1 Theoretical Sampling

Interviewing took place over a seven month period between March 2011 and September 2011. The recruitment process was staggered to allow for theoretical sampling. Creswell (2007) speaks of a process called ‘zig zagging’ where the researcher goes from the field to analysis on multiple occasions to help develop the research enquiry. This approach was utilised to ensure that demographics of age, gender, job, marital status, parental status and drug taking behaviour were included. It also helped to open up new lines of enquiry and encouraged variety. For example, the focus in the last stage of recruitment in July 2011 was targeted towards: those in health or criminal justice related professions; those with religious beliefs; those with different cultural backgrounds to white British; those who take heroin and crack recreationally; and those who hide their drug taking from intimate partners.

The aim of theoretical sampling is to continue collecting data until the researcher feels that saturation has been reached, i.e. that no new dimensions of data are being unearthed by
the interviews (Creswell, 2007 and Bowen, 2008). In this study, saturation was difficult due to the diversity of drug taking and more individuals could have been included in the study to increase variety. However, after 26 interviews a range of demographics and types of drug had been included within the sample and enough variety had been achieved to allow for in-depth analysis based on the research enquiry. All participants were suitable for the research based on its aims and objectives. The research is strengthened by the variety of sampling techniques that were used to access participants. Some participants self-referred and were keen to be interviewed, and others were self-selected by myself or gatekeepers. This is of particular significance in light of the research questions relating to openness about drug use. Those who self-referred are likely to be more comfortable with their behaviour than those who were encouraged by me or other gatekeepers. This will be addressed in further detail in the following section on ethical considerations.
3.5 Ethical considerations

Research involves the negotiation of ethical considerations at every stage of the process. These are informed by the purpose of the study and how the research is carried out (Baarts, 2009). The lived experience of navigating through the fieldwork brings about its own specific ethical issues and challenges. Ethically sound research is achieved through: the consultation of good-practice in research; following ethical guidelines; using own moral judgement and consulting with participants themselves. A body of research recognises the problems of meeting ethical standards in social-science research (Hollway & Jefferson, 2000, Baez, 2002 and Baarts, 2009). Specifically, Taylor (2011) provides an ethical critique of researching within personal networks. The following section explains how ethical considerations were negotiated within the planning, fieldwork and analysis of this study.

3.5.1 Willing participation

Ethical standards require participation to be voluntary and individuals should not be forced to take part in any research against their will. Participants took part in this research for a variety of reasons, based on a combination of will and desire. Five of the participants self-referred because they had heard about the research and wanted to be interviewed. Others were approached by myself and were willing to take part, and some were approached or referred and needed a level of persuasion and encouragement. Their concerns were often associated with fears about judgement of drug taking or risk associated with their careers. The researcher must make their own judgement on the level of encouragement that is appropriate whilst avoiding the individual feeling obligated against their will. This can be academically frustrating as the inclusion of the most cautious individuals will increase the quality and diversity of the data. In this study, those who may be uncomfortable talking about their drug taking make interesting case studies, as their fears may be central to the research questions about criminality and deviance, for example through fears of judgement or guilt.
It is important to outline the participant’s right to decline and leave the decision to take part with them. It is also important to offer encouragement for cautious individuals, in order to increase the strength of the research enquiry. If the study only included those that were willing from the outset then the project would not include a diverse section of people. Here it was important to have personal connections and gatekeepers so participants felt comfortable and reassured about their participation. The conflict is balancing encouragement to increase willing, without putting people under duress. This is particularly important when people are known to me personally and therefore may feel a sense of obligation rather than being keen to participate. Again, the participants were all mature, independent, and self-sufficient individuals and who could exert their right to decline if they did not want to take part.

3.5.2 Informed Consent

It is important that the ethical standards of informed consent are achieved and potential participants must be clear about what is involved in taking part. Practical details such as: the length of the interview; that it will be recorded and transcribed and how the results would be disseminated were outlined verbally when discussing the research with potential participants. Information on the content of the interview was also made available on the information webpage (www.askewphd.co.uk). The area of conflict regarding informed consent involves reliably informing participants about the research, without divulging anything that would interfere with the research aims. Hollway and Jefferson stress that research in the narrative domain:

‘Needs a clear distinction between questions the research is asking, formulated in the academic domain and information and explanations that we provide the interviewees’ (Hollway and Jefferson, 2000: 86).

Information about the focus on criminality and deviance were not divulged before the interview, as explained in section 3.2.4 in the methodology from page 56-58. Too much information could have hindered the subtle references to criminality and deviance that the study aimed to capture. The participants were told that they would discuss:

- Their drug use: experiences; likes and dislikes; context and circumstances of use.
- Who knows about their drug use? Who does not know?
- How they viewed the media and public responses to drug use
- Their opinions on the law.

Qualitative research studies, especially those which focus on the construction of language, cannot offer informed consent in a literal sense. It is important that the participants are not deceived but aspects of analysis need to be omitted to satisfy the research’s aim and purpose. For example, if I told participants I would be analysing how their reasoned and justified their use, this may have affected to answers they gave. The interviews were stressed as a non-judgemental exchange to encourage participation. This was to ensure that participants felt comfortable that their drug taking practices were not being judged. This was further conveyed verbally and in person in establishing rapport with the participant. It was of primary importance to make the participant feel comfortable and engaged in a way that allowed them to speak freely about the subject matter.

3.5.3 Trust based confidentiality and anonymity

The impact of the research on participants is of primary importance to the qualitative researcher. Firstly, individuals must be willing to take part in the research. Good practice illustrates that assurances of confidentiality and anonymity are fundamental in encouraging participation, as well as vital in aiding in the production of rich quality data. Confidentiality and anonymity encourage the participant to talk openly and in-depth about the subject matter (Baez, 2002). The interview required a discussion of highly sensitive information about drug taking, which could have moral and criminal implications for the participant. Furthermore, participants revealed personal information which is kept hidden from at least one aspect of their lives (i.e. work) and they must be assured that what they say in the interview will be in confidence and protected by the research.

Confidentiality was highlighted at every stage of contact in order to reassure participants the information they share would not be revealed to anyone else. The issue of confidentiality and anonymity was important for the majority of participants. If people were concerned about participation, they were assured through the confidentiality statement.
This outlined that: they are given a pseudonym at the point of contact; all names and other identifiers are changed at the point of transcription; interview content is not personally discussed with others; all data files were password encrypted for which I have sole access, and that quotes used in any publication are anonymous.

The issues of data security and protection are growing concerns in a digital age. They can affect the willingness of participants to take part in research and their openness about sensitive issues during interviews, which in turn can impact the validity and reliability of the data produced (Aldridge et al. 2010). Aldridge et al. (2010) discuss the process of storing and securing sensitive qualitative data based on the good practice developed within their gang research project. Their valuable recommendations were used as guidelines for data storage and security for my empirical data, which will now be described in detail. This information relates to: contact information and details, voice recordings of the interviews, word-processed transcriptions, and uploading the interviews for analysis into CAQDAS (computer assisted qualitative data analysis software) – in this instance NVivo and deletion of the data.

Data security relates to not only the type of sensitive information but the variety of devices on which the information will be stored (i.e. USB devices, personal and university laptops, and desktops) and the numbers of people that will have access to this information. For this thesis, only I had access to the full range of digital information stored on the participants. The interviews were conducted on my personal voice recorder, which was kept in a safe place in my home. These files were then transferred to my university network file storage space and kept under encrypted password. The files were backed up on my laptop, which has encrypted password access in the start-up. I transcribed all the interviews myself, and anonymised personal details and identifiable factors on transcription. Once all the interviews had been transcribed, they were uploaded to NVivo – again this file could only be accessed via a password and therefore significant reducing the probability this information could be seen by others. Interview data and files will be deleted one the project has been completed and published.

The main concern for potential participants was concealing their drug use from work. For the majority of participants, revelations about drug taking within the organisations that employed them would have serious implications for their careers and livelihoods.
Reassuring participants about confidentiality and anonymity encourages participation, but ultimately assurances are based on trust (Baez, 2002). This relates to ‘relational ethics’ (Ellis, 2007) linked to personal trust of the researcher and trust based on the integrity of academic enquiry. As all participants were in some way connected through friends and acquaintances and therefore there was an existing element of trust built through either myself or gatekeepers. This is an advantage when interviewing within social networks as it encourages and reassures participants to take part in the study (Taylor, 2011). This was particularly relevant for those working in areas of criminal justice, health care and the emergency services.

Trust built in friendships and prior relationships made it easy to assume a normal relationship after the interview took place. It was trickier to negotiate situations when I did not know the participant beforehand and I happened to see them again socially. Careful consideration is needed when managing this on-going confidentiality (Taylor, 2011). For example, it was important to refrain from instigating discussions about the interviews within social situations and not revealing the content of the interview in front of other people. It was also important to consider that even though identities remained anonymous, mutual friends who read the published article might identify people within it. It was important to ensure that individual biographies (see Appendix A) and references to participants were kept vague and not too revealing. Names were changed and confirmed with the majority of participants. Children’s actual ages, gender and names were also omitted from the write up. In some cases, job titles were changed and replaced with similar occupations in terms of responsibly, status, and sector (i.e. private, public, voluntary) or kept intentionally vague (i.e. education, health care and criminal justice) if it was difficult to change due to the impact this had on the accounts. This had not caused any specific problems at the time of writing, but is an issue of confidentiality that needs further consideration when conducting research within personal networks.

3.5.4 Research impact and reflexivity

The researcher must also ensure participants do not endure any unnecessary harm or distress as a result of the research. This is achieved through voluntary participation and
informed consent. Any study asking about personal behaviour is likely to bring about an element of self-reflection; this is especially relevant for drug taking where there is potential for moral judgement from others. Some participants highlighted the interview as the first time they had thought about their drug taking as a particular aspect of their lives, and they expressed it was difficult to verbalise their views. Indeed, a few participants said that the interview had made them think afterwards and wanted to talk further about what they had said. For example, Simone felt she had contradicted herself within the first interview and we met for a second interview to follow-up on certain areas.

Interviews can also have a cathartic effect. For instance, one participant Catrina said she felt like she had been in a counselling session and found the interview a positive experience. Qualitative research brings to light unintended consequences (Mason, 2002) and the researcher must make themselves available post-interview so that participants can discuss any feelings or concerns. Participants were informed that they were free to contact me after the research about any questions and if requested a copy of the interview schedule was provided. There were no issues raised by the participants after the interview. If this had been the case, then advice would have been sought from supervisors and colleagues. It was important to listen and respond in a sensitive way, which is a primary characteristic of building rapport within qualitative research (Dickson-sweet et al, 2007). Research of this kind can be difficult and it is important to: listen; establish rapport; engage with participants so they feel supported throughout the process (Taylor, 2011).

A less talked about consideration is the impact interviews have on the researcher (Dickson-Swift et al. 2007). This is particularly relevant in sensitive research where a discussion of feelings and emotions are involved (Lee, 1993). Not only does the researcher need to manage potential emotional responses, but they must also negotiate the intellectual and emotional process involved when asking people about personal behaviour. Here difficulties were encountered with unexpected revelations about alcohol dependency or concerns participants had about the impact alcohol is having on their lives. It was difficult to know how to respond to this as I did not want to offend by suggesting professional help, but I did not want to seem dismissive of areas of concern. Here I felt the role of concerned listener superseded that of researcher concerned with answering research questions.
The nature of the research meant that socialising and meeting new people were opportunities to promote the research and encourage participation. This often meant that the line between work and leisure was blurred and it became difficult to switch off in my social life. Parties, holidays, and festivals were less about ‘time off’ and more about being aware of the environment and pursuing lines of enquiry. Another impact was the way that people reacted to me in social situations. People could be uncomfortable speaking about what I did and others were suspect of my intentions in social situations. On a few occasions, individuals would satirically accuse me of being undercover and ‘watching’ their behaviour. This was mitigated by laughing off comments and changing the subject when people felt uncomfortable. These incidences did impact my sense of identity in certain circumstances; however, once the data collection period was over they subsided. Overall, making my social life an opportunity to develop networks for the study was a thoroughly enjoyable experience, which had a positive impact on recruitment and the development of the research overall. The vast majority of people I encountered were enthusiastic about the research, which increased my confidence in and passion for the project.

3.5.5 Personal Safety

At a practical level, the safety of both the participants and researcher must be protected. Interviews either took place in a public place (usually a bar or a café) or in participant’s own homes. Decisions about where the interviews were undertaken were based on where the participant felt most comfortable. As participants’ are either known to me or friends, safety issues regarding interviewing in the homes of unknown others were low. However, as a precautionary measure someone was aware when I was conducting an interview and was contacted when it was completed.
3.6 Analytical Techniques

3.6.1 Coding

The interviews were coded using the qualitative data analysis package NVivo, using a two-step process. Each interview was read twice, firstly to code in relation to the particular drug the participant was referring to and secondly it was coded using a number of separate themes:

- References to function, frequency and control associated with personal use.
- Instances where participants were defending their drug use or deflecting criticism for this behaviour.
- Details relating to being open or guarded about their drug use within everyday life.
- When speaking about the law and policy.
- Any direct instances relating to crime and deviance.

Each theme was studied in depth and the analysis was developed into three chapters, which are focused on the different levels of social distance from the participant. Chapter Four (which begins on page 75) uses discursive psychology to analyse personal reasoning about drug use. Chapter Five (beginning on page 114), analyses drug use in everyday life using thematic analysis and drawing from aspects of discursive psychology. Chapter Six (beginning on page 139) focuses on societal understandings of drug use, looking specifically at how different discourses are used to reason perspectives about the law and policy around drugs.

3.6.2 The analysis process using discursive psychology

The form of discourse analysis utilised is discursive psychology, pioneered by Potter and Wetherall (1987). The analysis resulted in the development of six ‘interpretative repertoires’ that are specific ways in which participants described, reasoned and justified their drug use. These are termed ‘frameworks’ and include: specific references to drug use and drug
preferences; the context in which drugs are taken; as well as how drug use is controlled within everyday life.

The frameworks were developed by looking at the ways in which participants described, reasoned and justified their drug use. In the first stages of my analysis, I was looking closely at how certain substances were described, breaking down the positive and negative aspects of using these drugs for participants. I realised that although the substance itself was important – i.e. individual preference for effects - the context in which use occurred was fundamental when describing motivations for use. By examining both substance and context, I began to see similarities in the ways people reasoned their drug use. For example, those who described their current drug of choice as cocaine also described a preference for small group socialising rather than public spaces.

Another significant factor in the development of the frameworks was the concept of control. By communicating how drug use was controlled within their lives aided in justifying the type of substance used and context for drug use. Control relates to issues such as: frequency of drug use, amounts taken, and functionality and success in other aspects of life.

For example, participants who took ecstasy several times a year associated with dance music scenes, asserted control through the frequency at which they attended dance music events – thus controlling the occurrence of drug use. The three components of: drug consumption and preference; the context and environment in which drugs are taken; and control of substance use were examined participant by participant and from this six frameworks were developed. Each framework was distinctive in the interplay between these three factors. The names of the frameworks were then borne out of the defining way in which drug use was legitimised.

These frameworks are described in detail in Chapter Four (a summary can be found in section 4.2, page 77-78) and are used within the subsequent two analysis chapters. The three chapters therefore acted as a method of constant comparison for the establishment of the frameworks. By examining the frameworks at each stage of the analysis, ensured they were relevant as distinct repertoires. It also allowed for the narratives of each participant to be analysed in-depth, further verifying the framework they drew from. The study incorporated interviews with 26 drug takers and although this represented diversity within
drug use, it by no means is exhaustive. It is therefore essential for future research to
examine the frameworks with reference to other drug taking individuals to understand its
relevance beyond this particular study.

Another aspect of the analysis was to explore how participants defined their behaviour in
contrast to others (Hall, 1997; Hollway and Jefferson, 2000; Gadd and Jefferson, 2007). Of
particular interest was how the participants deflected criticism about their drug use by
condemning other drug using behaviour as more risky than their own. It was through this
analysis the neutralisation technique (Matza and Sykes, 1957) ‘drugsiscrimination’ was
formed. This supports Maruna and Copes’ (2005) and Aldridge et al. (2011)
conceptualisation of ‘good neutralisations’, which are used in order to deflect judgement
rather than acknowledge inherently deviant behaviour. Again, ‘drugsiscrimination’ is a newly
developed concept within this research that would benefit from further research to
ascertain its significance beyond this empirical study.

Chapter Five draws looks at how participants account for drug use in everyday life. This
involved an analysis of openness and privacy about drug use, as well as an exploration of
how others viewed the participants’ drug use. Specific areas of justification and reasoning
were examined, for example, who knew about their drug use, who does not know and the
reasons for this. There were three key contexts of social life discussed: work, home and
social time. The action and subject positioning of the participants (and others) was focused
upon here. This allowed for an evaluation of the acceptable and unacceptable behaviours
relating to certain environments. The frameworks were important to reflect upon in this
chapter as: the type, regularity; and context of drug use differs within each framework and
thus impacted the notions of privacy and discretion needed.

Chapter Six is the final analysis chapter. This explores ways in which participants accounted
for societal responses to drug use. It was important to assess whether arguments around
the effectiveness of current policy and the law were discussed from the subject positioning
of a recreational drug taker, or whether alternative subjective positioning is utilised to
strengthen these accounts. This chapter analyses how particular discourses relate to the
support or rejection of current policy and the law. By examining the narratives relating to
each framework individually, it was apparent that each framework drew from a different
discourse to reason the correct society response to drugs. This in turn further legitimised the drug use accounted for within that framework.

3.7 Conclusion

This chapter has described and reasoned the methodological approach of this empirical study. The methodology is distinctive in two ways. Firstly, access is gained through personal networks and key gatekeepers. This was advantageous as it encouraged and reassured people to take part in the research regarding their illegal activities that if revealed publically, could have a detrimental impact on their livelihoods. This was particularly relevant for those who are: parents of young children; and those working in criminal justice, health care and public services. Secondly, the research approach is informed by discourse analysis. This is not extensively utilised in drug research, particularly within the UK but can offer benefits, especially when exploring the contentious issue of criminality and deviance associated with drug use. Studying narratives using discursive psychology allows for a broader understanding of how people describe and reason their use. It focuses on instances where participants attempt to justify or defend their use to further legitimise their own behaviour and how deviance and crime are positioned within their personal discourse. This allows for a detailed but targeted analysis to address the effect how otherwise conforming citizens negotiate the criminality and deviance associated with their drug use.
3.8 Preliminary Results

3.8.1 Participants drug use

This short section provides descriptive information about the types of drugs that are used by the participant group, before the detailed discourse analysis of the main findings within Chapters Four, Five and Six. The participant biographies can be found in Appendix A, which give a detailed account of current drug use for each participant.

The study included those who had taken any illegal drug as classified under the UK 1971 Misuse of Drugs Act. Ecstasy, cocaine and cannabis were the illicit drugs spoken about most predominately within the interviews, and to a lesser extent LSD, speed and ketamine. The terms ‘polydrug’ use and ‘multi-drug’ use are often used within the literature to define the use of a variety of drugs used at one time or within different occasions (Boeri et al, 2008 and Ives and Ghlanli, 2006). Frequency of drug use varied considerably within the sample and also within the individuals’ lives.

Most studies make attempts to quantify use in terms of the frequency of consumption and the amounts consumed. Although these concepts are integrated into the analysis via participants’ justifications for drug use, basing the analysis solely on the drugs taken by the participants in the past year would not gain an illustrative picture of drug use within the participant group. For example, there were often differences between recent drug use and the participants declared drugs of preference. For example, Stephan claimed his favourite drug was ecstasy but he had not taken any recently as it has been difficult to obtain. To merely quantify Stephan’s drug use in the last year therefore, would not accurately demonstrate the entire picture of his recreational repertoire.

The participants described their drug journeys within their interviews and much background information about past drug use does not feature in the analysis. Appendix A therefore presents individual participant biographies, which include some background information on the participants’ drug use. At the beginning of the interviews participants described their initiation into drug taking. This varied considerably in the participant group and it is worth noting that exactly half of the participants did not begin their drug journeys until their mid-twenties and early thirties. Sara, Annabel, Greg, Johnson, Marcus, Libby, Luke, Lydia, Paula,
Sean, Simone and Terry all described their adult initiation into drug use. This demonstrates that not all experimentation can be associated with youth and people are still having new drug experiences within their adult lives.

The three main drugs used by the participant group were cannabis, ecstasy and cocaine. Cannabis was often described as an initiation drug, which the participants had experimented with to varying extents. It was often, but not always, the first drug the participants had come into contact with and subsequently tried. Ten of the participants smoke cannabis on a regular or occasional basis and a further six would smoke it on a rare occasion if it was offered to them. All the participants would take stimulant drugs. All but one (25) would take ecstasy and 21 would take cocaine. Ecstasy is usually taken for a specific event for the purpose of dancing, music and all night endurance. Cocaine on the other hand is more likely to be taken when in intimate social situations, which are high interaction between a few individuals. Cocaine was more suited to small social gatherings in personal and familiar locations, such as house party/gatherings, after parties and in bars and clubs.

Ketamine has become an increasingly popular drug within recreational repertoires. However, it was not the main drug of choice or consumption for any of the respondents. Four people would consider taking it but the majority (22) expressed that they would not. It was the most negatively described drug that was accessible to the participants. Heroin and crack cocaine were also described negatively but were not readily available to these participants.

People shared their experiences of other drugs but to a much lesser extent than cocaine, ecstasy and cannabis. Speed was described as an initiation club drug for some participants, particularly those who began clubbing in the early 1990s. Lydia expressed she still took speed on occasion and enjoyed the stimulant effects. LSD was described as an ‘occasion’ drug suitable for rare contexts or settings. Taking LSD was described as a consuming experience due to intense and extended effects after ingestion (10-12 hours), which meant that it would not be taken with any regularity. Clive outlined that psychedelics were his drug of choice but would only take them if the right situation presented itself. Some participants
had tried LSD in the past and enjoyed it as the experience demanded specific circumstances; use was therefore confined to particular times such as festivals or holidays.

It became apparent after the first half of the interviews that although all respondents took illicit drugs, some people had a difficult, cautionary or minimal relationship with alcohol. Seven participants outlined that they drink alcohol regularly and did not express any concern about this consumption. These participants drank more frequently than they took illicit substances. Five participants expressed alcohol consumption was rare. Six of the participants drank occasionally or regularly but expressed concern over their alcohol consumption. Concerns were largely about excessive amounts of alcohol consumed and the effects this may have on health and behaviour.

In conclusion, cannabis, cocaine, and ecstasy were the drugs most often consumed by the participants. Ketamine, LSD and amphetamines were also used, but to a far less extent. It was not just drug preference which determined consumption patterns, but availability, context and environment. The next chapter analyses participants’ drug taking in much greater detail, using discourse analysis to ascertain how participants describe, reason and justify their behaviour.
Chapter Four: Personal accounts for functional drug use: the importance of control

4.1 Introduction

This chapter focuses upon how the participants account for drug use within their lives. It introduces six newly formulated narrative frameworks that participants draw from to legitimise their illicit drug use. These frameworks are not representations of drug taking identities; nor are they not designed to unearth the ‘truth’ about drug consumption patterns. They are discursive resources which illustrate how participants present themselves with reference to their behaviour. The participants selectively draw from these frameworks as ‘interpretative repertoires’ (Potter and Wetherall, 1987) to rationalise, justify and make sense of their drug taking.

Each framework incorporates: drug taking choices and preferences, the social context in which drugs are taken, and how drug use is controlled and maintained within adult life. The participants draw from multiple frameworks, depending on what behaviour they are talking about. For example, Annabel, Dina and Luke drew from the moderation framework when speaking about their daily cannabis use and the drug cultures framework when speaking about their stimulant drug use. Each framework also features descriptions of what participants considered deviant substance use behaviour, which is linked to issues of frequency, function and control. Participants disassociated themselves from this undesirable behaviour in order to legitimise their own drug use. This is introduced as a newly formulated neutralisation technique, which I term ‘drugscrimination’.

The chapter begins by providing a brief description of each framework and describes ‘drugscrimination’ in more detail. The remainder of the chapter looks at each framework in greater depth supported by relevant interview extracts. It concludes that participants are not confined to the frameworks indefinitely as the changing nature of social life means that preferences, priorities, and behaviour will evolve and subsequently alternative frameworks may be utilised. The context of the interview will also affect the narratives produced. Overall, the frameworks illustrate how the preservation of self-control is a central factor in
legitimising behaviour. Each framework incorporates nuanced ways of presenting self-control with regard to drug use. The chapter also draws attention to the absence of the discourse of pleasure on the body within the frameworks. This could be explained due to the following reasons: the subordination of pleasure by dominant legal and health discourses; pleasure as a youthful rather than adult notion; and the reserved nature of British culture and the avoidance of personal pleasure in public rhetoric.
4.2 Summary of frameworks

Within the ‘reformed hedonism’ framework, drug taking is accounted for as primarily past activity. It is associated with a period of time that was hedonistic and free from responsibility. Participants were once heavily involved in socialising in dance music scenes and used to take drugs regularly. Due to a shift in lifestyle and priorities, drug taking has shifted from an integral part of leisure time to a less frequent pursuit. Key life turning points, such as parenthood and career changes, have resulted in a progression away from leisure and fun. Knowledge and experience gained from drug use allows the participant to speak with authority about drugs, whilst distancing their use as a past rather than current activity.

The ‘planned celebration’ framework positions the participant on the periphery of drug taking environments and contexts. Individuals are autonomous in their drug taking decisions and decide when they have the opportunity to take drugs. Drug use is therefore restricted to special occasions and events, such as festivals, birthdays and holidays. Ecstasy, and to a lesser extent cocaine are the main drugs of preference within this framework. Drug use has naturally declined due to decreased desire and opportunity to take drugs. It is legitimised in adulthood as infrequent and low priority.

Within the ‘drug cultures’ framework, drug taking is associated with dedication to a particular social scene. Individuals describe themselves as an integral part of dance music scenes which are inextricably linked to drugs. Participants describe their passion and preference for socialising in public spaces, such as clubs, festivals and other large music events, which are associated with a particular form of dance music and where drug taking is culturally accepted. Stimulant and psychedelic drug use, in particular ecstasy, are the main drugs of consumption within this framework. Drug use enhances experiences within these contexts and is often legitimised as facilitating longevity within a night out, for example to enable dancing for extended periods.

The ‘socialisation’ framework describes drug taking as enhancing socialisation at an intimate level. Drug use is a shared pleasure and pursuit, which is influenced by people rather than environment. It takes place in private settings, such as the homes and local bars.
where interaction with others takes priority. Rather than motivation through dancing, music and public spaces, the emphasis is on talking, laughing and sharing. The main drug of consumption within this framework is cocaine, which is described as suitable to intimate socialising with small numbers of people. Drug use is part of socialisation with certain groups of people. This legitimises drug taking as only occurring within some rather than all social situations.

The ‘moderation’ framework is used by participants who take drugs regularly within their lives. It is used by all participants who smoke cannabis regularly; however it is also used by some participants in conjunction with the ‘socialisation’ and ‘drug cultures’ frameworks to further legitimise use. Descriptions of frequency and amounts are a central feature within the narratives of this framework. In general, current drug use is described as frequent but not excessive, for example, smoking two cannabis joints in the evening after work. This framework legitimises regular use as controlled in terms of the amounts taken. As a result, it also legitimises drug taking as controlled within life overall.

The ‘situational opportunity’ framework describes drug taking as driven by environment. Individuals do not position themselves as instigators of drug use, but are likely to take drugs if they are available or offered to them. This is the only framework which refers to difficulties in personal control; individuals refer to their propensity to overindulge in drink and drugs and express guilt and concern about this. In order to restrict use or abstain from drugs, individuals will refrain from contexts which drugs are likely to be available, i.e. they will not attend a festival or party. Drug is legitimised as participants position themselves of passive acceptors of drug taking environments, rather than instigators of drug use.
4.3 Drugscrimination

Within each framework, participants defend their own drug use by expressing their ability to function well in everyday life by controlling the occasions they use drugs and regulating the amounts of drugs they take. However, not all drug takers are depicted as being able to control their personal use in this way. Certain drug taking behaviour is explained as deviant by the participants due to the effect it has on an individual’s ability to maintain functionality within their lives.

Participants describe unacceptable behaviour as that which is driven by the desire for extreme intoxication. This includes a disregard for individual well-being and a lack of respect for others and society. There are four substances in particular that participants’ associate with deviant drug use: ketamine, skunk (a strong strain of cannabis, which has become widely available within the drug market in Great Britain in the past 15 years), alcohol and cocaine. That is not to say these drugs are universally opposed by all participants, as all of these substances are also taken (to varying extents) within the participant group. Rather it is these substances that attract the most criticism through the ways that they are used by others. I have termed the way in which participants speak about undesirable and deviant behaviour associated with these substances as ‘drugscrimination’.

Drugscrimination is a newly developed concept within this research; it is ‘technique of neutralisation’ (Matza and Sykes, 1957) whereby participants justify their own drug taking by characterising it as less risky than other types of drug using behaviour. This draws on of denial of the injury and harm technique within the original theory, i.e. participants are deflecting the harms caused by their own drug use when compared to others. This supports developments in neutralisation research from Maruna and Copes (2005) and Aldridge et al. (2011) and Aldridge et al. (2012) on ‘good neutralisations’, as the process of drugscrimination is concerned with deflecting criticism and judgement from others, rather than understanding their drug use as a deviant activity.

Within narratives about personal drug use, participants often define themselves in terms of what they are not rather than explicitly describing their own behaviour, i.e. by characterising their own behaviour via a negative contrast to behaviours they reject. This is
a process of defining others as bad, in order to projects oneself as good (Hall, 1997). Firstly, this indicates that it is difficult to define oneself in a positive way with regards to drug use. In addition, it shows that participants are wary of critique around their behaviour and attempt to deflect judgement, which illustrates the contentious nature of drug use within society. Terry demonstrates this in the following extract.

**Describe your drug taking to me and what part it plays in your life?**

Describe my drug taking. Well I didn’t take any drugs at all when I was younger. We met very young, you heard about drug people and we wouldn’t even be able to recognise them or identify them. Wasn’t interested, never smoked, weren’t big drinkers and it was only later on when the music scene came around, the dance music scene. It was more out of curiosity I suppose. The first thing we tried obviously was the ecstasy in the dance craze and it was fantastic but in a controlled environment with likeminded people. I can say I have never been drunk in public. I am not a drinker, I drink at home and get a bit tipsy but I have never been in a state of drunkenness in public it has never interested me. We work hard and we like to play hard, simple as

(Terry 54, Surveyor)

Terry defends his own drug use by stating that he does not get drunk. This emphasises ‘drugscrime’ around (unacceptable) drunken behaviour in order to define his drug use as acceptable. Within this he defines his behaviour as contained, controlled in environments which are associated with music, but defines alcohol intoxication in public places as out of control and undesirable. His process of drugscrime emphasises different levels of acceptability in terms of substance use. Terry’s extract shows that acceptability is not related to the legality of the substance, but the behaviour that results from consumption. This shows he is deflecting judgement that illegal drugs are more dangerous and risky than substances that are legal. Drugscrime is therefore not constructed through deviance associated with criminality, but through the norms about acceptable types of behaviour. On one level this is linked to health and well-being of individuals, but overwhelmingly it is associated with the desirability of controlled and functional conduct. Deviance is therefore constructed as a behavioural rather than a legal issue in this instance.

Another example of drugscrime is found in Billy’s stated reasons for not taking ketamine. Billy has taken a variety of substances over his lifetime. Currently his drug of choice is cocaine but he also enjoys taking MDMA or ecstasy. He is adamant he would not
take ketamine due to its effects on the body with regard to losing control, as he explains here.

*I have never tried ketamine, wouldn’t.*

**Why wouldn’t you try ketamine?**

*I have just seen what it does to people and it freaks me out.*

**In what way?**

*People just lose serious control, serious, serious control.*

**Can you give me an example?**

*At a festival ten years ago, everyone was having a great time and a couple of the lads decided to do a couple of lines of ket and at first it was funny because he was walking like Mr Soft down these things, like knees high, he was like bouncing down the path, it was hilarious and then all of a sudden it went really dark, and he couldn’t see, and he looked scary and it was like everyone else went on a comedown because they had to look after this guy who had no control over his body and I was like, no, not for me, not for me.*

(Billy 30, Paramedic)

Billy associates ketamine with a loss of control and unpredictability of effects, which he states as his defining reason for not taking it. Again, Billy is not concerned with the legal status of ketamine in his decision not to take it but with the desire for certain effects from the drugs he favours. This illustrates a preference within this adult group of drug takers for a ‘controlled loss of control’ as stated by Rodner (2005). This could be indicative of their evolving, perhaps maturing desire for less intense or less frequent drug taking occasions. It could also be associated with generational differences and cultural acceptability of certain substances. The types of drugs or drug induced behaviours that are associated with ‘drugscrimination,’ have emerged on the recreational drug scene in the past ten to fifteen years. Ketamine for example, has been taken within the recreational repertoires associated with dance music for a number of years (Measham and Moore, 2008; Riley et al, 2008). However, it has been more recently associated with newer micro music subcultures, such as dub step and grime (Measham and Moore, 2009). These are associated with younger generations of drug takers and may not be culturally accepted with older generations of dance drug takers. Fiona Measham has written extensively about the existence of ‘binge drinking’ culture associated with British youth from the 1990s (see for example, Measham,
This again might demonstrate generational differences in the ways in which certain substances are culturally accommodated based on age and musical preference and within particular periods of time.

Generational differences associated with drug and music preferences could signify certain drugs are not culturally accepted by the ‘ecstasy dance music’ generation of drug takers. That is not to say that all participants take only ecstasy, but they grew up within an era in which ecstasy emerged and was integrated within a generation. This participant group has a preference for drugs that ‘enhance’ and ‘stimulate’ their leisure time. Substances that ‘distort’ and ‘inebriate’ were deemed to be deviant and undesirable. It is important to note that both ketamine and alcohol could be argued to stimulate users, but they are not presented in this way by the participants within this study. Drug discrimination is concerned with how the participants reason and neutralise their own use by presenting it as more controlled than other types of drug consumption behaviour. This helps to legitimises Billy and Terry’s own behaviour. Overall when respondents spoke about their drug use, they distinguished themselves from notions of addiction, risky behaviour in terms of health and wellbeing, and reckless behaviour driven by the desire for extreme intoxication.

Drugs that are more generally associated with heavy end addiction, dependency and chaotic lifestyles, such as heroin and crack cocaine, were not often discussed within the interviews. Most participants stated that they would not take these substances due to their addictive properties and social undesirability. The participants may be aware of people who have taken heroin and crack, but these are not integrated nor accepted within their recreational repertoire. Penny illustrates this in the following example:

**Are there any drugs that you would never take?**

_I suppose more like, like I don’t know whether they are more addictive. I don’t know because I have never done them, seemingly the ones that are aesthetically destructive, like heroin and yeah, I wouldn’t do any of those drugs that your body might come to rely on a bit. Or the feeling was so intense that you might, because I don’t think you know and those to me seem like drugs that are actually more physically addictive rather than mentally addictive and your body becomes. This is all, I don’t know, I don’t know enough about them but this is all from just looking around at people who have taken heroin and they have got addicted and I don’t like what it does to you._

(Penny 39, Musician)
Participants do not refer heroin and crack through drugcrimination in order to defend their own use, which indicates these substances do not threaten understanding of their own behaviour. They are therefore described as unconnected to drug use within their recreational repertoire. Each framework incorporates particular distinctions of ‘drugcrimination’, which are described in detail in the following section.
4.4 Narrative frameworks to legitimise recreational drug use in adulthood

4.4.1 The reformed hedonism framework: justifying drug use as past action

The reformed hedonism framework accounts for drug use from the perspective of past use. Drug taking occurred during an intense and hedonistic period of clubbing, which dominated social identity and pursuit. Due to a shift in lifestyle and priorities, current drug taking is described as an occasional occurrence and not an integral part of life. Past experience has resulted in extensive knowledge about a particular drug sub-culture, which allows participants to speak with authority about drug use. However, legitimacy is also gained through ‘drug use as past action’ and the maturity gained since moving on from a more hedonistic time of life. Two participants, Helena and Clive, drew from the reformed hedonism framework in reference to their drug use associated with the dance music scene. Here Helena describes her lifestyle within her early to mid-twenties.

*It was just kind of what I did every weekend and it was a big part of my life... I decided I was going to calm it down a bit, it had been a bit much every weekend and that very weekend I planned to do that we had a party at our house and that is where I met my husband and that opened up a whole new doorway of drug taking because he introduced me to all his friends. And I made some amazing friends through him and then I was doing it with his friends, my friends. It was just what I did at the weekends, loved it enjoyed it and really looked forward to it. But I suppose sometimes on a Monday or Tuesday I would think ‘oh I am tired’, not loads but there would only be another 48 hours and I would be up for it on a Friday or Saturday. It was just a cycle that you get into. You just have a laugh; it was just so much fun.*

(Helena 30, Criminal Justice).

Those who drew from the reformed hedonism framework are good story-tellers and were able to provide detailed narratives about their drug taking. They speak of memorable drug taking experiences with nostalgia, which were centred on shared pleasure and bonding over similar interests and values. For both participants, this relates to the dance music scene, which involved a wide range of stimulant drugs and extended partying periods. Clive described a social gathering within his home after clubbing in the 1980s, which emphasises the unity within drug taking contexts.

*After a club night, me and my wife came back to the house with about a dozen young football casuals. They had all been sweating their tits off and we gave them all t-
shirts to wear. We washed and ironed all their clothes while they listened to music, they couldn’t believe it, 7 in the morning and we were ironing their clothes whilst we were tripping our tits off. I got back in touch with one of the guys on Facebook and he said, ‘none of us ever forgot that’.

(Clive 54, Education).

As these are reflections from the past, the participants have had enough time to be able to put these experiences into perspective. Both Helena and Clive described fundamental changes within their everyday life that instigated a move from their drug taking lifestyle. This is associated with life turning points, for Helena this was becoming a mother and for Clive, this signified the end of his career in the music industry and the start of a new intimate relationship with a non-drug taking partner.

**What don’t you feel the need to do that anymore?**

Just a different situation. I am not in club land anymore... And all my experiences are within and I don’t necessarily need to kind of re-ignite it because it is not my kind of thing. I kind of know what it is like to be really, really off my head and all I have to do is squeeze my senses and it is back...I am grandfather, couple of grandkids. I am a teacher, a lecturer, I am 54 years old. I can still have my laugh and I will still have my laugh. But I am in a good, secure and steady relationship. I have never been this faithful to one woman in my life as I am now. I am amazed at that. You know what I mean, incredible. I just can’t believe it; I have really sorted myself out in that thing.

(Clive, 54 Education).

Helena and Clive did not express regret or anti-drug attitudes as a result of detaching from their drug taking scenes; rather they viewed it as a positive period in their lives, which they look back on with fondness and affection. As there were only two participants drawing from this framework, it is difficult to know if others who draw from a reformed hedonism framework would consistently reflect on past use in a positive light. Although, drug use was not situated as regular at present, past use has informed the construction of their identity and overall ethos within life. For example, Helena met her husband on the clubbing scene and Clive still has a passion for music. He outlined this as an important time for him to make connections creatively and socially:

‘You know there are a lot of great friendships made and cultivated through that and I am not saying these relationships are false in any way. I love the people who I have met in that circumstance and although we might have met in a cubicle that is not where our love lives.'
Within the reformed hedonism framework, current drug use is infrequent and has been vastly reduced to specific and rare occasions, such as festivals and clubbing reunions. At these times, the participant re-enters the cultural context in which they used to be central. They seek a night of escapism, unity and hedonism that was once so familiar. However, drug taking does not have the same resonance as it used to. The scene has changed and evolved and their own lives have moved on, making it difficult to enjoy drug taking and music as they once did. Drug use was an integral and positive part of their lives, but now the negatives of drug taking outweigh the benefits. This has resulted in the reduction of both the desire and incidence of drug use. This demonstrates the complexity of understanding drug use within this framework. On one hand it is reminiscent of fun and excitement, but on the other hand, the ability to actually enjoy drug taking occasions seems to have surpassed for these participants. Helena illustrates this in the following quote.

*But some of the things now, I don’t find it that much fun. When I have taken drugs recently I am almost too aware of myself, I don’t lose myself anymore so people would be talking about something and I would be like, ‘did I really think that was that interesting to talk about?’ I would have taken stuff and I would be like I can’t really be bothered talking about that. I must have just kind of got into what everyone else is doing. But I kind of view it a bit differently now... I think if you stop doing it so often I found that the negative effects started getting worse. I would have a good time but I would give myself a talk afterwards. It was ridiculous and I would be paranoid about things which I had never been before and I don’t know whether because I didn’t do it for six weeks and then I would do it, it affected me differently.*

(Helena 30, Criminal Justice).

This framework categorises drug taking as unacceptable when it is not purpose driven for socialisation music scenes. Participants own drug use has always been linked to their dedication to this subculture. Meaning and motive for drug taking is similar to that of the drug culture’s framework. Rather than situate use as purely driven by pleasure and intoxication, it was about belonging and contributing to a scene dedicated to music, dancing and enjoyment of public spaces. For participants drawing from the reformed hedonism framework, drug use has become less frequent as a result of their separation from this scene. This further supports that drug use is driven by culture rather than a desire for intoxication. Drugscrimination within the reformed hedonism framework is therefore associated with those who are motivated to take drugs purely for the inebriating effects. For
example, Helena describes cocaine as ‘expensive and a waste of time’. Clive speaks about how current drug music culture is inclined towards extreme intoxication, for example, ketamine use, which he feels inebriates rather than stimulates its user. Clive also outlines the continuation of heavy recreational use throughout adulthood as undesirable as illustrated in the following quote.

‘That was the madness then and like you know brilliant but that was then man and I don’t really feel the need now and to tell you the truth, sometimes when I have been in situations where my peer group and most of them are younger than me, some of them look a lot older than me and I have been quite shocked. I have been to a couple of reunions and I thought ‘fucking hell sort it out’, like no teeth and quite ravaged and I thought, ‘you really need to calm it down a bit’. You don’t need to be doing this anymore, all the time and there are some people who don’t know how to stop and I think some people are identified by it’.

(Clive 54, Education)

Accounting for drug use as primarily past action strengthens the reformed hedonism framework by referring to progression throughout the life course, whilst allowing the sense of fun and adventure to return on specific occasions. This supports evidence of life-turning points resulting in the desistance of drug taking (Flood-Page 2000; Shiner, 2009 and Williams, 2013). Clive’s drug taking has diminished within his forties, which shows that life changes are not solely confined to typical age turning points associated with youth and adulthood (Williams, 2013). It also shows a reduction but not a total abstinence from drugs in adulthood which is supported by Aldridge et al. (2011) and Williams (2013). Helena’s child is now a toddler, and an initial abstinence from drug use after her child was born supports the findings of Measham et al (2011). However, this interview was conducted at a particular period of time and it is not to say this signifies indefinite desistance from drug use. This supports Williams (2013) and illustrates that drug taking trajectories are more complex than large-scale self-report surveys suggest.
4.4.2 The planned celebration framework: justifying drug use as occasional pleasure

Within the ‘planned celebration’ framework, drug use is accounted for as a periphery aspect of life and participants refer to drug taking ‘occasions’, such as holidays, birthdays, festivals or a night out. Drug taking is further legitimised as an autonomous and purposeful decision; participants control the regularity in which they use drugs rather than the amount of drugs they take on a particular occasion. Drug use has declined in recent years due to a gradual shift in both the opportunity and desire to take drugs, due to busy lives and competing priorities. Six of the participants (Libby, Johnson, Simone, Paula, Sean and Rhys) speak from this framework when describing their stimulant drug use. Here Rhys describes the last time he took drugs, which illustrates the planned celebratory nature of his use.

The last time it really happened, I had been on holiday for a week... it was a friend of mine’s wedding and I was out there with all of my friends and we were dancing around having a really good time and we all took some pills. It was totally premeditated fun, we danced around and made fools of ourselves and I have got no problem with that. It doesn’t happen as much as it should do. It’s like once a year when I might be in those conditions when I am neither exhausted nor tired. I am using it partly as a pick me up when I am not worried about the consequences of being on shit form for two or three days. It is like brilliant, really good fun, let’s go for it. Or it might be that I have taken a long weekend, it is my birthday and I take some mushrooms and horse around. And it is totally pre-mediated, I know exactly what is going to happen and I am totally up for it and no qualms about anything else that happens

(Rhys 35, Web Design).

The planned celebration framework is associated with stimulant drug use, in particular ecstasy, which is usually stated as the participant’s drug of choice. In contrast to those who drew from within the socialisation framework, participants have not shifted their drug consumption from ecstasy to cocaine and stated they are unlikely to take drugs outside of collective party contexts. Both their past and more regular use is linked to music and public spaces, i.e. clubbing and parties. Unlike those who spoke from the reformed hedonism framework, drug taking has never dominated their social pursuits and they do not refer to a previous drug-associated identity. Rather than key life turning points, drug use was simply a more frequent activity in the past, which has waned progressively over the life course.
Simone illustrated this point when describing her current use as compared to her drug taking when she was younger.

Yeah so for quite a long time it was something I did on a regular basis, not every week but quite often. Certainly as a student when I had quite a flexible, fluid lifestyle, particularly in the summers, but as I have worked full time for the last seven or eight years or so, yeah it is something that has become less frequent and that is definitely, well it takes longer to recover and you just need your weekend literally to rest so it is something that I probably even do just a couple of times a year now. Not deliberately just something that works out, unless I went to a festival or something where I would do quite a lot over a few days. That sometimes happens.

(Simone 39, Policy Officer)

Participants within this framework asserted they will take drugs when they have sufficient opportunity and inclination to do so. It is low in the hierarchy of priorities and regular use is undesirable, which legitimises their own use as it is a subsidiary aspect of their lives. Participants spoke of limited opportunities for more frequent use due to their responsibilities associated with work, parenthood and other activities. Drug taking is regarded as ‘time off’ from busy lives and participants referred to stressful careers, which restricts the desire and opportunity for drug use. Participants also made reference to the investment in recovery time needed after ecstasy consumption, which further limits their drug use to special occasions. However, Paula and Simone have children in their teens and spoke of the increased freedom for their own leisure time as their children have got older. This supports Measham et al. (2011) who found that mothers began taking drugs again after a period of abstinence when their children were very young and in need of full-time dependent care.

What drugs do you take and what part does it play in your life?

Something like, those big occasions it has been whittled down to now, so New Year, August Bank holiday, possibly a birthday. If I do get a chance, you know when all the planets line up sort of when I go to clubs now, everything has to be right to get to a club these days and that doesn’t always happen in the right things. The pressure of work often means that I work Sundays. I work Saturdays anyway so to get a Sunday off when there is a club night I want to go to on a Saturday de, de, de, de so it does have to be, it doesn’t often happen with those kind of events.

(Libby 46, Retail Manager)
Participants within the planned celebration framework state drug taking is an autonomous decision. They position themselves as strong-minded and in control of their own consumption; they decide when they will take drugs and will not be persuaded if it does not fit in within their current schedule. For example, if they have a busy period at work or have things to do the next day, they will not take drugs. The environment and people around them do influence drug taking decisions, and this is not to say they do not take drugs opportunistically, but these decisions to take drugs are regarded as autonomous. This is in contrast to factors that influence drug taking in other frameworks: the micro social world in the socialisation framework; dedication to a social scene in the drug cultures framework; and environment in the situational opportunity framework. Participants within the planned celebration framework state they can be in situations where drugs are available and refrain from taking them, which further demonstrates their autonomy around their behaviour rather than being influenced by others. For example, Johnson described his decision to take ecstasy for the first time in his early thirties and his subsequent experience of it.

*It just enticed me a little bit. It wasn’t no peer pressure or anything. Because I can’t be convinced to do anything I don’t want to do in some sense, but I don’t know, I thought I wanted to try it.... You don’t think about it, oh I have dropped a pill I am going to enjoy it. You are going to enjoy yourself anyway if you are a fun person you know what I mean? I think it makes you more relaxed and makes that funnier person come out even more, and more loving probably, not all the screw face (bad mood) and whatever, you get me? You really party....*

*And would you take pills, ecstasy if you were going to a club or would you just keep it to a house party kind of thing?*

*It depends what type of club it is going to be, what type of music. If it is going to be a dance up, dance up you know what I mean, you are going to have that bubbling vibe. It’s about what type of mood I am in really, who you are really. Not every time you got out are you going to drop a pill, are you?*

(Johnson 33, community worker)

Sean accounts for his drug use using the planned celebration framework but described issues with controlling the frequency of his drug taking occasions. He expressed concern over the regularity he took cocaine in the past, but has since modified this to his satisfaction. Within the interview he also expressed concern over the regularity of his alcohol and tobacco use. He declared he is bordering on alcoholism and linked this to ‘boredom’ and ‘dissatisfaction’ within his life. Similarly, Simone expressed she is sometimes
concerned about the regularity of her alcohol consumption, as illustrated within the following extract.

**So what kind of role does alcohol play in your life now?**

*Sometimes it seems to crop up on a daily basis. Sometimes I go through a week and think god I have drunk every day. I kept a food diary recently, I had read a book about how to eat more healthily and they suggested doing it so I did. And what jumped out at me was not what I was eating. There was probably a bit more chocolate and biscuits in there but it was how much I was drinking. I would say maybe I have four or five units a week but I don’t, sometimes I have but that is a very minimal week and I probably have 2 or 3 or 4 a day. And you think ‘in a normal week’ but there is never a normal week, something always seems to crop up.*

(Simone 40, Policy Officer)

Within this framework, substance consumption is unacceptable when it becomes too regular. Drugs should not be a consuming part of someone’s leisure time and individuals should control the frequency with which they drink and take drugs. In the following extract, Rhys described cocaine use as problematic for some people he knew on the basis it can become a standard feature within their leisure time. He disassociates himself from a stereotypical image of those living a wealthy and frivolous life centred on partying and cocaine use. Through drugscrimination, Rhys is able to deflect anticipated assumptions about his lifestyle and defend his drug taking as controlled and occasional.

*I think you can get too caught up in coke. Some people have not got enough going on in their lives so it becomes a lifestyle; they are not my friends to be honest. Most of my friends are successful, are doing well in their careers, have got families now and every so often it is just a little bit of fun, a little bit of release. A couple of them who don’t necessarily have to work so hard, they have got quite a lot of cash and so they go out and coke is more part of their lifestyle, I think, they are not really my friends anymore.... people who somehow lose their thread and live in this utopian world where to the next party, to the next party like nothing really matters. I think there a little element of that every so often is good for you. From this hum drum boring from 2.4 kids, mortgage slave but too much of it and you lose the grasp of reality, that everyone has to work for a living and it is not nice living in a filthy house and you have to work hard for something to really enjoy the reward of it, the sort of instantaneousness of drugs which I think is a bit of a fool’s gold.*

(Rhys 35, Web Designer)

This framework supports findings from Notley (2005) that ‘realistic users’ accommodate drug taking within competing life priorities. In this sense, the frequency of drug taking is
more important than the amount consumed within one occasion. In order to disassociate their use from what they consider to be undesirable behaviour, the participants stated the autonomous and purposeful way in which they consume drugs. Similar to the reformed hedonism framework, the planned celebration framework supports Aldridge et al. (2011) and Williams (2013), by demonstrating a decrease in desire and opportunity to take drugs rather than indefinite abstinence from drug use within adulthood. Again this is associated with the increase of demanding roles and responsibilities over the life course, but is also linked to the changing preferences of how people wish to spend leisure time. This further supports the complexity of drug taking trajectories within adulthood.
4.4.3 The drug cultures framework: justifying drug through dedication to a subculture.

Within the drug cultures framework, drug use is driven through a passion and dedication for a particular culture or subculture, in the case of my interviewees, the dance music scene. Participants utilising this framework attend club nights and festivals in the UK and across the globe with dedication and consistency. Seven participants use this framework to account for their stimulant drug taking (Annabel, Dina, Greg, Luke, Lydia, Frank and Terry). In conjunction with the drug cultures framework, Annabel, Dina, Luke, Lydia and Terry also draw from the moderation framework when describing their stimulant drug use. This furthers legitimises their drug taking with reference to the regularity of their use and is describes in section 4.4.5 of this chapter.

Those utilising the drug cultures framework describe being part of social scenes associated with music. Drug taking is legitimised as an integral part of enjoying music, dancing and feeling unity through a shared social pursuit. This supports literature outlining contextual pleasures associated with ecstasy and dance music venues (Boys et al, 2001; Hincliff, 2001; Measham, 2004; Hunt and Evans, 2007; Moore, 2008; Rodner, 2006 Pennay & Moore, 2010 and Williams, 2013). The participants expressed their integration into their chosen scene and described more regular drug use than the reformed hedonism and planned celebration frameworks. Supporting the normalisation thesis (which is described in the literature review in section 2.1.2, page eight - Aldridge et al. 2011 and Williams, 2013) drug taking is spoken about as culturally acceptable within ‘partying’ contexts, which are linked to music and public spaces, as Terry’s extract below illustrates.

I want an upper; I want a lift at the end of the night. But having said that, you can’t just be in and do an ecstasy tablet, you have got to be out in a situation with the music. I have researched it and looked at it and it is a drug enhancer, it is a mood enhancer. It won’t put you in a mood but if you want to go out and have a good night...

And what do you like about ecstasy?

The feeling, it just accentuates all the good things that are happening at that time. It turns off negative receptors and if you are in a situation with other people that are on it, it is just a fantastic environment to be in. I don’t think I have ever been to a dance club and see a fight or trouble or somebody arguing. It is this opinion that
everyone is hugging and loving each other, I don’t see that, I see people very happy and at eased and relaxed and safe.

(Terry 54, Surveyor)

This argues drug use is context specific (Zinberg, 1984 and Duff, 2003) and linked to a preference for a music genre or subgenre (Measham and Moore, 2009). Drug use is not described as the main driving force behind spending time within these public unities, but an enhancing part of it. Within this framework, participants often expressed their enjoyment of the scene irrespective of taking drugs. They spoke of a preference for socialising in public spaces and enjoy the music, atmosphere and environment. This legitimises drug use through dedication to the music and the environment rather than primarily been driven by intoxication itself. The following extract from Annabel illustrates this.

_I went out to (club night) and stayed there till half three - four in the morning without any drugs. It was alright. I enjoyed dancing and I enjoyed….I had been out when I was pregnant, I went to a party and I liked being ‘not off it’ and watching everyone. Clearly I would prefer to be off it, that is my preferred state, but when I am not, I quite enjoy watching people and seeing how they are and hearing them talk shit._

(Annabel 40, Education)

There were two intimate partnerships within this framework (Terry and Lydia; and Luke and Annabel). The shared dedication to music, dancing and taking ecstasy is seen as an enhancing part of their relationship. Similarly, Frank also describes clubbing with his partner. Greg and Dina’s partners do not share their penchant for drug use, but do enjoy socialising within the music scene. This further supports literature which has found heightened pleasures experienced through clubbing as a shared pursuit. To illustrate this, Lydia describes how taking ecstasy and clubbing has strengthened her relationship with her husband Terry.

_What about ecstasy, what do you like about ecstasy?_

_I just love it; it has made our marriage just amazing._

_[They used to use ecstasy in marriage guidance]_

_Use it as it supposed to be used. It is brilliant. I think in some ways it has actually saved our marriage. Whereas 15 years ago we were like most people: we had been married a while, we had two kids, we were going through bad patches with one thing and another. And I think half of it was that Terry was going out and not taking me out, I was sat at home and I didn’t really know what he was doing and I think we had_
a bit of a go at each other one night and I was like, ‘what makes you think that I
don’t want to do it?’ It shocked him in a way so we went into town and took these
pills, they were called rhubarb and custard back then and within 45 minutes I
remember going, ‘this is amazing, I absolutely love it’. It could have gone the other
way, but that is the chance you take and an hour later we came home, stopped in the
park and had amazing sex and it was great. Like wooooo. It made us sit and talk
and talk about the things we hadn’t talked about in so long without getting upset at
each.

(Lydia, 55 Accountancy)

Participants within this framework state ecstasy as their primary drug of preference. It is
described as both pleasurable and functional, and well suited to high activity socialising with
an emphasis on ‘being out’ in public spaces. The thrill of intoxication is described by
participants, such as the enjoyment of ‘being really fucked’ or ‘being off it’; however this is
legitimised within the context of the clubbing environment. Drug taking for the sole purpose
of intoxication was seen as unacceptable behaviour. In general, cocaine was considered
appropriate in private settings, such as ‘after parties’. It was described as inhibiting ‘clubbing
scenarios’ as it is difficult to take in public spaces as it needs to be snorted discreetly and
there is often desire for regular re-dose. Ecstasy was argued as more conducive to clubbing
than cocaine as the effects of one dose last longer than and facilitate extended periods of
dancing. Cocaine use is therefore a subsidiary drug within this frameworks’ repertoire, as
Luke exemplifies:

I absolutely love pills, the last time I went out with friend was last Friday and we had
those ‘140 pills’ that I had heard about. They are supposed to be 140mg and I
thought yeah, heard it all before and then it was the first time I have felt proper loved
up on pills for.. I just love, if you do get it that loved up feeling of being ‘pilled up’,
much more than any, that’s the thing I prefer to anything other, like speed or coke. I
love been off my head and realising I am really fucked... So I don’t know, maybe it
(cocaine) would be something that I would do coming back from a club or on a
different night, just have a coke night. Probably the last time we did it was New
Year’s Eve. We stayed in and had a couple of grams of coke so I don’t really kind of
use coke in a kind of clubbing situation. I just think it is really overrated.

(Luke, 42 Education)

All frameworks make a specific reference to the way in which drug use is controlled; for the
drug cultures framework this is through the frequency of going out. Drug taking is typically
limited to once a month or once every six weeks but it is heavily dependent on the calendar
of events within the music/festival scene at the time. Participants speak of cycles of drug
use, for example, participants typically stated they may go out once every few weeks for busy clubbing periods and then have extended periods when they do not go out at all. Participants also referred to the consistent part ‘raving’ or ‘clubbing’ has played in their lives overall, emphasising this has never been excessive to the point they have ‘burnt out’ of the scene. Participants’ believe they are in the minority of clubbers with respect to their age, which further supports their ‘dedicated’ status. The following extract from Dina illustrates this.

*Any regrets, would you change anything about your drug taking?*

_No; loads of people I know have done it for years like me and then they come to a point where they just don’t do it anymore and I just can’t see a time when I say I am not going to go out clubbing, I am not going to go out and get twatted. I went through a lull in my twenties when I couldn’t be arsed going out and it didn’t bother me, I wouldn’t go out for months and months and months and it didn’t bother me. But now I really enjoy going out and I always have a good time, every time I go out. There has not been any night that I have gone and I think that was absolutely shit and because I have such a good time I just can’t see a time when I will stop and I have been doing drugs since I was like, well smoking since I was 14/15 and then everything else 16 onwards and I can’t see a time when I would actually say that I am not going to do it, but that doesn’t bother me because I enjoy it. I will be the old timer of the crew, I might go out less when I am older but I will still do it I reckon.*

(Dina 39, Financial Advisor)

This is further supported by Frank. He is 59 and is a regular at club nights in Manchester. In the past few years he has modified his consumption to one drug, ecstasy. He admits taking large amounts of cocaine in the past but has since stopped taking it after a turning point in his life ten years ago. This was not due to changes in preference of where to spend his leisure time but about cutting out something that was impinging on other aspects of his life, particularly his family. He also stopped smoking cannabis for health reasons. He does not account for his drug use through the ‘reformed hedonism’ framework as his narratives are focused on his continued dedication, commitment and enjoyment of a social scene. Although he has modified the types of drugs within his life, he still identifies as someone who is dedicated to this culture. Drug use is positioned as part of his *raison d’être* rather than something that can be accounted for as merely past action or pursuit.
Within the drug cultures framework, alcohol and ketamine were generally spoken about unfavourably. Participants state their leisure time has rarely been motivated by alcohol consumption or getting drunk, as Greg demonstrates:

*I will drink a bottle of wine at a weekend but I would never go on nights out specifically with the aim of getting drunk. So I enjoy alcohol and I would say I get properly drunk about twice a year something.*

(Greg 43, Retail)

All participants within this framework state they prefer taking drugs to drinking alcohol and at the time of the interview no one within this framework had tried ketamine. Both alcohol and ketamine were described as causing the deterioration rather than enhancement of social interaction and enjoyment. Drugs discrimination is therefore focused on the culture of intoxication, which is argued as predominant within younger generations of Britons. In this sense, participants within this framework categorise their behaviour as deviating from mainstream alcohol consumption, but not deviant regarding the impact on health and well-being of the individual. Mainstream nightlife was described as concentrated on binge drinking and the pursuit of extreme intoxication. Participants described their own motivations for drug use in direct contrast to this, which supports their ‘raver’ rather than an ‘intoxicator’ subject positioning. The participants are justifying their own use by distancing themselves from stereotypical images of intoxicated clubbers that are portrayed within the media. There were also objections to drug use outside of public spaces and music. For example, Frank expressed disagreement with those who take cocaine in more intimate surroundings, which is regarded as having little purpose or intent outside of intoxication.

*I know people and I bet you do too, loads of people that used to go dancing all the time and they would have a couple of lines of coke before they go in(to a club) and now they will get a couple of grams of coke and then instead of being out dancing Friday night, Saturday night, Sunday evening, suddenly you go ‘where is such a such this weekend?’ and bit by bit you find out instead of getting half a gram of coke here and there, suddenly their social life consists of getting a couple of grams of coke or an eighth in for the weekend. And having it Friday night, Saturday night, Sunday and they are just taking cocaine and drinking.*

(Frank, 59 retired)
The drug cultures framework embodies the enjoyment of a particular music scene, which is enhanced by the use of stimulant drugs. All six frameworks mention stimulant drug taking and its affiliation with music and dancing, however it is only the drug cultures framework which accounts for use through a dedication to a music scene. A large body of research associates the use of ecstasy within youth dance culture and this study shows that individuals are still attached to these scenes in adulthood. There is evidence supporting Ward (2010) that these scenes are based on more intimate groups of clubbers within adult life. This could be a sign of people refining their social and music preferences over a period of time, but could also reflect the growing branches of music subcultures within the night-time economy as outlined by Measham and Moore (2009). Participants described pleasure associated with ecstasy use; however this is only legitimised within clubbing contexts. Drugscrimination is expressed as intoxication without purpose or meaning particularly that associated with the use of ketamine and binge drinking by younger people. This could signify these drugs are not culturally accommodated by the ecstasy generation of clubbers emerging within the late 1980s and throughout the 1990s.
4.4.4 The socialisation framework: justifying drug use as collective pursuit

Within the socialisation framework, drug use occurs when socialising within small groups of close friends. Participants drawing from this framework have a preference for spending leisure time in low-key settings, such as local bars, pubs or within the home. Here there is an emphasis on personal interaction such as: talking, sharing stories, and bonding. Drug taking (primarily cocaine use) enhances this socialisation and is accounted for as a shared pleasure and pursuit. This framework therefore centralises people rather than environment as a driving force behind drug use. Billy, Catrina, Jasmine, Max, Penny, Sara, Saskia and Stephan all speak from within this framework. Catrina, Jasmine and Penny also employ the moderation framework to further legitimise their more regular drug use, which is described in section 4.4.5 of this chapter. In the following extract, Max states the nature of his drug taking overall.

"It is purely a social, go out with friends and get trolleyed and erm yeah beyond that it has declined a little bit in the later years as such but back in the day it was every weekend and quite a lot in the week as well. Nowadays it is probably down to a weekend or two a month and that is about it. But yeah it is purely a social thing rather than a habitual thing."

(Max 32, Recruitment Consultant)

Participants within this framework describe their lives as socially rich; they have many friends and enjoy a fluid lifestyle spent with various people or groups. Participants describe a shift in drug consumption from ecstasy to cocaine in recent years. This is in part associated with the decrease in good quality ecstasy, but is also a result of two leisure preference factors. Firstly, participants described a reduction in the desire to go clubbing or raving. Drug taking used to be about going out to public spaces to socialise and dance, now participants are more inclined to spend time taking drugs in settings that are focused on low level interaction, such as talking. That is not to say that some of the participants do not go out to clubs or attend festivals. Indeed, Jasmine and Penny are both involved in music scenes, which involve raving and partying. However, they do not legitimise their drug use through a dedication to these scenes (like those drawing from the drug cultures framework), but as influenced by the group of people that they are with. This is largely related to drug preference, as cocaine is described as more suitable for use in the home or bars and pubs,
where it can be shared between small numbers of people. In the following extract, Sara describes the transition from ecstasy to cocaine use within her life:

\[
\text{The part it plays in my life now is different from the part it played before and actually the part it plays in my life at any one time is quite dependant on who I am having it with and the circumstances around it so it is not always the same for me... Well I suppose the key feature of it in contrasts from what it used to be like, is that it used to be a going out thing. It used to be about clubbing and dancing and music and strangers as well as people I knew obviously... It is mostly at my house or friends of my house...a house party or more intimate... the role it plays in my life is... fun, excitement, experimentation, I find it interesting, it is a stimulating thing for me intellectually as well as physically because the drugs I take tend to be stimulant drugs and the role is about being up and fun.... it is primarily a social and a sort of close circle of people social so that is the role it play.}
\]

(Sara 47, Education)

The shift to cocaine use within this framework is also associated with a desire for less intense effects from substances. Ecstasy is described as an occasion drug due to its potency and intoxicating effects. Although most participants do state they enjoy ecstasy, they are more inclined to take cocaine for several reasons. The intense high of ecstasy means it is an investment in time, from the hours spent intoxicated to the recovery time needed in the subsequent days after use, make it difficult to regularly accommodate within lifestyles. Cocaine can be taken in small amounts and alongside alcohol in social situations. This supports Ward (2010) who found that cocaine could be taken with greater control and function than ecstasy. Indeed participants describe cocaine as a ‘leveller’ alongside drinking alcohol as it reduces the associated feelings of drunkenness and facilitates longevity over an evening. Cocaine therefore provides, ‘stimulated’ rather than ‘intoxicated’ effects on body and mind and a shorter recovery time as Billy emphasises.

\[
\text{I have got more control over it (cocaine). With ecstasy and MDMA, which are very good, it is quite easy to reach that sketchy stage, which when you were younger you wanted to get sketchy, whereas now I do it for extra heighten and cocaine can just, it is just a nice easy ride throughout the night. And I use it to combat the sketchy so if I get really high on MD then I will have a couple of lines of coke just to go back to an even keel. I don’t like losing control anymore.}
\]

(Billy 30, Paramedic)

Akin to the drug cultures framework, participants within this framework refer to cycles of drug taking within their lives rather than a linear trajectory. These are phases of drug use,
which will peak and dip depending on the people or groups the individual is socialising with.

This supports Williams (2013) in that desistence from drugs is not linear and there might be a period of time where drug taking occurs frequently and then extended periods where it does not. In the socialisation framework, drug use is often described as spontaneous and participants refer to their freedom and opportunity to take drugs. The majority of participants are single and do not have children; those that do (Saskia and Sara) have older children who are not in need of a high level of dependent care. Some, such as Stephan, speak of the freedom to take drugs through high disposable incomes.

I am in a different position to a lot of people because I don’t have any responsibilities as such. No babies crying or wife and that, so I have a bit of spare recreational money for enjoyment’.

(Stephan 40, Sales)

Right now I have more time to myself so I think I am more inclined to let myself go. At the weekends and also after work, I would be more inclined to take a little bit of something whatever that is.

(Saskia, 33 Physiotherapist)

All participants within this framework drink alcohol and enjoy drinking socially. Like illicit drugs, alcohol is described as enhancing good socialisation and interaction. Some participants also expressed an inclination towards drug experimentation. This is influenced by what drugs are available within their social circles, as well as the freedom to try new things. For example, Penny is the one of the few interviewees who would take ketamine.

Participants within this framework also spoke about the easy access of drugs, which further supports drug taking as embedded within their social worlds. They position themselves as instigators of drugs use; however this is restricted to situations where those around them are likely to partake. Participants are unlikely to take drugs on their own, which deflects criticism associated with regular use. This is illustrated in the following extract by Jasmine.

They (drugs) are other end of the phone, 24/7, in this city. Generally you can walk into a bar and there will be someone you know, if not then it is a 20 minute wait at the end of the phone, 24 hours a day, seven days a week.... The drugs I take are real sharing drugs, I would never take either of them on my own at home EVER and so I will have some in my back pocket and I will maybe go for a line or summat but like I said, whereas if I go away anywhere else where I don’t know where to get some from it doesn’t cross my mind. I can go without a drink for three weeks when I go away with my parents’.
The notion of control within the socialisation framework is evident in the varied social lives the participants lead. They described active and fluid social lives that incorporate many friends and groups. Drug taking is associated with certain people and is acceptable in these social contexts, but participants also refer to close friends who are non-drug takers and social circles where drug use does not occur. In the following extract, Stephan reiterates drug use does not occur within all social situations, but is dependent on the people he is with. This dissociates his own behaviour from the socially dependant use of drugs.

**And does it make a difference who you go out with or where you go?**

_I think it depends who you go out with for me. When I was living abroad, I went with my mates and we could go to a pub like this and we would take whatever we could get or we would go to a club and take whatever we could get. Now I am back I am going out with a different circle of friends and not all of them are into doing things like that. One of them wouldn’t go out of his way to buy some but he would have a little bit of your stuff if you have got it, or half of this or a smoke of that and others wouldn’t bother with it. So you wouldn’t necessarily get some if you were going out with them or one of them or both of them. I think it is dependent on the circle you mix in, if you don’t mix into it then you won’t. Well that is what it is like for me._

(Stephan 40, Sales)

Drugscrimination is expressed towards recreational drug habits that are compulsive rather than controlled. Within this framework, participants described others who are preoccupied with taking drugs in all situations and the negative impact this can have. Participants emphasised that drug use, particularly cocaine, can be habit forming and there is a risk that people can become socially dependent on drugs. By outlining their awareness of problematic drug use within a recreational context allows participants to defend their own behaviour as controlled and careful. This emphasises that the socially dependent use of cocaine is a specific area of criticism seek to resist, as Catrina demonstrates in the following extract.

_I think people who are taking drugs shouldn’t be taking them because they have a bad reaction to it and they feel horrendous the next day. Or it stops them being able to form relationships with people or it gets them into debt or they can’t focus on what they are doing Monday to Friday and I think those people are more in the majority._

**Majority, do you think?**
I think most people struggle a little bit and get in a bit too deep.

(Catrina 31, Marketing)

The socialisation framework legitimises regular drug use within varied social lives and is dependent on the groups of people drug users spend time with. This supports Becker’s (1968) theory of deviance, which is socially learnt and is deemed acceptable dependent on peer group activity and socialisation. This is further supported by the varying drug consumption preferences within each framework, and the ability to legitimise behaviour in different ways. Participants within the socialisation framework prefer taking drugs associated with low key interaction, which is enhanced by the stimulating effects of cocaine. This supports Ward (2010) and Pearson (2001) who studied older groups of drug takers who take cocaine in more small groups of personal acquaintances. In contrast, those drawing from the drug cultures framework enjoy taking drugs in public spaces, alongside the more intense high experienced by ecstasy. This framework describes the fluid and varied ways in which leisure time is spent, as participants refer to the varied social networks in which they are affiliated. Drug use is legitimised as it not associated with all situations and is only and is only integrated when socialising with certain people. This provides evidence of controlled use with regular drug takers.
4.4.5 The moderation framework: justifying regular drug use

The moderation framework is distinct as it is used by all the participants who smoke cannabis regularly (daily or several times a week). However, it is also used in conjunction with frameworks where drug taking is regular (drug cultures and socialisation). It is noteworthy that the framework, which uses ‘moderation’ to justify personal drug use consists of the heaviest drug takers in the sample. This demonstrates individuals are aware their use needs to be defended due to the frequency with which it occurs. Within this framework there is an emphasis on drug use being controlled and balanced within everyday life. This refers to limiting the amount of drugs taken on a particular occasion, as well as effectively integrating drug use within life overall. The individual’s ability to stay in control of regular use is the defining factor of acceptability and as a result, descriptions of amounts and frequency are often explicated within narratives. Lydia describes how drug use is balanced within the lives of her and her husband.

*It is something we like to do, it is something only when we want to do it and we are not ready to stop it and it is as simple as that. And the enjoyment, how can I put it is kind of like....it is a great feeling when we both work so hard. We both work long hours and a long week and it is just a release and I absolutely don’t see anything wrong with it. As long as we control it and it doesn’t control us that is all that matters and I have always, always said if I can’t get up for work on a Monday morning I won’t do it, end of story. If I am having a bad week and feeling down then I wouldn’t do it. Erm so I think attitude to it is a big thing and if it bothers you and you get obsessed by it, paranoid then don’t do it but you know as partners we use it very much to make our life more enjoyable and it is a great and I just love it.*

(Lydia, Accountancy)

The moderation framework is used by nine of the participants’ altogether. All those who are regular or daily cannabis smokers use this framework to account for this use (Annabel, Max, Dina, Johnson and Luke). They do this by referring to personal boundaries in terms of the amounts smoked on one occasion and also their preference for a weaker strain of the drug, which accounts for the maintenance of cannabis use within their lives. Johnson, in contrast, smokes skunk, but justifies this as it is limited to small amounts per day. In addition, cannabis is argued as inducing relaxation within hectic lives and is often described as a substitute to moderate alcohol use.
There are also descriptions of ‘trade-offs’ between substances and behavioural states, which work to justify regular cannabis consumption. For example, Dina outlines she doesn’t drink alcohol and therefore her ‘vice’ is smoking cannabis. Secondly, she outlines she smokes a weaker rather than a stronger form of the substance: *I don’t get totally caned because I only have like a couple of spliffs a day, it is not like I am a proper stoner and because I smoke resin it is not heavy like when you smoke skunk, that is like having a crack pipe innit*. And finally she describes the counteraction cannabis has with respect to her hyperactivity: ‘*I think I would be too active, hyperactive if I didn’t smoke anything. I do enough being a smoker, like a lot of people I know who are smokers are a bit lazy and don’t want to go out anywhere, they want to be at home smoking weed whereas I will crack on with everything*’. Similarly, Johnson speaks about cannabis as a functional part of life, which is legitimised as ‘time out’ from his central responsibilities of fatherhood and work.

*I come home from work, play with the kids and role a spliff when everyone has gone to bed and that is my time to reflect on the day. Taking in what I have done in the day and what I need to do the following day so I use it as more of mediation wise really.... my partner said this is the only thing about what they see from you bunning* weed that you get up and go out and you do something, you graft and you make money, you go to work and you still got your wits about you and you are not bunning in the day time. *You are not wasting your life, you are actually getting up and doing something and they see the difference. Some people don’t work and they can spend £60-100 on weed sitting in the house all day long... I have never had a spliff hanging out of my mouth it has just been night time everyone has gone to bed. That is my own time, chill out time.*

(Johnson 33, Community Worker).

*bunning is a colloquial term, which refers to smoking cannabis*

The moderation framework is also used to account for use alongside the ‘drug cultures’ and ‘socialisation’ frameworks by a number of participants. Annabel, Luke, Terry, Lydia and Dina draw from the ‘drug cultures’ framework to describe their stimulant drug taking (mainly ecstasy) associated with dance music. Catrina, Max, Penny and Jasmine draw from the ‘socialisation’ framework to describe their stimulant drug (mainly cocaine) use. The utilisation of the moderation framework in conjunction with these two frameworks, functions to further legitimise drug taking that is frequent. This again demonstrates how individuals feel their regular use needs to be conveyed as controlled within their lives.
The moderation framework involves references to all substances, including alcohol. Deviant or unacceptable drug taking is not associated with a particular drug type per say but the effects that a substance has on an individual’s ability to stay in control. Control is perceived as individually determined and those drawing from the moderation framework illustrate their personal boundaries of drug use. For example, Catrina prefers wine and avoids spirits. Jasmine restricts her illicit use to cannabis and cocaine, her reasoning for this:

*It doesn’t fuck you up. AND I guess the thing with both of those drugs is that I have control in either situation. So in my ‘youth’ I was much more experimental and I would do ANYTHING I could get my hands on. Whereas now I wouldn’t touch anything else because I see people out of control and I know what I am like when I am out of control and I just don’t like myself, I don’t think it suits me and it is not my bag so therefore those two are my drugs of choice.*

(Jasmine, 36 Advertising)

Within this framework, participants outline their ability to abstain from drugs for extended periods and/or moderate the amounts taken at any one time. All frameworks speak of control within their drug use; however it is the moderation framework that emphasises this as central to the continuation of drug use. Habitual cannabis consumption is accounted for as it is small in quantity and low potency. Participants also argue stimulant drug use is enhanced by the use of small amounts. The extract below demonstrates how Penny uses both the socialisation and the moderation framework to account for her use. She speaks of enjoying drugs when she is in an environment with trusted friends, but also through controlling the amounts that she takes.

*I think cocaine and there is something that I have learnt about cocaine recently. I didn’t used to like, I didn’t like what it did to me, I didn’t like how it affected me. It made me quite paranoid and quite erm, erm obsessive about it, erm until I’d finished it erm but it didn’t make me feel particularly good unless I was in a very, very controlled environment with good friends that I trusted. Take it out of that, I feel people become a bit greedy with it including myself. Erm, but what I have learnt is that just one line here and there to make you feel quite giddy is brilliant and I like that feeling, it’s great. But the thing is with me and cocaine is to learn to control it. I have never had the money to take it, you know in great amounts BUT it is more of a greed thing and it doesn’t suit me, so one line here and there is brilliant.*

(Penny 39, Musician)

Luke uses the moderation framework to account for his cannabis use. This is linked to what he characterises as small amounts smoked per day, which is always restricted to evening
use. His stimulant drug use is also described within the moderation framework. However, in contrast to his cannabis use, this is not associated with the amounts taken on one occasion as Luke expresses a love of intoxication that is moderated alongside other aspects of his life. Luke argues the continuation of drug taking in adulthood is due to his late initiation into drug taking, as well as maintaining balance of drug taking with other aspects of his life, such as staying fit and healthy through sport and through successful progression within his career.

Yeah but the thing with them (his friends) is that they were all like completely mad. Took loads of acid and were really bang into their drugs in their late teens and early 20s and it is a bit like the tortoise and the hare. They kind of burnt out and I am still taking drugs and they are like ‘oh you should grow up’. They have stopped taking drugs, mainly, or very rarely since they were about 30 or something. And I didn’t really start taking dance drugs if you like, until I was like 25, and then it has got more and more’.

(Luke 42, Education)

The equilibrium of drug taking within adulthood is therefore central to legitimisation of drug use within this framework. Drugscrimination is in this context expressed as a person’s inability to control drug taking within life and is directed towards those who are consumed by their drug use. This framework centralises the ability of the individual to control use and create personal boundaries. Participants refer to those with ‘addictive personalities’ or people who are ‘all or nothing’ as the ones exhibiting problems with drugs. Participants utilising the moderation framework refer to discontent with personal use that has become unbalanced or uncontrolled as a consequence of taking drugs regularly. For example, Annabel speaks of her past dissatisfaction with the routine of her cannabis smoking, which she has since ‘moderated’ within her life.

**And what are the reasons you want to stop?**

It’s just about controlling it really and it had got to a point where I was controlled by it and as much as I loved coming home and having a spliff. When we used to smoke three a night it was very regimental, have our spliff at 7:30 then 9 then 10:30 and I guess part of that regimentation was getting on my nerves and just that ‘need’ and I wanted to get rid of that desire and need. I wanted to want it but not to kind of crave it and that was what it was. And I was admitting that and it had been like that for many years so I felt of kind of controlled by it and to some extent’.

(Annabel 40, Education)
This framework accounts for drug use through the assertion that drug use is an individual choice and preference. Cannabis is described as individual activity likened to moderate alcohol use within the home, for Luke and Annabel it is a shared pursuit within their relationship. Although stimulant drug use is framed within a social setting, for example, out a club night, or a house party, it is based on individual decisions about the drugs and amounts consumed. This illustrates control, and defends against drug taking which is associated with addiction or recklessness. The moderation framework deflects criticism about regular and/or consistent drug taking within the dominant discourses of addiction and health. This is consistent with research that has found recreational drug takers maintain a positive self-image and assert that drug taking is controlled and manageable (Rodner, 2005; Mayock, 2005; Askew 2005)
4.4.6 The situational opportunity framework: justifying lack of personal control

Within the ‘situational opportunity’ framework, drug use is influenced by social environment. Drug taking is unlikely to be planned, but drugs are likely to be consumed if they are offered in social situations. Drug taking is therefore accounted for as circumstantial rather than purposeful. It is within this framework that guilt is expressed when personally accounting for drug use. Participants outline their drug taking behaviour can often be out of control as they lack the ability to maintain personal boundaries in relation to the frequency they take drugs and the amounts taken on one occasion. In this sense, drugs are capable of overpowering the individual. This contrasts from other frameworks, in which participants assert autonomy in their drug taking. Within this framework participants control their use by regulating the environment in which they spend their leisure time, i.e. if they want to abstain from drugs then they will refrain from going to places that they are likely to be on offer. This includes: clubs, parties or festivals. Albion, Marcus and Meg draw from within the situational opportunity framework to account for their drug taking. The following quote from Albion demonstrates how participants within the situational opportunity framework resist the personal instigation of drug use.

*And what situations would you take ecstasy in?*

_Festivals and sometimes socially at home with friends to good music, half a dozen people, a beer, good music and home and in a way that can be as enjoyable environment if not more so, so yeah mainly clubs. I mean I am nearly 40 years old now, but given the right clubs and circumstances and people around me I would rarely say no, but I wouldn’t say I actively seek it, if it finds me I will do it._

(Albion 38, Graphic Design)

Within this framework, frequency of drug use is dependent on how often participants frequent drug taking environments or parties. Similar to the ‘socialisation’ framework, speakers refer to fluid and wide ranging social networks, including drug takers and non-drug takers. People are important within the context of drug taking, however in contrast to the socialisation framework, drug taking is largely environment driven rather than people driven. Participants are clear that they do not instigate drug use and they do not describe being part of a network of friends in which drug taking is a mutual decision. Rather they position themselves as visiting drug taking environments, where drug use is accepted and
often expected. For example, Meg places emphasis on the context of parties and Marcus describes drug consumption as influenced by the country he is in.

First of all can you describe your drug taking to me and what part it plays in your life?

*Erm, yeah it does play a part in my life I suppose. I smoke cannabis sometimes quite a lot and then I won’t smoke some for ages and then I will get some. Mainly it is recreational I suppose at parties, parties with friends who I know that take drugs, usually cocaine or ecstasy. So it is like a yeah, yeah party, everyone gets off their heads.*

(Meg 50, Musician).

Do you smoke?

*‘Yeah when I am out drinking and oddly enough I do it more when I can smoke in the bars because I was in Germany and I was smoking a lot more than I was here where you can’t smoke’*

(Marcus 35, student)

Participants within the ‘situational opportunity’ framework take both illegal and legal substances. All participants drink alcohol, smoke cigarettes and would be open to taking a variety of illicit substances. Interestingly, Meg pinpoints the first drug she ever took as painkillers. She was given them by her mother when she had a headache and enjoyed the effect they gave her and still enjoys taking codeine on occasion. Participants emphasise pleasure associated with drug taking and speak of enjoying the effects of drugs and alcohol. However, participants express caution about their personal intake due to their propensity to indulgence to excess. All three participants within this framework describe alcohol as problematic within their lives. In addition, being drunk is often accounted for as a catalyst for taking drugs. Marcus stated he drinks to excess on a weekly basis and feels he has an addictive personality. Meg described alcohol as a daily occurrence, to which she feels she is addicted. Albion has spent time in therapy for alcohol dependency, but has since modified this within his life. Each individual explains how they have issues maintaining personal boundaries within their alcohol and drug consumption. Marcus stated he does not buy cocaine as he would take it all himself on a night out. Albion spoke of drink and drug binges that have lasted for several days. In the following extract, Meg explains that her alcohol consumption is excessive, which is exacerbated by the ease of which it is available to her.
And what about alcohol what role does that play in your life? Is that just for parties or something you do at home?

I would say alcohol has probably been a problem and so. I drink quite a lot and I struggle with, I am a bit addictive for it. I have got a taste for it. So I have a struggle with that.

Do you feel that way about other drugs?

No, well tobacco. Tobacco and alcohol. Other drugs. I think it is ok to take them sometimes. It is the drinking and smoking that make me feel bad and also that I crave. They are part of my day to day life that I am addicted to and they are easy to get.

(Meg 50, Musician)

Participants within this framework refer to a lack personal control when it comes to substance consumption. In contrast to other frameworks, the narratives around drug use are internally contested. Participants enjoy taking them but they also have issues controlling their consumption. In this sense, drugs are described as pleasurable and damaging at the same time. As a consequence, there is a sense of guilt and remorse associated with drinking and drug use, which is related to the lack of will power to decline drugs or abstain from alcohol. This behaviour contrasts with other frameworks, which describe decisions to take drugs as autonomous and participants are comfortable with the occasions that they take drugs. Participants within the situational opportunity framework refer to their own concern and distress about their drinking and drug use, which has a negative effect on their self-perception and identity. They have also received concerned remarks from friends and family about their excessive substance consumption. Meg refers to instances where friends have taken issue with her behaviour when she has been drinking alcohol, which adds to her own guilt and remorse around drinking. To illustrate this further, Marcus describes the self-reproach he feels in the aftermath of drug taking and the desire to refrain from drink and drugs.

And do you like doing it?

I feel guilty about it, I like doing it at the time but then the next day I feel guilty.

Why do you feel guilty?

What I am doing to my body, my brain and you know because it is not healthy and besides the drinking and the drugs I live my life incredibly healthy. I exercise on a regular basis, I eat very well, I buy organic food and shit like that and then I do stupid
shit like that and it just defeats the purpose. I guess before I did them I was very scared to even be around it and I judged everyone that did drugs as inferior or weak. Erm now, I am that person I guess.

Is that how you feel about yourself?

I do feel weak that I do it. Not inferior. I chose to go and get drunk and it is my choice to do drugs when I get drunk you know. It is not like someone is forcing it on me. I wish I didn’t. But I wish I didn’t drink quite frankly but so, it would be great if I could go out and have just as much fun without any alcohol. But I don’t find that physically possible.

(Marcus 35, student)

In this sense, these participants position the drug as controlling the individual, which can result in detrimental effects. As within all frameworks, the participants do exercise control of their drug taking as they have the ability to control their situation. Rather than controlling the amount of drugs they take on a particular occasion, they will refrain from going to places in which drugs are likely to be on offer. There is a conflict within the narratives as substance consumption can enhance social environments by facilitating fun and enjoyment. However, excessive use can have negative effects on behaviour and well-being. Within this framework, participants speak about the difficulties in maintaining the positives whilst steering clear of the negatives. All three participants speak about the harmful effects of drugs and humanise them in their destructive capabilities. For example, Albion speaks about ‘the dark side of drugs’, Meg calls cocaine ‘an evil type drug’ due to its addictiveness, and Marcus states that ‘crystal makes you do stupid shit’, referring to his use of methamphetamine in the USA. Concerns are raised by the participants about the wide availability of drugs and the effects this can have on associated drug problems. This is not related to a particular drug, but is based on the effects of the drug on each individual. Participants within this framework emphasise that people react differently to the same substance, in short, a drug can cause problems for some but not others, as Albion demonstrates:

I think it is definitely true to my mind that some people react to alcohol very badly and aspirin very badly. Some people can have very nasty reactions to marijuana because I have had it and people who say it is not possible are talking shite.

(Albion 38, Graphic Design).
In contrast to other frameworks, participants drawing from the situational opportunity framework find it difficult to legitimise their own personal use due to the negative impact it can have on their physical and mental well-being. Consequently, drug use is expressed as personal drug use that is out of control and excessive. All the participants’ in this framework state they want to stop taking drugs in the near future, and believe this will be possible when their lifestyles do not revolve around drug taking environments, such as bars, clubs, festivals and parties. The personal responsibility associated with this lack of control is diminished as the drug is described as consuming the individual and therefore they do not have the ability to stop by their own personal control. This defends participants’ behaviour as it is not personally determined. Participants would like to be able to control their use, but they find this difficult as Albion explains.

**Is there anything you would change about your drug taking past?**

*Bit more restraint, a bit more restraint at times knowing that without being here, deliberately only taking one out with me rather than having all four on me. Because I know I would do all four given the opportunity, so a bit more restraint.*

**Anything you wouldn’t have taken?**

*Yeah I wouldn’t have taken the huge cocktail of drugs at a party a few years ago. That really fucked me up and I still have nervousness even now because I wouldn’t say it was a near death experience but it was fucking nasty.*

**What happened there?**

*I had just come out of a long relationship. ‘Fuck it’ button very much punched several times and I had a huge amount of, I did about a dozen pills, 2 grams of coke, like a hospital level amount and I was rolling around in a state for about 2 or 3 days afterward. And that did scare the shit out of me and I think that even now, I think I can’t go to that place at the weekend.*

(Albion 38, Graphic Design)

The situational opportunity framework accounts for drug use as driven by environment and lifestyle choice. Participants will take drugs when they are in places in which drugs are on offer, such as festivals, parties, and clubs. They legitimise their use as being the victims of circumstance. Their lack of person control means they cannot instigate drug taking, but they are the passive acceptors of drug taking environments. This works to diminish personal responsibility about the negative effects drugs have on some individuals. It is within this framework that participants speak directly about their lack of self-control regarding their
substance use and speak about the addictive properties of drugs. In this sense, they are in fact the subject of the other frameworks drugs'crimination, particularly the socialisation and moderation frameworks, which speaks about those who lack self-control around drugs, or who have ‘addictive personalities.’

The situational opportunity framework further emphasises the different ways in which people account for drug taking in their adult life. All of the frameworks express caution towards types of drug taking behaviour through their use of drugs'crimination. However, the situational opportunity framework centralises this through their personal use. Nevertheless, participants do not position themselves as completely free from restraint as they can control the places in which they spend their leisure time and do not suggest that they are compelled by an uncontrollable physical or psychological dependency on illicit substances. It is worth noting that participants do not believe that drug taking interferes with the functionality of their lives overall, nor is drug use viewed as encompassing all of their leisure pursuits. Drugs use is an aspect of their lives about which they express caution due to their propensity to overindulge in consumption.
4.5 Conclusion

This chapter has introduced six frameworks, which demonstrate how recreational drug taking is accounted for within adulthood. The frameworks are discursive representations of the self, which convey the types of drug taking behaviour that are acceptable and unacceptable to drug users themselves. These include distinct references to: drugs of choice and preference, the context of drug taking and the maintenance and control of drug use within their lives. The frameworks do not represent drug taking identities designed to reflect the reality of drug use. In practice, participants may take drugs in different ways than they describe. For example, participants speaking within the planned celebration framework may not always make autonomous decisions about their drug taking or only take drugs on planned occasions. What is important is that these are the ways in which participants wish to represent themselves with reference to their drug use. This offers an insight into what is categorised as ‘legitimate drug taking’ for these individuals.

The frameworks are also subject to change and individuals may draw from different frameworks depending on the period of time within their lives. Drug taking is influenced by the fluid nature of social life in: leisure preferences, social groups and life points such as, career changes and parenthood. In addition, the way in which the participants represent themselves is influenced by the context of the interview, which is orchestrated for the purpose of discussion about drug taking behaviour. The accounts will also be influenced by the relationship of the participant and the interviewer. In particular, the moderation framework could be subject to change within the participant group, if the individual felt that preconceptions about their drug use might require a justification for high frequency in order to maintain a positive image.

The chapter introduces a specific technique of neutralisation termed ‘drugscrimination’ whereby participants describe deviant drug taking behaviours in order to defend and legitimise their own drug use. Descriptions do not outline what is deviant in terms of criminal and illicit associations but refer to the effects of substances on an individual’s ability to maintain function within their lives. This refers to: employment, family life and non-drug taking leisure pursuits, as well as control of the amounts of drugs taken, and the frequency
of drug taking occasions. Drugsdiscrimination does not relate to a particular drug, but an individual’s behaviour and outlook associated with their drug use.

The drugs that are predominately associated with drugsdiscrimination for this participant group are: ketamine, skunk, alcohol and cocaine. Each framework has variations of drugsdiscrimination, which is associated with the anticipated judgement around their own use. For example, the reformed hedonism framework associates undesirable drug taking behaviour with those who have not moved on from a hedonistic way of life and legitimises their use as primarily past action; the planned celebration framework criticises frequent drug use and legitimises their use as occasional fun; the drug cultures framework defends drug use through a desire for music, unity and dancing rather than pure intoxication; the socialisation framework justifies use within selective rather than all social circles; the moderation framework emphasises the ability to control their drug consumption frequency and occasions; finally the situational opportunity framework outlines their own personal use as deviant when it is out of control, but legitimises their use by positioning themselves as passive acceptors of drug use. The use of drugsdiscrimination indicates that participants feel the need to justify their behaviour to some extent. However, the willingness to discuss their behaviour indicates participants feel their actions can be defended within their lives.

Drug use is legitimised through the notion of control, which is evident within each framework. The reformed hedonism and the planned celebration framework refer to key turning points and lifestyle changes which control the opportunity and desire to take drugs. Drug use is therefore maintained due to its infrequency in adulthood. These frameworks describe patterns of use that were more intense in the past and more occasional in the present. The drug cultures framework refers to an individual’s ability to control the occasions they frequent a particular music scene and how they can refrain from drug taking within these contexts. The ability to control this frequency over the life course is a key factor in the individual’s longevity within this scene. The socialisation framework places the individual within wide social networks, some of whom they will take drugs with, others who do not. The individual therefore is in control of who they spend time with and drug taking is not involved in most socialisation. The moderation framework refers to control and frequency more explicitly. It describes how amounts are controlled on a particular occasion as well as maintained within other aspects of life. Participants within the situational
opportunity framework speak about the lack of personal control within drug taking environments. However, individuals speak of gaining autonomy by controlling their environment and speak of the ability to refrain from drug taking contexts, which still outlines drug taking as individually determined.

There is a significant absence of the discussion of bodily pleasure within all frameworks. Contextual pleasure is discussed and the environments in which drugs are consumed are associated with fun and excitement. For instance, within music and dancing, socialising with friends, or taking part in a particular occasion: a birthday, a festival or a night out. In this sense, pleasure needs to be legitimised in association with other factors and cannot be a reason within itself to take drugs. It would seem that the functional aspects of drug taking legitimise behaviour to a greater extent. For example: ecstasy to increase longevity and dancing, cocaine to stay awake, and cannabis to relax. This could be related to the links that intoxicated pleasure has with addiction and dependence and participants may avoid describing drug taking as a pleasurable body experience to resist an addict identity.

According to previous literature, narratives around pleasure are subordinated by medical and legal discourses. In this sense, the pursuit of pleasure is an indulgence that cannot be legitimised due to risk drug use has around health and criminality (Moore, 2008; Bright et al. 2008 and Duff, 2008). In relation to this thesis, pleasure, fun and excitement may also be avoided as these notions are synonymous with youth. Adults are traditionally associated with work rather than play, which incorporate notions of responsibility, decision making and authority. It may therefore be difficult to include the role of pleasure when accounting for drug taking behaviour. Finally, within the reserved nature the discussion of desire and pleasure is often absent from public discussion in westernised societies (Duff, 2008). For example, the discussion of sexual pleasure is avoided within public rhetoric. Hence, there may be reluctance to discuss personal pleasure in an interview situation. Privacy and discretion around drug taking will be discussed in-depth in the next chapter.
Chapter Five: Knowledge and acceptance of drug use within everyday life

5.1 Introduction

The chapter focuses on personal life and social identity and how this is connected to knowledge and acceptance of the participants’ drug use. Specifically the chapter explores how participants account for, justify or hide their drug taking from the people who matter to them in their lives, including friends and family, colleagues, and others they may encounter through social, family and work activities. Explanation is supplied through a theory of social distance, with those who are close to the participant being less judgemental about their drug use than those less connected within their lives (for example, parents of other children at school; work colleagues). The participants maintain a positive self-image by respecting others’ negative opinions about drugs. In this sense, drug use remains private to ensure others do not feel uncomfortable about their behaviour.

The chapter then addresses instances where participants have received concern about their drug use from other people. Areas of concern do not relate to the criminality associated with drug use, but to health and behavioural concerns connected to excessive and long-term use. These are not classified as reasons to stop taking drugs, but were mitigated by the participants when considering the effects of drug use as others in their lives perceive them. The concept of ‘fishing’ is a newly developed concept from the analysis, which is introduced in this chapter. Fishing refers to subtle verbal communications, designed to work out whether others are likely to be drug takers or at least open-minded about drug use. For example, participants refer to shared cultural understandings relating to: colloquial ‘drugspeak’; references to clubbing and dance music; and indications of the after effects of drugs, i.e. lack of sleep. ‘Fishing’ facilitates shared meaning and bonding with like-minded people, as well as enabling participants to guard their behaviour from judgemental others and potentially dangerous consequences, i.e. criminal justice.

On the whole, society is positioned as ‘anti-drug’, as participants are aware of the dominant moral opposition to drug use as an illegal and dangerous activity. The participants’ voices as functional drug takers described within the frameworks in Chapter Four do not permeate
beyond the micro social world. Participants find it difficult to defend their behaviour to those who have no experience of drug use and who have not been exposed to anti-drug environments. Participants are mindful that moral judgements from others could affect their livelihoods; for example they could be sacked from their jobs or considered unfit parents. Participants are also wary about the impact criminal penalties for drug related offences could have on their lives. Discretion and caution are exercised around: personal possession, the acquisition of drugs and the consumption of drugs in public spaces in order to mitigate the likelihood of detection. The frequency of drug use, as well as the context of drug use has an impact on the probability of getting caught. For example, the drug cultures framework incorporates regular use in public spaces, which increases the risk of detection. Job type and seniority at work also have a substantial impact on participants concerns about detection and criminal sanction. Those who are influential in professional roles associated with health and social care and criminal justice express greater exposure to anti-drug attitudes. These participants therefore have an inflated sense of concern around detection. In this sense, they must defend their position as legitimate adults to others in order to deflect dominant stereotypes of addiction and recklessness.

5.2 Drug taking as personal behaviour: exploring openness about drug use.

Participants consider their drug use a personal activity and knowledge of this behaviour is only shared within select and trusted social circles. Although it is not generally hidden from close friends and intimate partners, it is unlikely to be discussed freely in adult life. This is particularly the case in areas related to parenthood, family and employment. The majority of participants state that they are open about their drug taking with those with whom they are emotionally close. They would speak about their drug use if they were asked about it in social circumstances and they expressed a preference for openness in general, which related to being honest and upfront with only people they know. This indicates drug use is a personal behaviour rather than a purposefully concealed behaviour. This means people do not necessarily actively keep their drug use private; rather it is an activity within their personal life of which knowledge is not shared with everyone.
Drug use is justified as an infrequent activity in three of the six frameworks (the reformed hedonism framework, the planned celebration framework and the situational opportunity framework). It is therefore rarely necessary for participants speaking from these frameworks to hide their behaviour from others including; colleagues, non-drug taking friends, and family members. For the reformed hedonism and planned celebration frameworks drug use occurs on specific occasions, like birthdays, New Years Eve, or festivals. Drug taking does not therefore play a large role within the lives of these participants; hence they are rarely in a position where drug use needs to be accounted for to other people, as Rhys explains:

*Is there anyone that didn’t know about your drug taking and they found out in an adult life? Friends or girlfriends?*

_Not really, not so much. I mean there are some girlfriends that are maybe not into it so much, but again, it is not so much of a part of my life that... I wouldn’t want to lead a sneaky life so for instance, I would say I am going out with these friends I am going to get fucked and I am going to be a mess for a few days because that is the deal, but it is not a big enough part of my life to be honest.*

(Rhys, 35 Web Design – Planned Celebration framework)

Within the situational opportunity framework, individuals dissociate themselves from the centre of drug taking contexts. Participants using this framework to account for their drug taking, describe their use as driven by environment rather than through their own pre-determined motivation. For example, they would be likely to take drugs if offered at parties, clubs or festivals. However, they are unlikely to pre-plan their use and buy drugs for a specific occasion. This diminishes their personal associations to drugs and therefore limits the extent to which they feel they must account for their use to others.

Drug use is a more frequent activity for participants speaking from the socialisation, moderation and the drug cultures frameworks and it therefore has increased personal meaning for these participants. Drug use is therefore not deviant with respect to the social norms within typical drug taking contexts. For example, within the socialisation framework, drug taking is a shared activity within particular groups of friends. For the drug cultures framework, drug use is driven by a dedication to a dance music scene. And cannabis use is a daily occurrence, used to relax and unwind at evening and weekends, for those speaking from moderation framework. Their use is consistent with the normalisation of sensible
recreational drug taking within specific environments (Parker et al, 1998 and Aldridge et al, 2011). This not only relates to acceptance within specific places but also amongst certain groups of people as Dina explains:

‘I would say the majority of my close friends do drugs and there is a few of us that over the years have done it less and less...I have got people who will dip their toe in every now and again. They might have a bit of chiz [cocaine] but I would say a good 90 odd per cent of my friends do drugs in some recreational way ...If there is someone around on the scene that doesn’t do drugs it is just their choice that they don’t want to do them and they don’t think any less of us.

(Dina 39, Financial Advisor – Drug Cultures and Moderation framework)

In all six frameworks knowledge of drug taking remains private outside of drug taking contexts. Drug use is associated with free leisure time; it represents ‘time out’ from responsibilities associated with work and family. This supports the work of Young (1971) who describes drug taking as a pursuit within the ‘subterranean world of play’ and Goffman’s (1959) theory on the different presentations of the self with respect to ‘audience’ and ‘setting’. It also supports Wikstrom’s Situational Action Theory, which theorises certain behaviours are acceptable in some but not all contexts. In this case, drug use is accepted in drug taking contexts, but not in working life.

This demonstrates differences in action, behaviour and attitude depending on the context and environment. For example, people will often have a professional and work persona in an office environment, but would behave differently within their own home or when out socialising with friends. In the extract below, Sara associates her drug use with one aspect of her life, which is related to hedonism and fun. Drug taking is a behaviour that is revealed within only particular, private contexts. This demonstrates that individuals are multifaceted and exhibit a different persona dependent on their role within a setting and on those around them:

Yeah I suppose drug taking is part of or one example of a part of me that likes to take risks and have adventures and not necessarily do things that are sensible and meet people from all different walks of life. If someone told me that I was going to die I would think I had a really great life and that part of my life is about risk taking and the things consistent with drug taking. It is a part of a bigger thing that I don’t share with everybody.

(Sara 47, Education – Socialisation Framework)
More broadly, privacy is a fundamental human right under Article 8 of the Human Rights Act (1998) and the European Convention of Human Rights. This gives people in the UK the right to a personal life with no intervention from the state and within the interviews, participants protect their right to keep their drug use as part of their personal lives, which they do not need to discuss openly unless they are harming other members of society. The participants within this study are not asked directly about their drug taking by other people outside of their trusted circles and participants considered it inappropriate to instigate discussions about drugs outside of drug taking contexts. This represents conformance to social norms that are typical of personal behaviour. Jasmine illustrates this by making the comparison between speaking about drug use to the open discussion of sex:

*And you say out of your comfort zone to talk about it, why do you feel in particular that is?*

*I am a pretty closed person and it is not something to be proud of is it, what you do, drugs wise, its naughty, it’s you know, it is not something I like to talk about. I am quite a closed person and yeah.*

*And thinking about other things that are personal..*

*Sex, people are always probing me and want to know gory details and I just don’t feel comfortable talking about it....when it comes to my private life and what I do with myself and my body I am very, very personal. So it is not something I talk about unless it is with the right person and the right situation and possibly ‘I’ have instigated the conversation.*

*So a safe place?*

*Yeah so very much on a par with drug taking (sex).*

(Jasmine, 36 Advertising – Socialisation and Moderation framework)

The cultural background of the participants affected the extent to which participants were open about their drug use with others. For example, Jasmine was raised as a Hindu in the UK and stated that, due to their culture, her family are closed about discussion of personal topics. This increases her need to have a higher level of privacy about her drug use from her family. Johnson speaks from the moderation framework and states he is more open about smoking cannabis as it is accepted as part of his Jamaican culture. These examples further support the significance of cultural beliefs regarding personal issues and openness around certain types of behaviour.
For all frameworks, drug taking is a personal behaviour, which is separated from the ‘conforming’ aspects of everyday life, such as employment, family and parenthood. This is part of the multifaceted identities that people have relating to different roles, contexts and environments, which is linked to acceptable forms of behaviour. Issues of openness and privacy are linked to both the regularity of drug use and the meaning drug use for the individual. However, none of the participants expressed the need to keep drug taking purposely concealed from those around them. Those speaking within the planned celebration, the reformed hedonism and the situational opportunity frameworks take drugs less often and therefore have less work to do to keep it separate from other aspects of their lives overall. Those taking drugs more regularly (in the socialisation, moderation and drug cultures frameworks) tend to socialise within groups that share the same drug taking preferences as themselves and therefore do not need to keep drug taking hidden within their personal lives. However, drug use is not accepted within all social groups and contexts and participants have friends and family who do not accept drug taking. Consequently, potential disapproval, judgement and the consequences of such must be considered within their social lives. The next section will discuss this in more detail.

5.3 Considering others: respecting dominant anti-drug opinions

Chapter Four demonstrated participants’ drug use is largely restricted to specific contexts. Even participants who describe drug use as a frequent activity (i.e. within the drug cultures, the socialisation and the moderation frameworks) describe boundaries of use in relation to the context in which consumption occurs. Participants are mindful of those who may be uncomfortable about their illicit drug use and who may judge them for engaging in this behaviour. They emphasise their drug use remains a personal activity out of respect for others who do not take drugs. This was particularly evident within the socialisation framework where drug use was associated within certain groups of friends and not others, as Max demonstrates:

*And are you comfortable being known as someone who takes drugs?*

*Yeah I mean pretty much all my friends know and I don’t think anyone shuns me for it and judges me for it. If people don’t take drugs then I keep it separate, I don’t invite them on that night out so they don’t see the state that I… I wouldn’t say it is a conscious effort to keep those people separate, I would just say it happens. If I turn*
round and say ‘I am going to go to (club) do you want to come?’ then you are only going to get the people there that, that is an extreme example but it is similar for other places as well. Certain people go to certain places. I have a weird group of friends I have me going to the local, sit there and have quiet drinks, I have quiz team mates and clubbing mates and I keep them quite separate so I don’t really have an issue with not telling people.’

(Max 32, Recruitment Consultant – Socialisation Framework)

Context is also important for those who take drugs less frequently. Clive states he did not take cocaine when offered it at a family wedding out of respect for his partner who disapproved of his drug use. Johnson stressed he only smokes cannabis in the privacy of his own home as he believes that smoking cannabis in public is disrespectful to other people. This demonstrates participants’ awareness of the critique and judgement of drug use within wider society and emphasises the respect they have for those who do not take drugs and/or have anti-drug opinions. This indicates that society is viewed as largely opposed to drug taking, and there are boundaries to consider in public settings. Participants are keen to outline their respect for other’s opinions, as the following extract from Stephan’s interview demonstrates:

You respect people’s wishes. I don’t like ramming it up people’s... putting it in people’s faces. I was going to say ramming it up people’s noses but that is a bad thing to say (laughter). I have been to parties before where people have gone: ‘have you never had any of this and have some of this’ and they are trying to cajole someone into having it and I have pulled that person to the side and said ‘listen don’t feel under any pressure to have some of that, just get up and walk off if you don’t want to have any, don’t smoke that joint, don’t take that pill, don’t snort that line, just make up your own mind. Don’t be done by peer pressure’, because I don’t believe people should be forced into it. They should make their own mind up.

(Stephan 40, Sales Manager – Socialisation Framework)

Demonstrating concern for others further legitimises a positive self-image around drug taking. This defends against potential social disapproval that associates illicit drug use with notions of irresponsibility and recklessness. It helps support participants as responsible and respectable citizens and further negates negative stigma and stereotype based on their use of illicit substances. This consideration is relevant to all frameworks, but particularly those who take drugs more regularly, i.e. the moderation, socialisation and drug cultures frameworks. These emphasises that drug taking is not integrated within all aspects of social life, which further defends against notions of addictive or compulsive behaviour.
5.4 The trusted individual: sharing knowledge of drug use with non-judgemental others

All participants are open about their drug taking in what they deem to be appropriate contexts and amongst certain people. They will discuss drugs with those who would not be judgemental or feel uncomfortable about it. For the most part, participants believed other people would need some experience of drugs to be able to fully understand and accept their use. Although most participants identified other drug takers as suitable candidates for open discussion about their drug use, a few spoke to ‘open-minded’ non-users. This makes clear that beliefs about drugs are not always formed simply on the basis of use or not, as Penny describes here:

**And is there anyone you completely hide your drug taking from. That you wouldn’t want to know?**

_I think it is general really. Anybody I think that doesn’t take drugs I probably wouldn’t bring it up. Certainly wouldn’t drop it into conversation. I wouldn’t feel comfortable, just because I wouldn’t want them to feel uncomfortable. I think it is very personal. I think if you can’t share the experience with someone and laugh about it almost, then there isn’t really any point but mainly people that I know might not have an open mind about it. I have got one friend who doesn’t do drugs and she likes me telling her about it. Because she has got kids, is really intelligent but her path in life was very different to mine and I really respect her and she looks at mine and thinks ‘oh god if only I had gone and done that’. We always come together and tell each other about what we have been up to and she sees me as this ‘rock and roll’ and I am not, but she has always said to me, ‘I wonder what it would be like to take drugs and she is like ‘I will never know because I am scared’. But she is not judgemental at all. She is probably one of the only people that I feel comfortable talking about it to._

(Penny 39, Musician – Socialisation and Moderation framework)

In general, people who are emotionally close to the participant are viewed as non-judgemental about their drug use. Participants surmise that friends would not base their judgement of personal character on the basis of this activity. For example, Helena works in criminal justice and speaks to colleagues that she is emotionally close about her drug use:

**Anyone that doesn’t take drugs that knows about your drug taking?**

_Yeah a couple of friends at work, friends like, Chloe and Jane. They are people I used to work with. Chloe still works there one day a week and we are still in touch because she has got a daughter and she only lives down the road and we are really friendly with Jane as well. But them two don’t._
And do you feel comfortable talking about it and that people know?

Yeah but only because I know them so well, it wasn’t something that I said straight away or spoken about straight away. I just think I wouldn’t be that close friends with someone that was going to be judgemental about something like that and that is maybe why I haven’t experienced it. I think that if they weren’t going to be then there would be some part of their character that I didn’t like along the way so I wouldn’t be that close to somebody possibly.

(Helena 30, Criminal Justice – Reformed Hedonism framework)

In general, participants are open about their drug use with those close to them, which indicates that drug taking is not considered a deviant activity in some wider social circles. This section demonstrates that some non-drug takers respect the rights to take drugs. This supports the normalisation thesis (Aldridge et al, 2011). However, we cannot be sure this is indeed the case without speaking to the people in question. They may of course have alternative opinions that are not expressed to the participants due to the fact they take drugs. The next section addresses disapproval of drug use from those within the participants’ micro social world.

**Disapproval from those that matter: concerns about drug using behaviour.**

The participants spoke about instances where they have received concern from others about their drug use. The regularity of use and the context in which drugs are taken are significant here. Those who take drugs more often or have experienced problems associated with their use are more likely to have received judgement and disapproval from concerned others. In general, this is not connected with concerns connected to the illegality of drugs but relates to behavioural problems and health consequences associated with excessive use.

Greg and Dina speak from the drug cultures framework to account for the drug use. They socialise in dance music scenes where they take drugs such as cocaine and ecstasy. Greg and Dina have long-term partners who are drug experienced but currently only take drugs on rare occasions. They spoke of low levels of disapproval from their partners with respect to their more regular drug use. For Greg these concerns related to health implications and for Dina they were connected to a belief that she should have matured from drug taking in her adult life. Both Greg and Dina were resolute about their own use and did not express guilt about their decisions to consume as often as they did. Within their partnerships, Greg and
Dina are open and honest about their drug taking, and this was generally accepted within their relationships. Here, Greg discusses his girlfriend’s feelings about his drug use:

**People close to you share the same opinions as you. You are saying you have a group of friends?**

*Well no, my girlfriend doesn’t take drugs. She might every other time. She doesn’t like them and she doesn’t especially like being around people who are on them but she tolerates it. She is not anti it, she is just not really arsed about it anymore. She is not bothered about it and I have plenty of other friends that are like that as well. They are not anti they just tolerate it.*

(Greg, 43 Retail – Drug Cultures Framework)

Similarly, Clive’s partner knows he smokes cannabis and occasionally takes stimulants and psychedelics. He is aware of her disapproval and deals with this by avoiding discussions about it with her. He speaks from the reformed hedonism framework to account for his use. His drug taking currently plays a minimal role in his everyday life; therefore it has little impact on his relationship:

**Girlfriend you said is quite straight-laced and never has?**

*I think she probably has got stoned with her ex as I don’t think she would have married him... But I have never got stoned with her and she doesn’t encourage me to. She got cross at me when I did coke at my daughter’s wedding because I said I wouldn’t but I did. I shouldn’t have said I wouldn’t. It is the only time I have lied to her and I feel bad about that because I am so in love with her and it not very nice having that one because she can pull it on me, top trump card. You lied to me! So I am happy to tell her that I have been smoking weed in the studio because she knows and that is cool. A couple of times Dean has been round (fellow musician, we work at my house and I think she knows, well she obviously knows that we have a bit of weed when we are down there. But I am really pleased that I have got a... she is not uptight in any respect.*

(Clive, 54 Education – Reformed Hedonism framework)

In most instances, participants do not receive opposition to drug use within their personal lives, however some participants have received disapproval about their drug taking within their intimate partnerships. As the examples have demonstrated, this is not an outright disdain for all illicit substance use, neither is it seemingly a contentious issue within these relationships. Participants describe how their drug use is not necessarily accepted or approved of but tolerated by their partners as an activity which is likely to occur in some social contexts. Interestingly, this disapproval is not connected to concerns about illegality.
or threats associated with engaging in criminal behaviour, but are related to a concern for loved ones who are engaging in risk taking behaviour. This indicates attitudes and opinions about drug taking are not based on a dichotomy of either acceptance or opposition to drug taking. This is rather a sliding scale, which is based on a number of nuanced factors relating to the drug, the individual and the context in which it occurs.

Albion, Billy and Catrina spoke about close friends’ disapproval of drug taking; hence it is not a topic for open discussion with these people. The majority of participants will not discuss their drug taking behaviour with their parents, with many surmising that their parents’ generation have not been exposed to the kind of recreational drug taking that exists in contemporary society. As a consequence, parents’ opinions are heavily influenced by stereotypes associated with addiction and crime that are represented in politics and the media:

*My mum is totally, she is in her seventies now and I don’t think it would enter their consciousness. I don’t think mum knows that it is going on. If you said cocaine to my mum I think she would think it was people in South America or millionaires who have expensive prostitutes. It wouldn’t enter their mind of anything other than people so far removed from normal life being involved in it. I might be wrong but they have just never mentioned it.*

(Greg, 43 Retail – Drug Cultures framework)

For Catrina, adverse opinion about her drug use goes beyond low-level disapproval and has a much greater impact within her life. Catrina’s partner is outspoken in her disapproval of Catrina’s drug use, which continues to be an on-going issue within their relationship. Within the interview, Catrina explains she was open about her drug use at beginning of their relationship and has on occasion taken drugs with her partner. It was as their relationship progressed that drug use became a source of contention and in order to prevent arguments, Catrina actively conceals recent drug use from her partner. Catrina accounts for her drug use using the ‘socialisation’ framework, where drug use occurs when spending time with a particular group of close friends. As she does not socialise with this group frequently, she states that her use does not interfere with her every-day life with her partner. She admits to feeling guilty about this deception and states her drug use had decreased as a result.

Nevertheless, she does not agree that her partner’s arguments are justifiable to warrant total abstinence from drugs:
Now it is this thing that I can never have them again or I will get dumped. And we have had so many conversations where I have tried to reason with her and said: “Well what is it that you don’t like and why is it and why are you giving me this ultimatum?, I never go over the top, nothing has ever happened to me”... And I was like: “I have a lovely house, a nice car, a decent job, I have great friends who are going to be my friends forever.” And you know, I can understand if it was making me fuck things up but she has kind of put me in a really awkward situation because I am still, drugs happen when I am with certain groups of my friends and I am around it and it is not that I can’t not, I just don’t see a reason why I shouldn’t have them. And until she gives me what I think is a valid reason, I kind of know that I will have that line of coke or get a gram or whatever...You have caught me at a really funny time. I never thought I would be in this situation of lying to my partner. Fair enough not discussing at work but...

(Catrina, 31 Human Resources – Socialisation framework)

Drug taking can be part of Catrina’s life without her partner being aware. She chooses to conceal it as the consequences of detection would have negative impact. She speaks from the socialisation framework, demonstrating that drug use only occurs within certain groups of friends. She also draws from the moderation framework and states drug taking does not affect the functionality of her life. For example, Catrina states: ‘I have a lovely house, a nice car, a decent job, I have great friends who are going to be my friends forever and you know, I can understand if it was making me fuck things up’, which is explicitly stating her self-sufficiency and contentment with her life. Catrina implies it is not drug use, but knowledge of her drug use that is the source of contention within her relationship. This in turn supports her decision to continue taking drugs. This supports Becker’s (1966) theory of deviance, where behaviour is only considered deviant when it is labelled as such by others. Catrina’s girlfriend does consider drug taking to be deviant, where Catrina does not, which demonstrates how different people can view the same type of activity with an alternative judgment. All participants acknowledge drug taking can be viewed as an immoral behaviour and therefore knowledge of drug use is guarded from ‘outsiders’.

5.5 ‘Fishing’: it takes one to know one

As discussed, in previous sections within this chapter, knowledge of drug use is restricted to specific contexts and amongst trusted acquaintances. Socialisation evolves throughout time and individuals are exposed to new environments and people, for example meeting new acquaintances through friends, dating new people and starting new jobs. Within the interviews the concept of ‘fishing’ was described as the process of finding out whether other
people take drugs or are open-minded about illicit drug taking. Participants pick up on verbal and non-verbal indicators based on shared cultural understandings about drugs. Terminology is a key factor in ‘fishing’ and colloquial references to drugs are considered a sign of drug experience. For example, terms such as ‘pills’ instead of ecstasy; ‘coke’, ‘chiz’, ‘sniff’ and ‘gear’ for cocaine and ‘weed’ and ‘dope’ for cannabis. Descriptions of where people spend their leisure time are also an indicator. References to club nights, holiday locations (i.e. Ibiza or Amsterdam) or a particular festival with a dance music focus (i.e. ‘Bestival’ in the Isle of Wight in UK is a well-known music festival which has strong links to dance music. It is run by Rob da Bank, who is a mainstream dance DJ with links to BBC Radio One), or shared a preference for a certain type of music (i.e. house music) may also give an indication that the individual was accepting of drug use. This demonstrates ‘fishing’ as a tool of social intelligence, which allows individuals to pick up on subtle drug references, without having to ask direct questions about drug use. Luke illustrates this in the following extract:

If you are talking about going clubbing and festivals, I think they make the connection, you don’t have to say ‘I do drugs’....So I think you don’t have to explicitly say it, it is more about how you talk about your nights. Someone says: “I went out clubbing last night and I didn’t go to bed till 7 o clock”. It is clear they took drugs. Whereas some people would stay out all night, most people wouldn’t last till 7 o clock in the morning. Not everyone who goes clubbing takes drugs but someone who is a regular clubber, I would just assume that they do drugs and I would talk about what I did at the weekend and I say: “I went to (local club night”), you say you are going to Amsterdam people assume you are smoking weed. You talk about what you do in your leisure time and I think people make those assumptions that you take drugs if you go clubbing and you smoke weed if you go to Amsterdam. So I don’t feel, there are people who will think I take drugs without me explicitly saying.

(Luke 42, Education – Drug Cultures and Moderation framework)

Other specific references also suggest stimulant drug use, for example references to lack of sleep and appetite suppression. These are common side effects of the use of ecstasy, cocaine and amphetamines that participants recognise. The acknowledgement of these side-effects as well as other references, to specific music tastes and clubbing would imply the individual takes drugs. ‘Fishing’ also relates to other non-verbal indicators, such as overall connectivity with others based on shared interests and opinions. Clive and Meg explain this within their interviews.
‘You can always tell if someone is cool or not. I don’t mind, I always used to say there was a kind of girl that I liked and it was the girl who had a bit of dope in her handbag. Right at the end of the night: “Well I have a little bit”; “Well I knew you would have”. I know a good person when I know one. I can feel it so I open, I can be an open book as soon as I meet somebody if I have got the vibe’

(Clive, 54 Education – Reformed Hedonism framework)

**And why do some colleagues know and others don’t, what is the difference there.**

Just people that have told me they smoke or have found out that they smoke dope and I don’t know how it comes out. You just sort of connect with people. Yeah so, just people you hit it off with and you can tell you are similar and have a similar sort of attitude toward things.

(Meg, 50 Musician – Situation Opportunity framework)

A more direct non-verbal indicator is noticing the familiar physical effects of drugs on others. Participants make reference to the signs of stimulant drug use, for example, looking awake and alert; having dilated pupils; and increased familiarity with others. Blood shot or droopy eyes and mellowed demeanour were described as an indication someone smokes cannabis. Max explains the familiar signs of stimulant drug taking in the following extract:

And then noticing someone was a little more bouncy than they had a right to be. And it was just like a series of just challenging and just going what have you been taking, eyes like saucers that kind of thing. It is fairly obvious if you know what you are looking for. The group I tend to go out with after work is quite close knit so even if I got it wrong I wouldn’t have felt bad for asking so yeah everyone pretty much follows the same line. And like minded people gravitate towards one another.

(Max, 32 Recruitment Consultant – Socialisation framework)

Descriptions of ‘fishing’ were prominent within the interviews when participants were describing knowledge about drug use with other people. It is a social and cultural tool used to determine the views of those outside the participant’s intimate social circles. It is used to establish other people’s opinions and beliefs about drugs, which can result in bonding thorough shared interests. Fishing is not only about picking up on other peoples drug use, but also a way participants try to subtly communicate their use of drugs with others without explicitly stating so. In the following extract, Paula describes the process of insinuating her own drug use by ‘dangling the bait’ when having a conversation about clubbing with a colleague at an after work social event:
I had a really interesting situation at work when we went out for some drinks. My colleague who sits near me was quite drunk and we got talking in this complete code for a while. It was quite funny. I said: “Yes I used to go out and ‘party’ quite a lot and all that goes with it.” And she was like “I used to like ‘partying’. Were you into your ‘clubbing’?” And I was like “Yeah I was really into clubbing and my dancing and my drum and bass.” So she said “Oh….” And there was this ridiculous code that went on and on and I can’t even remember actually how she broke it. And she said (whispers) “Am I right in saying that you used to take pills and that?” And I was like “Yeah.” And then it was “it was a long time ago.”, and then it was “Oh well not that long ago.” and she said “Oh well you know that day I was off work, you know that was because that weekend you know I told you I was really hungover all weekend well that was because I was off my head.” And we got into this complete bonding conversation about ecstasy and cocaine.

(Paula, 44 Criminal Justice – Planned Celebration framework)

Fishing is an important way to gauge whether others are open-minded about drug taking. This allows the participant to protect knowledge of their drug use from those who could potentially judge them with respect to this activity. The next section will focus upon how participants mitigate negative opinions about drug use, focusing on their fears and about judgements and the potential consequences this could have for them.

5.6 Fear of moral judgment: mitigating anti-drug attitudes

There is an assumption within the participant group that many people consider drug taking a moral issue and revelations about their drug use may result in criticism. Those who view drug taking as immoral are described by the participants as having little exposure to drug taking environments. As a result, they do not have a nuanced understanding of the different types of substances and cannot comprehend that drug use can be functional and non-problematic. In this sense, participants keep knowledge of drug use guarded in order to protect from moral judgement. This is defending against anticipated social disapproval based on the illegal status of the drugs they consume. Negative opinions associated with: crime, addiction, immorality and recklessness as well as labels such as ‘drug user’, ‘drug taker’, ‘druggie’ need to be deflected in order to maintain a positive self-image. Luke and Sean explain the difficulties of resisting stereotypical images of drug users:

In a perverse way I am quite proud of it, the fact I do a lot of sport, I teach and do things and still use drugs and it is important to show that doing drugs doesn’t mean that you are a drop out and you are gonna amount to nothing. But it depends on
their attitude really. If you feel that “if they knew what I did!” they would then view you in a different way. If their main label they would attach to you would be ‘drug user’, I wouldn’t really want them to know.

(Luke, 42 Education – Drug Cultures and Moderation framework)

The term drug user and drug taker, aside of the legal implications would you be, within friends and things are you comfortable as being known as someone who takes illegal drugs?

I don’t like the connotations of the phraseology and I guess this is because of society’s values and it is illegal and therefore involves a whole load of negative connotations that I don’t like being attached to. I have made the choice that I enjoy drug use and I don’t want to forgo it. But one of the prices that you pay for that is that those that know you know you as a ‘drug taker’. And I guess that is why, it may well be that most of my friends are drug takers and those that aren’t, very few friends that aren’t drug takers know that I take drugs. Very few indeed.

(Sean 38, Health and Social Care – Planned Celebration framework)

These extracts indicate a dominant anti-drug discourse within society. Participants do not believe they can defend themselves as someone who takes drugs in a wholly legitimate way, as the negative connotations attached to drugs and more specifically ‘drug users’ may dominate perceptions that others have of them. The fear of moral judgement was most apparent from those who accounted for their drug use using the planned celebration and situational opportunity frameworks. Within the situational opportunity framework, participants admitted personal use can be problematic. In the planned celebration framework, participants spoke about their experience of anti-drug attitudes. Due to this exposure to negative opinions and behaviours, participants speaking from these frameworks have an increased awareness of the antagonism around the use of illicit drugs. For example, Paula emphasises many of her friends have never being exposed to drug taking environments:

I think it freaks people out if they are not in that world and I think you forget that. You are so in that world sometimes it becomes the norm and it isn’t the norm for a lot of people.... There are a couple of girls in the office. Gradually we will talk and things will come out. They have talked and things have come out: clubbing or going to Amsterdam and we are all laughing. And I do clock the faces of some of the other staff and again, it is about not being in that world.... I think some of my friends who have taken drugs for a long time with me probably surround themselves mainly with people who do that, whereas I feel that I live in two worlds and I feel very acutely aware that people that don’t are actually quite hostile and have no understanding of it. I work with some people who would fall into that category and would find that the
most shocking thing ever and as I found out with that colleague the other day. People are shocked that a parent of my age with a responsible job still likes to ‘get off their tree’ every now and then. You know. So some people would be really shocked by it.

(Paula, 44 Criminal Justice – Planned Celebration framework)

Those accounting for their use using the reformed hedonism, moderation, socialisation, and drug cultures frameworks are more likely to socialise with people who also take drugs or at least have been exposed to drug taking environments. These participants therefore have less exposure to ‘outsiders’’ moral judgements. They spoke of a general awareness of anti-drug opinions, but this was not something they had necessarily experienced first-hand as Greg states:

And do you think people; do you think there are still a lot of people that are judgemental about drugs?

Erm, I think I am going to have to say yes, even though I don’t come into contact with them on a regular basis. I think that is the friends I keep and what I do. I think I am going to have to say, that if I was moving in different circles then I would be. It is almost like racism or something, I don’t know anyone who is racist but then I went travelling and I was shocked by how overtly racist a lot of, like in Australia how 90% of people I met were overtly racist, it was mind boggling. And maybe I have been naïve to stuff that maybe there are people out there who think that way. You are used to moving in the circles that you move in and it is easy to kid yourself that everyone is like you.

(Greg, 43 Retail – Drug Cultures framework)

There is an apprehension within the participant group that knowledge of drug use could have a detrimental impact on the participant’s lives. The extent to which this varies is dependent on the framework people use to legitimise their use.

5.7 Increased discretion around drug taking due to adult status

Due to the maturity and responsibilities that are associated with adulthood, some participants argue drug use is becoming increasingly inappropriate. As a result, participants often state their discretion around their drug use has increased with age. In addition to this, illicit drug taking carries with it the risk of criminality as well as dangers to health, which furthers the stigma around continued use in adult life. Albion describes his drug use as internally contested within his adult life. On one hand, he enjoys taking drugs in social
environments and on the other he feels this may not be a wholly appropriate aspect of his adult life:

**How open are you about your drug taking? Do you hide it from anyone?**

*Probably too open I would say. I think as I get older there is actually something that I consider a more private experience. 20 years ago I was stoned all day and it was wonderful. Now it is slightly awkward, I don’t feel it quite fits a grown up, I am not ashamed of it but I am slightly, I wouldn’t say enslaved to it, but slightly embarrassed in certain, I feel I should tell myself if I have a bit of a hangover or post rave and ecstasy come down, I do think ‘oh grow up’ and I do think on that level. I do have some civil service work as well so it is not the sort of thing I would post of Facebook or anything like that. ‘Fucking done in this weekend, roll on Friday’. It is nothing to be proud of but that’s not to say that I don’t enjoy it. I mean at a festival it is quite a safe environment. I don’t go out of my way to hide it but I don’t promote the good times.*

(Albion, 38 Graphic Design – Situational Opportunity framework)

In addition, some participants described being more comfortable speaking of past drug use rather than admitting it is a recent activity. Paula and Simone both stated they would discuss past rather than current use with their colleagues and teenage children. This is also true of politicians and celebrities who often admit past but not current use. For example, Barak Obama the USA President and David Cameron the UK Prime Minister have admitted smoking cannabis in their youth. This suggests that recreational drug taking as ‘past action’ can be legitimised as a youthful rite of passage. However, it draws into question whether recent drug taking can be fully legitimised as a current activity. This is particularly relevant to those accounting for their drug use using: the planned celebration, reformed hedonism and situational opportunity frameworks where drug taking is argued as an infrequent activity. The participants’ needs for privacy is therefore likely to reflect their own belief that drug use is and should be a less integrated part of life within adulthood.

### 5.8 Legitimate drug use: drug taking as controlled behaviour

The socialisation, drug cultures and moderation frameworks account for use which is a regular activity within their adult lives. Participants utilising these frameworks to legitimise their use often assert they are more likely to be open about their drug taking as they have gotten older. The continuation and maintenance of drug taking within adulthood without adverse impact is given as an indication they are functioning drug takers. This was especially
evident within the ‘moderation’ framework, where the notions of control and frequency are instrumental in legitimising drug taking in the participant’s lives. That is not to say that participants are explicit about their drug use with everyone, but refers to an implied understanding that it occurs. Annabel demonstrates this in the following extract when she is discussing her parents’ knowledge of her drug use.

‘They are not ‘that’ kind of parents but they obviously knew and over the years there have been so many hints about my drug taking. They clearly know we smoke weed. Really I hate the idea of them knowing and what they think of me for that but clearly they don’t think of me in a negative way or it doesn’t necessarily upset them completely because if it did then I would be hearing from them. Whatever their views and attitudes are towards drugs and they have clearly never touched a drug in their life, they don’t feel that they need to impose it on me and I think part of that is to do with the fact of where I am in my life and what I have achieved and even though I do, do those things it is in a controlled kind of way. I haven’t spiralled out of control and started shooting up heroin on the streets or anything like that’.

(Annabel 40, Education – Drug Cultures and Moderation framework).

All the participants refer to functionality and achievement within their lives, which demonstrates that drug use is a controlled activity. This helps to deflect anticipated disapproval and judgement that drug use inhibits progression and success. Again this is relevant to participants’ own beliefs about their drug use and its impact within their adult lives. The previous two sections have demonstrated the contrast between frameworks where drug use is less frequent (planned celebration, situational opportunity and reformed hedonism) to more regular (moderation, socialisation and drug cultures). The narratives of those who take drugs more frequently are built around the premise that drugs can be legitimised within the lives of adults. Those who take drugs less frequently emphasise the stigma that is associated with more frequent use in adulthood. This supports each of the frameworks subject positioning as recreational drug takers. It further indicates that drug use can be viewed in different ways, and that adulthood can both support and oppose drug taking as a legitimate activity.

5.9 Privacy due the distinction between work and play

Participants who are in employment have a level of professional obligation to their employers. Discussion of illicit drug use is therefore restricted to the private realm to
mitigate potential implications that knowledge about drug taking could have on their lives. No participant outlined that they took drugs within the workplace, although some participants took drugs whilst socialising with work colleagues. For example, Max who uses the socialisation framework to account for his use spends time with colleagues outside of work and will sometimes take cocaine in these contexts.

The difference in individual conduct within work life compared to leisure time is well documented. Values that may be deviant in the world of work are not within leisure time and people take on different and multiple personas within these contexts. Young (1971) spoke of drug taking as confined to the ‘subterranean world of play’. This values the individual pursuits, focusing on short term gains of: pleasure, excitement, and experience. The majority of participants expressed the need to retain a level of ‘professionalism’ at work, as they are officially rather than personally represented. This supports Wikstrom’s Situational Action Theory, as drug use is only deemed acceptable in certain leisure contexts, and is deviant when associated with work and participants professional lives.

The particular framework the participant uses to account for their personal use has little relevance to privacy within professional work contexts. Job sector and seniority at work is of greater significance. For instance, Dina is a financial advisor, working for a major organisation. She is careful to keep her work separate from her leisure pursuits. She found it uncomfortable when a senior colleague spoke openly about their cocaine use as she deemed this an unacceptable topic for a working situation. This illustrates the need for privacy and discretion by these participants further. Rhys similarly found his seniority in his job required the separation of work and leisure pursuits as he explains here.

**And are you quite open about your drug taking, is there anyone you hide it from?**

_I am professional at work erm but I don’t hide it at the same time because anyone who, strangely I am probably one of the older ones in the office and I know what my life was like growing up and anyone who hadn’t come across drugs I think would be a fucking weirdo who had lived in a convent. So to pretend I am not interested or had never done it would be bad faith I think, but erm I think at the same time I have a position of influence there so I wouldn’t openly talk about it or condone or encourage it at work but if I am going out with them on a Friday night and most of them are going out for a joint. I don’t mind but I probably wouldn’t go with them._

(Rhys 35, Web Design – Planned Celebration framework)
For the most part, participants describe a distinct separation between their work and social lives. However, the increase in social networking and in particular the popularity of Facebook, adds an extra level of consideration with respect to wider public knowledge about drug taking. This relates to photographic evidence of consumption, such as: smoking a cannabis joint, looking intoxicated and even an association with drug taking contexts (clubbing, festivals). Facebook therefore increases the likelihood that disapproving friends and family members could become aware of drug use. The majority of participants expressed they would delete photos from social networking sites if they looked intoxicated. However, some expressed this was about loss of control associated with intoxication in general (particularly being drunk) and was not only concerned with illicit substances. Other participants, such as Dina and Max controlled their Facebook settings so they could limit the information that could be seen by certain work colleagues and family members.

For other participants work and leisure are intertwined. Those working in the music industry, as musicians or DJs, were more open about their drug taking within their professional lives as drug taking is an accepted part of these industries. Meg and Clive both mentioned the connections between their drug use, music and creativity. Perhaps surprisingly those working in clubs as DJs did not speak about drug use as part of their job, but part of their preference for socialising within these contexts. However, they were not asked questions directly about this. Sara stated that on rare occasions she used stimulant drugs for functional purposes within her job. This relates to staying up to finish pieces of work rather than taking drugs within working hours. Other than these instances, there was no spontaneous mention of drug use encouraging functionality within the workplace.

Frank is retired with adult children and he is the only participant who expressed he is fully open about his drug taking within his life. He is not concerned about police detection as he understands personal possession of drugs to be a low priority for police work. Saskia is self-employed and she asserts knowledge of drug use would not result in losing her job or being judged by colleagues. However, it was still not something that she would instigate discussion about in her professional life.

**Anybody you hide it from?** I think on a professional level then, if I am working then I wouldn’t talk about drugs unless it was brought up by somebody else and it was then seen to be quite a normal thing.
Drug taking was justified by the participants through the assertion of the right to private life and through the reward for their economic and social contributions to society. Participants often positioned themselves as legitimate and conforming citizens in order to further justify their use. Rhys demonstrates this in the following extract where he reasons his drug taking as deserved through the application of hard work. Dispersed throughout the narrative about his drug use are references to his productivity and healthy lifestyle, for example, his hard-working career and fitness. This portrays him in a positive light, which helps to balance his drug taking with other aspects of his life and allows him to argue the positive influence drug taking has for him:

*I would say once or twice a month maybe on a Friday or a Saturday when I have had a really long week and my head is cluttered with work, I would smoke some joints and I actually, think in small doses it is really good for you, personally. It allows you to get out of your blinkered day to day and so that is a really like kind of it forces you to relax mentally if you know what I mean. So that would be once or twice a month maybe. Particularly if, I go kayaking quite a lot and you have been kayaking and all the pressures of city life are off, you might smoke a joint and relax in a hammock. But erm, that is that side of it. I would say if you are tired and you are going out to a party and all your friends are there and you go fuck it, all your friends are there and I have been working all week. I am damned if I am going to sleep because then your life becomes really one dimensional, it is all focused around work and you haven’t got the energy for your life then you feel like you are a bit, like you have been cheated somehow and in that sense I would occasionally take a couple of lines of coke or occasionally a pill. It is more likely to get you through the night or a little pick you up or I planned to do it, you are always trying not to but if you are knackered all the time and it’s like fuck it, I have had a really hard week and I owe it to myself to have a really good time.*

(Rhys, 35 Web Design – Planned Celebration framework)

So far this chapter has discussed the extent to which the participants are open about their drug taking with other people. Drug use is spoken about as a personal activity due to: the fear of disapproval and concern from those close to the participants. This is connected to: the fear of moral judgements from the ‘other’ and particularly how the participants’ status as adults can influence these judgements. The research is concerned with the impact of criminality and deviance on drug takers who are otherwise conforming adults. The final section of this chapter will explore the criminality associated with drug taking directly.
participant had experience of criminal justice with respect to their drug use; however they were mindful of the threats associated with criminality.

5.10 Fear of criminal implications

Chapter Four argued that deviant and unacceptable drug taking is not associated with criminality, but is related to unacceptable behaviour, which is dysfunctional and uncontrolled and poses risks to health and well-being. When participants utilise the frameworks to account for their personal use of drugs, references to criminality are scarce. In other words, participants do not defend their activities due to their illegal status, which indicates criminality does not affect individuals’ self-perception, identity and behaviour. However, concerns about criminality are discussed with regard to employment and the responsibilities of parenthood. This was not related to participants own beliefs, but connected to how others may judge them and the impact this could have on these areas of life. The participants emphasised this as a key reason drug taking remained a personal and private issue. The context and frequency of drug use also had an impact on the level of concern participants’ have about detection.

Prohibited substances need to be sourced within the illicit market and each drug has typical methods of use. These practicalities directly relate to criminal conduct and impact the likelihood of ‘getting caught’. Firstly, greater consideration is required when taking drugs in public spaces due to the increased risk of detection with regard to possession and acquisition. Secondly, the more often drugs are used, the more likely an individual will have drugs in their possession. The frameworks are significant as each refer to differences in the frequency of consumption and the context for use.

Those utilising the reformed hedonist and planned celebration frameworks to account for their use are inclined to take drugs in public spaces for particular events linked to dance music. However this use is described as infrequent, reducing the likelihood of detection. Those using the situational opportunity framework to account for their use also refer to drug use within public settings; however participants using this framework are clear they are not the instigators of buying drugs and therefore are unlikely to have drugs in their possession. Those utilising the socialisation framework refer to more regular drug use;
however this use is more likely to take place in the home and therefore reducing the likelihood of detection from outsiders. This is also true from those speaking from the moderation framework regarding their regular cannabis use. As although use is frequent, it is usually consumed within the privacy of the home. The participants’ for which drug use has the greatest threats to detection and therefore the likelihood of criminal sanction is those using the drug cultures framework to account for their use. This is where drug use is described as both regular and linked to public spaces. Participants drawing from the drug cultures framework speak of the need for discretion around drug use more than those in other frameworks. They describe considerations around the possession, consumption, and acquisition of drugs in venues such as: clubs, bars and festivals.

Terry uses both the drug cultures and moderation framework to account for his drug use. He expresses he is cautious about both the possession and acquisition of drugs due to fears and consequences of being caught. He also noted that at 54 years old he often gets mistaken for a drug dealer in clubs, which invites unwanted suspicion from security staff. For this reason he is extra vigilant and would never carry or exchange drugs in a club:

I have known cases where someone has bought a pill off someone in a club and the next thing they have been arrested for possession, the next thing they have had their house raided. You know their life have been trashed upside down simply from buying a pill off someone in a club so no I just wouldn’t do it and I don’t need it that badly to take those sorts of risks.

(Terry 54, Surveyor- Drug Cultures and Moderation framework)

Greg uses the drug cultures framework to account for his use. He stated he wouldn’t want to go to prison for drug offences and expressed caution when buying drugs in public to mitigate the risk of being caught. He felt he would be more likely to receive a warning rather than incarceration for personal possession of drugs, nevertheless he would not want to deal with the implications of a having a criminal record. Annabel also utilises the drug cultures framework with reference to her stimulant drug use. She stated that she and her partner Luke have been more cautious when buying drugs since having children and progressing within their careers. For example, they would no longer buy in large quantities and distribute to friends. Therefore the threat of criminal sanction has increased for Annabel and Luke due to their increased responsibly within work and family life.
The participants’ job sector and seniority within their organisations strongly influence the need for privacy and discretion around drug use. For example, Helena and Paula work in the criminal justice sector and expressed concern about the confidentiality of the interview before it took place. Paula in particular spoke about taking precautions in drug-taking contexts. She prefers to take drugs at house parties where drug use is more discrete and she would not buy drugs direct from a dealer to mitigate detection. In addition, colleagues within her job sector had been dismissed for taking drugs when socialising at social work events. She therefore keeps her associations with drug taking separate from work contexts.

Sean works in the healthcare sector in a nursing management role. Revelations about illicit drug taking would result in instant dismissal and an end to his well-established career. Similarly to Paula, he takes precautionary measures with regard to the contexts in which he takes drugs. He would be wary of going out clubbing in the city he worked in and was more inclined to socialise and take drugs in more private settings such as house parties. He felt that disapproval from unknown others could put his livelihood at risk.

Billy is a paramedic and he stated that knowledge of his drug use would jeopardise his position and career. He explains he is now more cautious about having drugs in his possession in public places due to his job. He mitigated concerns about work finding out by keeping work socialisation separate from that with personal friends. He also expressed that he would not take drugs on a works night out. In the following extract, Billy speaks about an interesting issue, which refers to the distinction between recreational and problematic drug taking within a professional organisation:

*I think if I didn’t tell them (about my drug use) and I got caught and they found out, I would be sacked. If I got caught and I said I have a problem with it, obviously I would be taken off duties and they would give me support to get me off drugs. Rather than me saying, oh it’s recreational. If I said it was recreational you would be out of the door and if I said I have got an issue with it that ‘I need it’ then I would get help.*

*And what do you think about that? That professional line that you couldn’t turn round and say this is recreational.*

*I think again it is difficult because if you were an alcoholic you couldn’t do the job, but because alcohol is legal, it is not as much of an issue and it is the stereotype around drugs that make people react like they do. Yeah it is a professional organisation so they cannot have people working for them if they are potentially on drugs.*
Billy’s extract demonstrates that recreational illicit drug use is not an accepted activity within official institutions because it is illegal. Despite personal views and opinions about drugs, the legal status is an important distinction in terms of deviance and acceptability within a public and professional capacity. Other participants who raised specific concerns about their drug taking were those in high seniority positions within their organisations. This relates to the implications that criminal sanction for drug related offences could have on careers, i.e. threatening their position of influence in an organisation. Albion owns a small graphic design business and needs to travel to the USA for business, therefore receiving a criminal record for drug related offences would affect his ability to run his company effectively. He expressed this did not cause him concern as he seldom has drugs in his possession but did not purchase drugs direct from a dealer as a result.

Sara’s seniority within her organisation has increased within recent years, which has caused her to consider her openness with others about her drug use. She states a preference for being open with her close friends, which has resulted in her speaking about her drug use to colleagues she has grown emotionally close to. She does not think that personal friends would judge her for taking drugs nor report her within the organisation. However, she would not want other people at work to know as this might affect her position of influence within the workplace. She also has concerns about buying drugs from dealers who are indiscreet. This had not been a concern until recently when she has bought from a new drug source whom she meets in a car outside her house. Feeling anxious about these associations, Sara has deleted text messages from those she buys drugs from as she was concerned about electronic tracking that could be done through mobile phones.

Lydia works as a PA in an Accountancy firm. She keeps her drug taking private from work because of the legal implications. As she speaks from the drug cultures framework, her drug use is linked to public spaces and this contributes to the fear and likelihood of detection from outsiders. In the following extract, she expressed her concern about the perceptions of drug takers within wider society:

> When I say open I wish I could just be more honest sometimes. I don’t care if they think it is right, wrong or whatever. And people can judge you and they can say whatever they want to say. But it is still the element of this taboo subject and you
know it is the legal side of it all isn’t it. That people can get you into trouble. It is the legal side that I think worries me. You know, that it is still hanging over you. If you said something to the wrong person and it ever got back somewhere else. The last thing you want is someone coming knocking on your door because somebody said something somewhere, that you have loads of drugs in your house. You don’t know what people can say, you know, I never have but you don’t know. You watch these programmes on the tele where someone is just sat at home and the next thing you know, raid and they have one wrap of weed on a tray and you just think, well who tells the police these things or are they being watched and what have you. But that is the trouble, someone could make a phone call and that is it. That would be it really and just because me and Terry are sat in our house on our own on a Saturday night having a nice time. But one phone call to the wrong person can wreck your lives. I think that is totally wrong, I don’t think it is anybody’s business.

(Lydia 55, Accountancy – Drug Cultures and Moderation framework)

The participants’ interviews illustrate that the world of work and play are inextricably linked. Drug taking offers individuals ‘time out’ from hectic lives, and they perceive that activities in their personal time should remain private from public scrutiny. However, taking illicit drugs means engaging in criminal behaviour, which may be judged as morally wrong and could have a detrimental impact on a participant’s life if officially detected and reported. The participants lead a variety of lifestyles but each incorporates personal responsibility and a necessity to conform to legitimate roles and regulations. No individual expressed their drug taking interfered with their ability to do their job, progress in their career, or to parent children. Participants spoke about fear and consideration of potential criminal reprisals but they did not necessarily see them as a likely threat (if they are cautious). The levels of fear about disapproval, judgement or criminal sanction did not result in reduced desire to take drugs per say. Criminality and deviance therefore, do not appear act as a deterrent for drug use for these individuals. This supports Tyler’s theory of compliance, as the instrumental and normative effects of the law are ineffective at deterring behaviour. which emphasises that the instrumental effect of the law has less influence over behaviour than normative factors based on morality and legitimacy of the law. However, for some this threat of moral judgement effects how participants perceive themselves and their drug taking. In spite of this, all participants consume drugs that are prohibited by law; and therefore caution must be applied in order to maintain privacy and to avoid negative consequences.
5.11 Conclusion

This chapter has addressed how participants account for their drug use in their everyday lives. It has explored how open participants are about their drug taking, considering a number of different factors. Firstly, focusing on ‘the other’ and the level of social distance they have from the participant – for example, whether they are emotionally close to the individual or merely associated with them through work or parenting. Secondly, examining the nuances between drug use as a private and personal behaviour, and whether drug use is something that is purposefully hidden or just an aspect of their personal lives that is not shared with everyone. Finally, exploring the context and environment and assessing how the setting and the social actors within that setting affect whether drug use is open for discussion.

For the most part, participants are open about their drug use with close friends and intimate partners. People who are emotionally close to the participants do not negatively judge them for their behaviour, this supports Rodner-Szinitzen (2008) who found drug use is normalised within the micro social of the participants. However, not everyone in the participants’ lives are aware of their drug use. Here drug taking is viewed as a discretion and personal activity rather than deceptive behaviour. Discretion is exercised in order to maintain a positive self-image and to deflect negative judgement and criminal sanction. The regularity of which drugs are taken affects the participants approach to discretion. Those speaking from the planned celebration, reformed hedonism frameworks do not position themselves as regular drug takers, and those in the situational opportunity framework do not position themselves as instigators of drug use. Their need for privacy is therefore lower than those who take drugs more often, i.e. those speaking from the drug cultures, socialisation and moderation frameworks.

Individuals are not viewed in the same way by all people and in all contexts; therefore drug use is only relevant to particular circumstances with some individuals. This supports Wikstrom’s Situational Action Theory, which emphasises the influence of context in ascertaining if certain behaviours are deemed deviant or acceptable. Relationships are built as a parent, a child, a colleague, a friend, a partner and although these roles can be intertwined, each reflects different aspects of an individual’s life and participants value the
variety of personas that contribute to the construction of the self. Parents, children and other family members are likely to be unaware of drug use as they are unrelated to drug taking contexts. Similarly professional work contexts are not associated with drug taking. There is therefore little need for participants to share knowledge of their drug use with people associated with work and family life. Personal friends and intimate partners are more likely to be aware of drug taking as they are associated with the self that is free from responsibility and officialdom. They are more likely to share the same values, behaviours and beliefs as the participant, including those around drug use.

Knowledge and subsequent acceptability of drug use was not always straightforward. Some participants described close friends and partners who disapprove of their drug taking due to health and well-being concerns. Here participants must negotiate their actions and justify them to others. These fears are somewhat validated by the participants as drug taking is a risky activity, especially the ingestion of substances that are of unknown purity and strength within unregulated markets. However, disapproval based on moral judgement is not substantiated by the participants as a legitimate reason to express anti-drug attitudes. Furthermore, moral judgement is disregarded as a reason to desist and abstain from drugs. This demonstrates contention being health rather than crime related, which is an important consideration with respect to public health policy on drugs.

A further consideration when accounting for drug use within everyday life is the fear of moral judgement. This was primarily felt by those outside the participants’ social realm. This is where fear of social disapproval is apparent through the concern of being judged and labelled as criminal and deviant for the use of illicit substances. The experiences of moral judgement seemed to be more relevant for those who account for their drug use through the planned celebration and situational opportunity frameworks, as they are more likely to have been exposed to anti-drug attitudes within their social world. All participants outline judgements are based on lack of exposure and awareness of functional drug use. However, they acknowledge these opinions could result in negative consequences, such as deformation of character in wider social circles, furthermore the possibility of criminal sanction if information is reported officially to work or criminal justice organisations.
The area of most concern for participants related to drug taking contexts, which involve strangers and public spaces. The possession, acquisition and consumption of drugs must be concealed in order to protect the individual and their social group from detection. These issues are most relevant to participants speaking from the drug cultures framework, as they are likely to take drugs in public spaces on a regular basis. In the public realm, individuals must operate within dominant legal and criminal ideology. Illicit drug taking is against the law and consequences of detection could result in the loss of livelihoods through dismissal at work, and in extreme cases criminal sanctions. Those working within criminal justice and health and social care sectors are more closely associated with legal ideology within their jobs. Personal drug use contrasts significantly between work responsibilities and the perceived threat of criminal sanction is the greatest for those working in these sectors. In these cases, participants speak about the precautionary measures required to keep knowledge of drug use private. For example, not openly taking drugs in clubs where there are many strangers and not buying drugs direct from unknown dealers.

It must be noted that this chapter focused on participants’ ‘considerations’ and ‘precautionary’ measures. This further supports the participants as responsible and legitimate individuals, who are concerned about the consequences of their behaviour. However, these assertions are based on consideration of anticipated risks rather than the high likelihood these fears will come to fruition. Criminality and deviance are therefore not substantiated within understandings of the self but have relevance to society’s dominant norms and ideology. Continuing from this examination of drug taking in everyday life, Chapter Six provides an exploration of the participants’ values and ideology towards the law and policy of the illegal substances they take.
Chapter Six: Perceptions of drug use in wider society: the legal and political context

6.1 Deviance and conformity: subject positioning of adult recreational drug takers

Chapter Four and Chapter Five demonstrated participants resist a criminal identity when describing their drug use. In Chapter Five, participants expressed caution due to the instrumental effect of the law but they are not necessarily fearful of criminal sanction. Drugs discrimination (that is, the designation of specific drugs or drug-taking behaviour as deviant) is deemed as that which is out of control and dysfunctional. Until this chapter, the illegal status of drugs within the UK has not been directly addressed. Participants were asked about their views on the law and policy. Their responses therefore must be understood in the context of an interview in which they were positioned as ‘illicit drug takers’ and results may have differed if personal drug use had not been the subject of the interview.

Foucault (1972) argues that perspectives about behaviour and action evolve over time; different discourses emerge, which will affect how people will speak about certain subjects, for example, sexuality, punishment, or drug use. Therefore, discourse is culturally and historically situated within the epoch that it resides. The literature in Chapter Two presented in section 2.3.4 described several factors, which signify changing perspectives and emerging discourse around drug use. The rise of neoliberal ideals and the emphasis on individualised rational action and decision-making is linked to the opposition to state control and resisting governmental influence on individual behaviour. Drug use can therefore be argued as personal behaviour based on the free will of functioning citizens rather than associated with a ‘criminal or deviant identity’. The increasing dominance of public health discourses associated with drug use also challenges the legal status of drugs. It is argued drugs should be seen as a health rather than a criminal issue. These changes influence how participants account for drug use within wider society and help defend the subject positioning of a sensible recreational drug taker.
This chapter examines participants’ perception of their position in society and their relative conformity to mainstream norms and values. This is necessary to establish whether participants situate themselves as conforming or resistant to society’s rules and regulations and furthers our understanding of deviant behaviour and drug taking in the UK. Participants’ legitimate status is significant as they were targeted for the research, specifically because they lead what appeared to be conforming lives outside of drug taking. This enables an isolation of drug taking behaviour as participants are generally law abiding. For example, they do not steal from others; their main source of income is not through criminal means, and they contribute to society in terms of the jobs, their social lives and through their children. This status as ‘otherwise conforming adults’ further explores the relevance of the law in terms of prevention and deterrence of drug use.

6.2 Relaxation of drug laws and conflict within the discourse of risk

The majority of participants did not express defiant opinions regarding the law and policy but presented conflicting feelings about the correct societal response to drugs. Most participants stated that UK drugs laws have some positive benefits. For the most part, these benefits related to preventing and reducing the availability of drugs to vulnerable sections of society. Participants also described drawbacks of the law, which they saw as associated with criminalising people for their drug of choice, whilst dangerous substances such as alcohol and nicotine are available. This demonstrates conflict between dominant health and legal discourses. What is significant is that drug use is positioned by the participants as a health issue and the law is perceived to both protect and condemn individuals’ on this basis.

Seddon (2010) argues the UK is within an era of risk based drug policy, which was supported within the interviews as the discourse of risk dominated narratives around drug taking. Substance use was categorised by participants as risky as it poses certain harms to health and well-being as well as detrimental behavioural, societal, and global effects. Consequently, most participants expressed caution in supporting a relaxation in drug laws due to the potential for increased use and associated risk. However, participants also argued that substances should not be categorised within a paradigm which assumes relative safeness due to legality and harmfulness due to illegality. The participants’ narratives are
therefore conflicted by the lack of certainty changes in the law would bring, but the
dissatisfaction with the basis of the current system. Each framework draws from particular
discourses within their narratives about the law and society’s attitudes towards drugs.
These will be discussed in the remainder of the chapter.

6.3 Drug use and society: how the frameworks position their
discourse

6.3.1 The discourse of addiction: the situational opportunity framework

Those who use the situational opportunity framework to account for their drug use draw
from the discourse of addiction. Each of the participants speaking from this framework
expressed their propensity to overindulge when drugs were readily available to them, and
admitted current or past issues with alcohol. They argue that if drugs were legalised, this
would encourage higher levels of use, which could result in rises in associated problems.
However, their narratives are conflicted as they also argue that illegality as a preventative
measure is insufficient, as many people take drugs regardless of the law. In addition, they
reasoned, criminalising addicted individuals results in negative consequences. In this sense,
the discourse of addiction both challenges and supports the criminalisation of drug use.
Participants draw on their own experiences of excess and loss of control to support their
arguments, as Albion demonstrates in the following extract:

I don’t think I would be entirely comfortable with a society in the UK that legalises
everything as well but I know that the approach now isn’t working, it is not a success.
You would know more about this than I do. But I fear we are going through a bunch
of government cuts at the moment and I feel like the treatment that is available in
local authorities and in prisons is extremely lacking, the same with alcohol. If you are
going to treat the high end alcohol abuse then you need intensive therapy and I just
feel. I think banging on with that ‘drugs are wrong, drugs are bad and you might go
to prison’. It hasn’t worked and there are so many people in prison for theft and petty
crime so that said I don’t have any great solutions but I know that it needs a very
honest and frank debate. I haven’t followed it in great detail. But I think the system
can’t be without punishment and without sanction but I think there is so much more
that might be achieved with treatment and education, which seems to be sadly
lacking, especially in the prison system.

(Albion, 38 Web Design)
When considering societies attitudes towards drugs, participants using the situational opportunity framework suggest higher levels of societal disapproval towards individuals who become addicted to illicit substances. They believe this to be driven by conservative ideals in society, which they oppose. Participants state their own social world accepts drug taking as Marcus and Meg highlight:

*I don’t think I know how society, all I know is my circle and my little bubble that I am in. College students and gay people and we are all more ‘drug friendly’. Not necessarily do that, but more open to drug taking in society than general.*

(Marcus, 35 student)

*I don’t know, what is society? Because of my life and the people I know, even in my job I don’t know. I am not really in the Daily Mail society so I don’t really know whether they really exist. Do they exist? Who is society? In my life drug taking is normal. I suppose. In my society it is normal and always has been since I was a teenager.*

(Meg, 50 Musician)

Participants utilising the situational opportunity framework draw from the discourse of addiction, which prioritises the harms caused by drugs. In this sense, drug use should be considered a medical rather than a criminal issue and the state should support the treatment of dependence and address problems associated with drugs. For example, Marcus believes cannabis and ecstasy should be legalised as they have low levels of addiction and problematic use. These are not his drugs of choice, which indicates these views are not from the self-interest perspective of a ‘drug taker’ but are consistent with the discourse of addiction. Meg believes drugs should be legalised but under tight regulation. There is a clear link that can be drawn between their overall position and their own experiences as all participants have experienced their own drug use as out of control and allude to compulsive tendencies.

6.3.2 The discourse of freedom: drug cultures and reformed hedonism framework

Those utilising the drug cultures framework to account for their drug use draw from the discourse of freedom, which centralises autonomy and choice. Participants position themselves as resistant to the norms and values of society and assume social disapproval relating to the illegality of the drugs they take. Participants believe that perspectives are
based upon the immorality of law breaking, which dominates mainstream ideals about drug use. Hence participants believe they would be viewed negatively within wider society for their behaviour. Ecstasy is the main drug of choice within this framework, with the majority of participants emphasising they rarely drink alcohol. They situate dominant opinion within society as pro-alcohol but anti-drug, in direct contrast to their own opinions and beliefs. Alcohol is highlighted as inhibiting freedom and autonomy, which leads to disruption and oppression within society. In contrast ecstasy is described as expanding body, mind and spirit and enabling unity and cohesion. The drug cultures and reformed hedonism frameworks therefore celebrate their resistance to the mainstream with regards to their drug consumption, as it contributes to equilibrium within society. Their drug use is not therefore deviant in terms of the impact on individual health and well-being. Terry illustrates this in the following extract:

*Unfortunately everybody seems to go through a stage in their life that they want to drink. I have been to America where it is 21 to drink and they don’t have the same problem with their youth but they still have the same problems with older people and drunk drivers especially so I don’t know. It is just glamorised a bit too much. Let’s all go and get pissed. Why? It is not a good feeling. I don’t know. We went to Ibiza and it was amazing. I said they should make everyone do this once. Have a dance, have a pill and they will just see life totally differently. There are a million different nationalities watching the sun go down. Everyone is getting on and there isn’t a bad bone in anyone’s body. I would rather do that. We have come out of a club early and it is like a war zone in the city centre and you have to zig zag round people fighting, people who have collapsed. That’s crazy. That isn’t a night out, that isn’t entertainment, that isn’t fun.*

(Terry, 54 Surveyor)

Participants using the drug cultures and reformed hedonism frameworks criticise criminalisation of ecstasy. They draw from the discourse of risk to compare the effects of ecstasy to alcohol. Alcohol is argued to ruin equilibrium in society through: ill-health, violence and disruption. These participants speak from a perspective of a recreational drug taker to reason their arguments, but do not to categorise themselves as chaotic or reckless. They are explicit their own drug use is about freedom and choice and not necessity and dependence. People should therefore be awarded with freedom as long as it is exercised responsibly, which aligns with a neo-liberal rationality. Drug use is for the purpose of stimulated fun and enjoyment rather than the desire for pure intoxication. In this sense, criminalisation is argued as unnecessary and unjust, as Luke emphasises:
People shouldn’t get a criminal record or cautions for pills, I just really don’t see any harm, it certainly shouldn’t be a Class A drug. In terms of classification of drugs, I just can’t see. Pills are just a good thing and the world would be better place. And literally I am sure I am not the first person to make the observation in terms of violence that happens in clubs. You don’t see someone *‘pilled up’ [intoxicated with ecstasy] kicking off with someone. 

(Luke 43, Education)

Participants speaking from the drug cultures framework position themselves as opposed to mainstream conformist ideals. Their subject position supports freedom and choice, which is outlined in opposition to generalised beliefs within society that ensure dominant power remains controlling and austere. Participants outline their own opinions as subordinate to conformist perspectives within society. As a consequence, discussions about legalisation are irrelevant as it is not likely to happen due to widespread anti-drug opinions. The following extract from Greg illustrates this point:

It isn’t necessarily that I think they should be legal. I think people should be allowed to make their own decisions and obviously there is an argument for legalisation because it refutes the whole criminality around it. But I think realistically, legalisation isn’t going to happen in my lifetime or maybe in anybody’s. I would say to me, it would make more sense to have, not necessarily legalisation but certainly a bit more of a lenient attitude to what exists... I think it is a shame that the policy and law is black and white when in reality there are all these shades of grey. I think although legalisation seems unlikely there are probably ways of re-categorising or re-policing so that they are semi-legal or open-minded perhaps. Like the whole thing with mephedrone, meow, meow. Do you really think that by making that illegal that a) people are going to stop taking it and b) if they do stop taking it that they are not going to substitute it for something else? It is just; it seems to be a very blinkered and short term view of dealing with things. 

(Greg 43, Retail)

A number of participants who utilise the drug cultures framework also speak from the moderation framework to account for their drug use. These individuals suggest others may view their actions as criminal, but they defend their drug use because they perceive it as moderated within their lives. It addition, they stress their conformity within their jobs and careers. This further supports the ‘freedom to make responsible choices’ position, in which drug users are not inherently criminal or deviant individuals. Lydia argues this in the following extract:
And yet it is so frustrating because here we are living a completely normal life, both of us working hard with really good jobs, we pay for everything, we have never stolen anything, we have never done anything bad, we have never done anything wrong. You know, but yet if someone said they had had a party at their house and ‘look what they have there’. I don’t know what people would think but that is it, we could lose our jobs, our house, lose our lifestyle.

(Lydia 55, Accountancy)

The reformed hedonism framework shares similarities with the drug cultures frameworks. Participants within the reformed hedonism framework were once submersed in a drug associated culture, which has informed their identity and outlook on drugs. Like the drug cultures framework they do not believe people should be criminalised based on drug choice, as Clive illustrates:

I think the drug laws need changing but in 1967 when I was 10 the Beatles recorded Lucy in the Sky with Diamonds (LSD). I found that out years later in a pub and I like to think I am a product of all that and I can remember clearly, all the talk in the press about the Beatles and drugs. I was too young but I can remember. There was a full page advert that said ‘Legalise cannabis’ in The Times, it was all over the place. I always expected at any time that cannabis would be legalised. When I was 12 I thought well it must be soon, 14 must be soon, 24.... and now I am thinking WHAT! I can’t believe that we are still locking people up. It has been downgraded and then back again but it is still tormenting people and making people feel weird about ingesting a naturally found substance and same with magic mushrooms and stuff.... I am not a druggy guy, I have been a druggie guy and my spirit is druggie. My spirit is psychedelic. I like that. I see it in everything and I immediately gravitate towards it. I listen to the radio and I can tell if something is cool or not. I look at someone and I can tell if something is cool or not. I have a feel for mind expansion. It is what I like. I love it. I don’t like straight and I will never been any different to that.

(Clive, 54 Education)

Drug taking is conceptualised as past behaviour within the reformed hedonism framework, however views about drugs remain anti-conformist and participants draw from the discourses of freedom, choice and autonomy. It is not current action but collective experience that informs this focus. This indicates the illegality of drugs has not instigated desistence from regular drug taking for these individuals. It also reiterates the arguments from Chapter Five, which emphasised views about drugs, are not always related to self-interest or current drug taking activity.

6.3.3 The discourse of acceptance: cannabis and the moderation framework
Participants utilising the moderation framework support their narratives by adopting the discourse of acceptance. All those who smoke cannabis regularly speak from the moderation framework to account for their use. They state illegality does not influence their desire, preference or the availability of drugs. Cannabis is routinely embedded within their lives and is not viewed as a deviant. Participants emphasise the need for boundaries of use to respect the views of other people. However, they reject these boundaries should be formalised by the law. Johnson illustrates this in the following extract:

‘I am quite polite with the weed. I can only say about the weed because that is what I do and know about really. I don’t know. Legalise it? I don’t know. I am going to bun my weed the same way regardless of if you make it legal or not so I don’t know what to say about that. Fair enough if you are walking in the street and you are fucking there like that and people want to take offence at it. If you are in a restaurant and you want to light up a spliff it is not polite. There should be some rules of where you do it, how you do it. But if you are going to legalise it then fair enough. They are going to tax it, put ‘bare’ tax on it on all of it. You know what I mean. It probably would be easier as well. I remember I was reading about this guy, he got caught with a little grow in his house and he went to court and he could get a lengthy sentence. He was saying the reason why he was doing this was he was cutting out all this street crime and he said he didn’t want to fund these young people to get guns with their money from selling cannabis. He didn’t want to give them that money and also he knows what is in it, no chemicals and he actually got off with it and I thought you know what; there is some sense in that’. (Johnson, 33 Community Worker)

Participants speaking from the moderation framework position themselves as recreational drug takers that are functional and integrated within the rest of society. They do not view their relaxed attitudes towards cannabis to be deviant. Participants consider cannabis to be an increasingly accepted within the UK, even within official institutions. Here Dina emphasises the acceptance of cannabis within society:

You walk through town and all you can smell is skunk in the day time and I am walking to town in the morning and it was half seven and I am walking behind a guy who was having a spliff so I think people. There are police around town and that, they don’t give a shit. People will skin up and walk down the street with a smelly skunk spliff so I think people’s attitudes are like, whereas years and years ago you wouldn’t have dreamt walking around town in the day with a spliff, people will now and I will nip round here having a spliff walking somewhere and not worry about it and think well it is not a biggy really.

So you are not worried about being caught with it necessarily?
Participants speaking from the moderation framework are unclear of the effects that a relaxation in the law would have for their own use. Under prohibition, the constraints of the law have little effect on their consumption: cannabis is readily available; participants argue they are functional within their lives, and they are not condemned for their drug of choice in wider society. In the following extract, Annabel describes the potential restrictive effects of regulated legislation could have on regular cannabis smokers. This emphasises how the discourses of freedom and autonomy are utilised to support their position:

Part of me is like well I many ways I am not affected by the fact that drugs are illegal. I can get access to them relatively easily and I can afford them and I don’t have any health problems related to the quality of them. I don’t think I have. But then they would be even safer if they were and then they might be cheaper but then they might be taxed possibly and you know if they are made illegal and regulated they might be even more restricted particularly for someone who smokes cannabis daily, like three spliffs a day that is not a heavy frequent smoker, some people who smoke a quarter a week would not be able to smoke that much through a regulated market, which would restrict the frequency and quantities you can get.

(Annabel, 40 Education)

Participants speaking from the moderation framework present themselves as anti-conformist in terms of their non-compliance with the laws around cannabis. However, their use is reasoned within a wider discourse of acceptance regarding the use of cannabis within society. This indicates that cannabis use is normalised within a ‘freedom within moderation’ position. Participants assert that pro-choice attitudes need to be balanced with sensible approach to drug taking, and excess consumption should be avoided. If use inhibits the individual’s ability to function in everyday life, then it is considered undesirable as it counteracts the ‘freedom within moderation’ position. This helps to support the participants’ position as non-deviant recreational drug takers. It also supports the dimensions of the normalisation thesis, which argues there is a cultural acceptance of ‘sensible’ recreational cannabis use within society (Aldridge et al, 2011).

6.3.4 The discourse of tolerance: the socialisation framework
Participants utilising the socialisation framework to account for their use, position themselves as one of many drug takers within society. They acknowledge society is fragmented in terms of views towards drugs, arguing that only some sections of society as anti-drug. However, participants emphasise many people in society who have either taken drugs or have been exposed to drug taking environments are open-minded about drug use. Within the socialisation framework, participants draw from the discourse of tolerance to support their position, as Penny demonstrates:

**Do you think it is likely there will be a change or do you think government will always take a hard line against drugs?**

*I think they could be a lot harder and I think that maybe whilst there are big operations and seizures of drugs and stuff like that. I do think there is a little bit of conspiracy, I don’t know but I think the government are quite happy that a lot of people are numbed down by taking drugs and sort of we are not revolting. It is a very moderate climate in England and very sort of tolerant climate and everyone is quite tolerant of each other and I think the government are probably quite happy with that and I think they weigh everything up and think nah we’ll turn a blind eye to that, there are loads of people. They could go into clubs on most weeks and bust a load of people but it doesn’t happen. I dunno, I think if they legalised drugs, erm....then it would, maybe they wouldn’t have as much as a control on the thing and it would get out of hand and it would tax a lot of drug dealers. I dunno maybe the government makes a bit of money from drugs themselves, I dunno maybe, it’s all a bit. I think the government are happy that a few people are numbed out by the fact they take drugs and smoke a bit of spliff and whatever so I think it will probably stay as it is for the time being. I can’t see it changing and again because I don’t know whether it has been a good or bad thing, I can’t really sort of.*

*(Penny, 39 Musician)*

Participants within this framework suggest that illegality offers an allure to drug use as secrecy increases the attractiveness of drugs, especially for young people. The law is therefore seen to encourage use in some cases. For example, Penny speaks of liking the ‘cheekiness’ of drugs and Max speaks about being initially drawn to drug taking through its illegality, as the following extract demonstrates:

*Well initially it was exciting because it was naughty and bad and the same thing it was done on the QT and probably the biggest buzz was from doing something illegal rather than necessarily the shitty pills we used to take and I think I have come to enjoy drugs more and properly the older I have got. Especially the last couple of years whereas before it was like oh pills, I would take three or four and now I have the sense to take one and possibly top up and take another one and it is a little bit more of a sensible approach than I previously had. That is probably why you are finding*
lots of people in their 40s/50s that are. I hope when I am 40/50 that I have the circle of friends where that is still possible and people can still go out and have a laugh and enjoy yourself and I think you mature with age the older you get. The other thing is when you are younger it is like ‘oh breaking the law’ and you spend more time on that or talking about that than you do actually enjoying them and because now you don’t do it to excess you don’t ruin yourself and spoil a good night.

(Max 32, Recruitment Consultant)

Participants utilising the socialisation framework also believe that illegality hinders the ability to address problematic behaviour and addictions. Individuals drawing from this framework stress that people can become ‘socially’ dependent on drugs, particularly cocaine, which is the drug of choice for those drawing from the socialisation frameworks. As drug taking is kept secretive, issues associated with drugs are forced underground and are therefore difficult to detect. In this sense, the law is positioned as encouraging use and exacerbating problems. This supports the tolerance of drugs use in society in order to prioritise individual health and well-being. This is illustrated by Catrina in the following extract:

**So you were saying it is the secretive aspects of it that is the kind of a problem?**

Well it’s because it is illegal. That’s what it is for me. If I am in a bar I wouldn’t be racking up a line of coke on the table but I would be sat there with a glass of wine because it is not illegal to have a glass of wine but it is to do drugs. Then you are going to be secretive about it because you want to enjoy yourself but you don’t want to get yourself in trouble. And I think that is what causes a lot of it and I think the stigma that is attached to it as well because you don’t want to be, like I was saying, you don’t want people to have negative perceptions of you because they don’t agree with drugs or because they don’t understand that actually you are someone that can handle what you are doing. So there are two things there that make you a bit secretive.

(Catrina, 31 Marketing)

Participants speaking from the socialisation framework stress changes in the law are unlikely due to the problems that drug taking can generate. In addition, participants acknowledge the law deters some from taking drugs. A relaxation in the law could therefore result in more widespread use and therefore more pervasive problems. Participants speaking from the socialisation framework emphasise the need for tolerance of drug use in order to prioritise individual welfare. Tolerance and acceptance is a lived experience within their micro social world and therefore participants have not encountered direct social
disapproval. This supports the normalisation thesis in which functional drug use is seen as increasingly tolerated within society.

6.3.5 The discourse of conformity: the planned celebration framework

Participants utilising the planned celebration framework situate themselves on the periphery of drug taking environments. Drug use is an occasional activity, which does not have great significance within their lives. Consequently, participants do not speak from a recreational drug user perspective when expressing their opinions about the law. It is within this framework participants expressed the greatest exposure to anti-drugs attitudes and institutional perspectives. Subsequently, daily life, jobs, and ideals of appropriate social norms are associated within a discourse of conformity, as Paula illustrates:

I am not very rebellious really. I am a strange character to get involved in ‘this world’. (laughs) Yeah I am bit, in a lot of ways I am quite conforming. I didn’t used to be, but I have done more over the years. It depends who you are with really, some people are not shocked at all and other would be taken aback by it..... I know lots of people who don’t and I didn’t used to and I think it freaks people out if they are not in that world and I think you forget that. You are so in that world sometimes it becomes the norm and it isn’t the norm for a lot of people.

(Paula 43, Criminal Justice)

The participants drawing from the planned celebration framework have been exposed to anti-drug attitudes and hostility towards drug use. This has directly affected their opinions and attitudes and they seem more amenable to the instrumental influence of the law than the participants of other frameworks. Prohibition is often positioned as an appropriate response to control numbers of drug takers to reduce associated harms. Libby demonstrates this in the following extract:

What do you think about the law? Policies around drugs and how society deals with drugs in general. Talk about the ones that you take ecstasy and cocaine?

They are all class A’s aren’t they?

Yes

I think that is a good thing. I don’t think they should be readily available. I think if you decriminalise them and if they were taken over under state control, I just don’t see how that would work. Well it would never happen with something that is a poison. I think alcohol and tobacco, they kill enough people already and we don’t need other
drugs used in mass consumption. Well they are mass consumption drugs but less so....You know what, ecstasy and cocaine are class As and cannabis is class B but I don’t know what the sentences would be or anything like that. It is probably right isn’t it? It is not excessive; it is not like America where it is three strikes, where they consider every drug to be exactly the same which is wrong. I think every drug needs to be different levels.

(Libby, 47 Retail Manager)

However not all participants within the planned celebration framework are in favour of prohibition. Simone and Sean felt that legalisation was a more appropriate approach to drugs within the UK, however neither of these participants personalise their views from the perspective of a drug taker. It is rather Simone and Sean’s standpoint in terms of the overall societal benefit connected with safeguarding health and reducing crime. Despite their views, they both outlined the necessity to work within the realms of the law as it currently stands. To illustrate this point, Sean speaks about his work in health and social care.

And I think we spent an enormous amount of money on futile drug laws and actually if we spent that money helping the more disastrous effects of people taking drugs including alcohol and tobacco and stop spending money on drug wars and start taxing drugs instead of creating a black market. I think the world would be a much happier and safer place.....But regardless of what you feel about it or your libertarian views and all the rest of it. None of that matters if I get caught or charged. The fact that I don’t particularly agree with the legal framework we operate in is neither here nor there because it is the legal framework that I have to employ.

(Sean 38, Health and Social Care)

In the planned celebration framework, the discourses of criminality and deviance are used to support compliance with the law. Participants adhere to the law from both instrumental and normative perspectives (Tyler, 2006) but do not position themselves as morally opposed to drugs altogether. Within this framework, participants refer to the influence of the law on their conforming behaviour. For example, Sean and Paula would not buy drugs directly from a dealer to reduce the likelihood of their use being detected. Their jobs have institutional significance to health and crime and they are therefore closely exposed to official responses to illicit substances. Out of all the participants those who utilise the planned celebration framework to account for their use speak of greater exposure to anti-drug attitudes and the necessity to adhere to the law within their everyday lives.
6.4 Drug use as rational action and personal choice: the effects of neoliberal rationalities on the presentation of the self

References to neoliberal ideology are prominent within the discourse associated with each framework. By asserting that drug taking is functional and controlled within their lives, participants demonstrate they are rationally motivated and sensible consumers. Participants emphasise that they are fully integrated and performing citizens within society: within their jobs; their positive relationships with others; through parenthood; and other pursuits, such as their musical creativity or dedication to health and fitness. This builds a positive self-image that exemplifies their position as responsible citizens. The social construction of drugs discrimination within the frameworks is further evidence of participants’ belief that behaviour should be lucid and respectful. Undesirable behaviour is described as individual action that is disruptive, dysfunctional and affects the equilibrium within society. These principles of human action correspond with neoliberal rationalities, where individuals are responsible for their own behaviour and intent.

When reasoning the correct societal response to drug use, three frameworks in particular make reference to neoliberal rationalities (the drug cultures, the reformed hedonism and the moderation frameworks). The drug cultures and reformed hedonism frameworks draw from the discourse of freedom to situate their views. They assert ecstasy use should not be criminalised as citizens should be allowed to make rational consumer decisions. Participants within drug cultures frameworks are resilient in their autonomy to make their own choices, believing that the substances they take facilitate equilibrium and cohesion within society. However, alcohol is positioned as contributing to disruptive behaviour and irrational consumption, which should be avoided. Consequently, it seems illogical that ecstasy is prohibited when alcohol is legal. This rationalises their decisions to break the law and links to the neutralisation technique, ‘condemnation of the condemners’ (Matza and Sykes, 1957) in which individuals neutralise their behaviour by arguing that the law is wrong rather than their action.

Participants speaking from the reformed hedonism framework have rarely taken drugs in recent years. This is positioned as rational decision making, as other aspects of their life now take precedence over drug use. These participants do not regret their past behaviour, but
for them, life evolved from drug taking environments and consequently their use declined. Participants do not express disdain for drug use in general, nor do they prescribe that others should follow this path. This further supports the notion that people should have autonomy to make their own decisions, without instruction from policy and the law.

The moderation framework also prioritises rationalised behaviour over strict adherence to the law. Participants speaking from this framework argue that drug use should be guided by respectful individualised action; for example, smoking cannabis in the home away from others who may disapprove. Firstly, participants speaking from the moderation framework emphasise the law is not effective at controlling behaviour as drugs are readily available and accessible. Secondly, the law has no instrumental affect over their decisions to take drugs because they are, instead, guided by their own good judgment. Participants demonstrate their regular drug use is based on rational consumerism insofar as it is functional. Their drug use does not have a negative effect on their health and wellbeing nor does it impinge on their progression and success within their lives. The participants do not express strong views regarding changes to the law as they believe they have little instrumental effect on their consumption and attitudes. Interestingly, Annabel argues that state controlled legalisation could potentially be a more restrictive force on regular users due to amounts that would be permitted to be bought legally.

The socialisation framework also refers to government’s inability to control citizen behaviour. Participants speaking from this framework draw attention to the many people who have taken drugs and been exposed to drug taking environments in spite of prohibition. Participants also emphasise how functional drug taking is accepted by those around them. In opposition to the messages sent by government legislation and policy, this framework argues that most people are tolerant of drug taking in society. The disparity between the government rule and the behaviour of the public illustrates the neoliberal emphasis on rationalised consumer behaviour within the micro social world. Furthermore, society is viewed as fragmented into different groups who are guided by their own moral compass rather than central direction from government. Participants within this framework stress the problems that occur when drug taking becomes out of control and dysfunctional. They argue that prohibition exacerbates these problems by forcing it underground.
Participants’ speaking from the situational opportunity and the planned celebration frameworks describe their own personal drug use as guided by rational action and choice. The planned celebration framework in particular emphasises the control and autonomy participants have in their decisions to take drugs. However, these two frameworks also draw attention to the issues, which can arise when drug taking becomes out of control. The situational opportunity framework personalises the addictive and destructive associations of substances, including legal substances alcohol and tobacco. Emphasis on neoliberal rationalities is not as distinct when discussing the governance of drug use within these two frameworks. Rather than prioritising individual responsibility to govern behaviour, the participants emphasise the need for social intervention to deal with these problems.

Participants who speak from the situational opportunity framework stress changes in the law could encourage more widespread use and further problems for society. Participants believe they lack the ability to control their use and can therefore empathise with addiction and dependence. For this reason, they stress the role required of government to assist its citizens to make the right choices about their behaviour. They are not necessarily in favour of either criminalisation or legalisation as both are conceptualised as impinging on the reduction of drug related problems. However, society would benefit overall if government intervention was health rather than punishment focused.

Those speaking from the planned celebration framework maintain the law has some instrumental effect on their behaviour. Participants believe it necessary to work within the confines of this legislation and they believe government should direct policy and amend legislation in order to reduce crime and health issues. This indicates individuals do not have the ability to make rational choices regarding their behaviour and illustrates the need for government intervention to control consumption. It should be noted that the these drug takers believe that the law does not reduce the desire to take drugs, however participants within this framework argue that it is necessary to work within the confines of the law. This demonstrates their support for centralised control of citizen behaviour, which endorses a social welfare rather than neoliberal ideology.
6.5 Conclusion

This chapter demonstrates how the participants within each framework utilise a specific discourse when reasoning opinions about the correct societal response to drugs. The discourse used within each framework supports the participants’ own subject positioning as recreational drug takers. For the situational opportunity framework, the discourse of addiction is used, which supports the notion that substances can control the individual. The reformed hedonism and drug cultures frameworks draw from the discourse of freedom, in which drug taking should be about making ‘responsible choices’ in terms of well-being and behaviour. The moderation framework draws from a discourse of acceptance in which ‘functional’ cannabis use is not considered deviant within society. The socialisation framework draws from a discourse of tolerance, which supports the notion that recreational drug taking is accepted within society. And finally, the planned celebration framework draws from the discourse of conformity, which rejects the participants’ position as a recreational drug taker. This emphasises the relevance of the frameworks developed in Chapter Four and demonstrates their significance in how drug use is reasoned and justified.

The dichotomy of either ‘conformance with the law’ or ‘deviance from the law’ oversimplifies perspectives in relation to drug use. No participant can be outlined as truly conforming or completely deviant. The fact that participants are engaged in an interview about their illicit drug use means they cannot position themselves as wholly law abiding citizens. However, the subject position of a ‘responsible citizen’ is portrayed when a participant fears they may be subject to criticism or social disapproval. As has been discussed in previous chapters, deviant drug use is not categorised by the participants by legal status of a drug, but is focused upon out of control and dysfunctional behaviour. For those utilising the drug cultures and reformed hedonism frameworks, their illicit drug of choice is positioned as better for the health and well-being for both the individual and society than licit substances, alcohol and tobacco.

It is the discourse of health which dominates arguments about the appropriateness of the law and policy. In particular, the concept of health based risk is used to within the participants’ arguments. The situational opportunity framework positions the law as a risk to health as illicit drug problems are not always addressed. However, it also deters people
from taking drugs and therefore is beneficial for the health of those who are deterred by it. The reformed hedonism and drug cultures framework reject that the law satisfactorily offers an effective risk-based approach based on harm to health. Within these frameworks, prohibition is an insufficient response to drug use within society. The moderation framework positions cannabis as low risk in terms of health and well-being, which is generally accepted within society if not by the law. The socialisation framework positions risk as relevant to excessive or dependant use of drugs. The planned celebration framework emphasises drug use is risky and argues the law must be abided by, despite personal views. The frameworks do not come to a conclusion on the best course of action; there is no ‘right’ answer or superior perspective. This chapter demonstrates the same discourse can be utilised in support or rejection of the law and policy, demonstrating the complexities of understanding drug taking in society. This further reiterates the challenges faced in generating an appropriate policy approach towards drugs.

This chapter supports evidence from Chapter Four and Chapter Five, which demonstrates drug takers, are not a homogeneous group of people. They are further diversified by their arguments and reasoning about drug policy and law. It might be expected that drug takers would petition for changes in the law in order to decriminalise their behaviour. However, participants are not entirely defined by self-interest. In addition, risk around drugs is complex and does not involve an exclusive understanding of their own behaviour. The ‘them’ and ‘us’ dichotomy not only relates to other people in society or even ‘other’ drug takers, but a variety of complex issues relating to the drug, the individual, the context of drug of drug use, and the attitude towards drugs within society.

Neoliberal ideology is evident within all the frameworks. Participants assert their autonomy to take drugs irrespective of the law. Each framework demonstrates how drug use is rationally motivated and functional. In addition, participants are clear they should have freedom to make responsible choices. This questions the ability of the state to control individual drug taking behaviour, which has implications for policy debate. Even when the law is outlined as a positive force within society, this concerned with increasing public welfare and encouraging people to make responsible choices. Drug use is not an immoral act for these participants; they demonstrate a considered and responsible approach to
drugs, which signifies a legitimate voice for drug takers within society. However, the question remains of how far this voice is being heard.
Chapter Seven: Discussion

7.1 Introduction

The following chapter draws together the key findings of the research based on the study’s original aims and the research question: How do otherwise conforming adults negotiate the criminality and deviance associated with their illicit substance use? The chapter begins by discussing the contribution of the thesis to the field of academic research into recreational drug use. It demonstrates how the frameworks developed in Chapter Four contribute to academic debates about how recreational drug use should be defined. I argue this definition should include an examination of the concept of control, in order to understand the differences between functional and problematic recreational drug use. The chapter also offers some suggestions for further research to test and develop the frameworks.

The next section discusses the changes between the participants’ youthful recreational drug use and that which occurs in adulthood. Findings suggest that drug use is a more intimate experience with smaller networks of friends in adulthood. Furthermore attitudes towards consumption have become more relaxed and/or less frequent as participants have gotten older. However, it is important to understand drug use as something which occurs in cycles throughout the life course rather than view drug journeys as a linear trajectory.

The chapter continues by discussing how the findings support the six dimensions of the normalisation thesis (Aldridge et al. 2011). It demonstrates support for all six dimensions; however the cultural accommodation of drugs does seem only relevant to the micro social world of the participant as wide sections of society are still viewed as anti-drug. The next section assesses whether drug takers have a legitimate voice within UK society. The findings support the view that participants can reason and justify their behaviour, but these opinions do not permeate beyond their close and familiar social circles. The legal status of drugs and the moral judgements that still exist about drug use prevent the drug use being common knowledge wider knowledge. This suggests that the process of normalisation will remain incomplete as long as certain substances remain prohibited by law.
The chapter concludes by stating that currently the functional and positive aspects of drug taking remain ignored by policy. This leads to problems of: confidence in State power and governance over public behaviour and outcasts and patronises large sections of drug takers within society. I argue that these problems could be overcome by integrating drug takers experiences into policy and practice. This would introduce discussions of the meaning and motivation for drug use to give a better understanding of consumption; it would help identify problems occurring as a result of drug use; and also offer good practice advice on how these problems can be mitigated and overcome. As a result, I argue this would provide better informed drug harm-reduction strategies in UK and reduce discrimination towards drug takers.
7.2 Contributions to the field: redefining recreational drug use within the concept of control.

This thesis provides an insight into recreational drug use within adulthood. There were twenty-six participants in total, which gave a good range of participants suitable for this exploratory piece of research. Many more people could have been interviewed. Individuals that I can came into contact with: volunteered, suggested others, and were identified by myself as interesting case studies long after the fieldwork period finished. This indicates that many adults incorporate drug taking within their lives, furthermore they are willing to speak about it for academic research purposes.

The participants use drugs in diverse ways. The frameworks developed from this research are described in Chapter Four (a summary of which can be found in section 4.2) demonstrate variance in: drug preference, the context in which drugs are used, and how drug use is controlled and managed. Participants were able to describe the pleasures of drug use. This related to the positive physiological, social and relational benefits, which are described within each framework. This supports literature, which demonstrates the pleasures and positives of drug use for individuals (see for example, Parker et al. 1998; Malborn, 1999; Williams and Parker, 2001; Measham et al 2001; Hutton, 2006; Hunt and Evans, 2007; Duff, 2008; and Williams, 2013). In addition, I would encourage more research which focuses upon the pleasures and benefits of drug use in order to further understand the meaning of drug use within society.

The frameworks offer a new contribution to the field of study in recreational drug use. Notely (2005) developed drug taker typographies within her research, which described patterns of consumption and motivations for use. The frameworks describe drug use in a different way. Rather than defining particular drug user ‘types’ that construct a drug taking identity, the participants utilise certain interpretive repertoires (the frameworks) in order to make sense of and rationalise their behaviour. This supports the argument that drug use is not a defining part of one’s character, but an activity that features in individuals’ lives. This supports Pearson (2001) who argues that drug use in adulthood is not a central, but a peripheral and normalised behaviour within social contexts.
The definition of ‘recreational’ drug use is debated within the literature. Often this is conceptualised through leisure time (Williams, 2013) or as an occasional practice (Parker, 2005). Both these definitions could be described as problematic or pro-social dependent on the functionality alongside use. The frameworks illustrate the diverse ways in which drugs are taken and controlled under the broad banner of recreational use. They therefore expand our understanding of the diversity of drug use and demonstrate the variety of ways that recreational drug use can be legitimised as functional. The frameworks also illustrate that the differences between acceptable and unacceptable recreational drug taking is based on an individual’s ability to control their consumption.

The vast majority of participants describe the personal autonomy over their own behaviour. This is done in the following ways: minimising the occasions drugs are consumed (reformed hedonism and planned celebration); controlling the amounts taken on one occasion and balancing with other aspects of life (moderation), ensuring it is only one aspect of leisure time that does not dominate social identity (socialisation and drug cultures), and refraining from drug taking contexts (situational opportunity). However, within the situational opportunity framework, drug taking is described as less controlled and there are instances where it has become unmanageable in people’s lives.

The situational opportunity framework illustrates that some recreational drug takers find it more difficult to personally control their drug consumption. The participants within this framework describe their propensity to over-indulge in substances (including alcohol) when they are available. For the most part, participants utilising the situational opportunity framework control their drug use by managing the frequency they attend drug taking environments. For example, participants will refrain from attending parties, festivals or clubs where drugs are likely to be available. There are instances when this has not been manageable and targeted intervention was required. Albion speaks about undergoing treatment for alcohol dependency which enabled him to break the cycle of daily use. The frameworks have therefore provided information about the differences between those who can control their personal consumption and those who find this more difficult and need to manage their drug use in different ways to prevent harm and promote well-being.
Drugscripation, which is described in detail in section 4.3 (p.78-80) is a newly developed concept from this research, which again broadens the conceptualisation of drug use within the field. It is also linked to a drug takers’ ability to exercise control alongside their consumption. Drugscripation is described as unacceptable substance consumption, which is out of control and dysfunctional and driven by the desire for inebriation. Through drugscripation, the participants outline the factors associated with undesirable and dysfunctional use, these relate to: behaviour, which is out of control, for example being physically inhibited through excess consumption, and drug use that affects the functionality of life – such as impinging on the ability to perform at work or look after children.

Research should not therefore focus on whether drug use is either problematic or recreational, but the differences between: controlled and functional recreational drug use, and that which is seemingly out of control and dysfunctional. There is a spectrum between these extremes, which is exemplified within the frameworks. In support of Williams’ (2013) findings participants can manage and self-regulate this behaviour. For example, participants refer to instances when they have been concerned about their substance consumption; at these times many have managed their own behaviour to make positive changes for their health and well-being. Interestingly, this does not only relate to the use of illegal substances, but alcohol too. Several participants felt their alcohol consumption had, at points, become either become too regular or they have exhibited undesirable behaviour as a result. For example, Simone who utilised the planned celebration framework stated she can be dissatisfied with the frequency of her alcohol consumption and has made an effort to reduce the amounts she drinks.

The frameworks therefore demonstrate that recreational drug use can be legitimised as controlled by the majority of participants in this study. The frameworks also help identify potential problems and issues associated with this behaviour and how these are managed and tackled. These distinctions not only inform a better theoretical understanding of recreational drug use within the literature, but could also be used to help inform public health policy and harm reduction initiatives. These will be discussed in more detail in section 7.6 of this chapter.
7.2.1 Further exploration into recreational drug use in adulthood

This research does not provide an exhaustive account of adult recreational drug use. The findings are based on interviews with twenty-six people, who were all accessed through a snowball sample of personal connections. Even within this small group there are differences in the way people account for their drug use. By using wider sections of the drug using population further frameworks could be developed, which could work to legitimise drug use in different ways. For example, all participants within this study are motivated to consume within their leisure time, either for relaxation or stimulation. Participants expressed wider pro-social benefits associated with their use, such as: unity with others through shared interests (particularly in the reformed hedonism and drug cultures frameworks) and creation and deepening of friendships and relationships (particularly within the socialisation framework). Research suggests some drug takers gain a deeper sense of enlightenment as a result of their drug use (Notley, 2005; Shulgin and Shulgin, 1992 and 1997), which was not captured within this research. Essentially this moves motivations for drug taking beyond the recreational sphere into one which gains a deeper sense of meaning through self-discovery and connectivity with the world and others. This would be an interesting area to focus upon for further research, which could offer the opportunity to develop additional frameworks which legitimise drug use.

In addition, the use of drugs such as, heroin, crack cocaine, and new psychoactive substances were not captured within this research. A number of studies have demonstrated individuals’ functional use of heroin (Blackwell, 1983; Zinberg, 1984, Warburton et al., 2005 and Shewan and Dalgarno, 2005). However, the use of heroin and cocaine largely associated with the stereotypes of addiction and dependency. It would therefore be interesting to ascertain if those who use heroin and crack cocaine and lead otherwise conforming lives, utilise the frameworks developed within this research. Targeting the users of a wider variety of substances would examine and broaden the frameworks beyond this research. Substances need to be addressed separately in order to gain a more detailed and precise picture of drug use within society. Including a broader range of substances, would provide more information on behaviour and also help strengthen public health messages about drugs and inform policy.
To extend this study further, it would also be interesting to explore motivations for drug use beyond the leisure sphere. One interesting line of enquiry could be drug use in the workplace. There is considerable support for drug use as a normalised ‘recreational’ activity, which is driven by leisure pursuit. However, it is not associated with participants’ professional identity and it is within these contexts that participants are exposed to anti-drug attitudes (to varying extents), which demonstrate a lack of tolerance to drugs within these contexts. Drug taking is not normalised within these situations so it would test the theory of legitimisation within the frameworks by speaking to those who take drugs in what could be considered more deviant contexts.

### 7.3 Changes in drug use over the life course: understanding cycles of drug use

There was a pertinent emphasis on the functions as well as the pleasures of drug use for these participants. Firstly, drug use is described as functional as it is adequately controlled and balanced within lifestyles; secondly it is described as deserved ‘time off’ from the stresses and strains of adult life. Participants drawing from the drug cultures framework spoke about enjoying the intense stimulation of ecstasy, and those utilising the socialisation framework highlight drug use can be impulsive and unplanned within their lives. This supports Aldridge et al (2011) who argue rational choice theories undermine the pleasures associated with impulsivity and irrationality that are associated with drug consumption. The participants’ adult status may have prevented more people making this claim. Participants were keen to defend their use as ‘sensible’ as not doing so would have threatened their position as ‘in control.’

This thesis supports Boeri et al. (2008) and Ives and Ghani (2006) as all participants are polydrug users. Some are concurrent drug users, for example, Luke, Annabel, Johnson, Dina and Max use the moderation framework to account for their cannabis use, and their stimulant drug use is accounted in the socialisation framework (Max) or the drug cultures framework as a largely unconnected experience. Other participants describe using a range
of drugs on one occasion, which is known as simultaneous drug use. For example, Billy speaks about taking MDMA and cocaine on the same night (see page 95).

Participants often described drug taking in their adult life as different from the past. There is evidence to support Pearson (2002); van de Poel (2009) and Ward (2011) that drug taking becomes more intimate experience within adulthood. Participants describe close networks of friends whom they take drugs with rather than large groups of interconnected people. Participants drawing from the socialisation framework in particular describe the preference for small group drug taking contexts, which involve a few close friends in the home. There is also evidence from other frameworks that drug use involves tight-knit groups. Albion, for example, describes drugs use as an increasingly more private experience within his adult life (see Albion’s quote on page 119), which is associated with the increased need for personal privacy within adulthood.

Many participants stated their drug use had declined in frequency within adulthood. However, half of the participant group stated their drug journeys began in their late twenties and early thirties (See for example, Annabel, Greg, Johnson, Marcus, Libby, Lydia, Paula, Sara, Simone, Sean and Terry’s personal biographies in appendix A). This is in contrast to assumptions that drug taking is a youthful activity, which diminishes in adulthood (for example, see Shiner, 2009). Drug taking journeys were not described as a linear trajectory, and it is more appropriate to speak of ‘cycles’ of drug use rather than increases or decreases in drug consumption over time. An individual may take drugs more frequently: at certain times of the year (planned celebration), when spending time with a specific group of people (socialisation), when there is a busy calendar of events within their particular music scene (drug cultures), based on their environment (situational opportunity). Social life is fluid and drug use is influenced by the changing contexts and social relationships within a period of time. This strongly supports Williams (2013) notions of the impact of agency, structure and culture on motivations for drug use. The participants within this research make time for fun and recreation, which is legitimised through their economic and social contributions to society. This challenges stereotypical depictions of adulthood, which is fixated on an identity associated with formalised responsibility.
Participants also described a more matured attitude towards intoxication in adulthood. This varied within the participant group, but broadly relates to a desire for a more relaxed and/or less frequent drug taking experiences. This was especially relevant to those utilising the moderation framework who describe their self-control as a way of legitimising their use. Some participants described a hedonistic approach to drug taking in youth, which had become more mellowed in adulthood. For example, Jasmine described restricting her current consumption to cannabis and cocaine whereas she experimented with all types of drugs in her youth (see page 99). Participants within the planned celebration framework also speak of the infrequency of their drug use in adulthood, which legitimises use as ‘occasioned fun’. Drug taking cycles rather than continued and excessive use within youth also account for the maintenance of drug use within adult lives as individuals have maintained and managed their drug use over time within different aspects of their lives (See for example Luke’s analogy of the tortoise and the hare on page 100).

The fluidity of social life means that drug taking cycles come and go throughout the life course. It is therefore entirely possible that if participants were re-interviewed, they may now speak from an alternative framework than they did in their original interview. From the informal conversations I have had with some of the participants in the two years since their interview, they would still fit into the ethos of one of the six frameworks that have been formulated within the analysis. Greg for example, mentioned he now takes ecstasy much more frequently than cocaine. The way he accounts for use is still associated with the drug cultures framework as he justifies it through his dedication to clubbing and dance music. It would be beneficial to conduct follow-up interviews with the participants to ascertain whether their drug use or the framework they use to account for their personal use has changed. This would help establish the relevance of the frameworks over time.

7.4 Support for the normalisation thesis

Throughout the findings sections, it was clear that this research offers support for the normalisation of sensible recreational drug use outside of youth culture. The dimensions of the thesis incorporate a mixture of individual, contextual and cultural factors relating to: (1) high availability and access to drugs, (2) increased drug trying rates, (3) regular use of illicit
drugs, (4) accommodating attitudes to ‘sensible’ recreational drug use and (5) cultural accommodation of drugs within society (Aldridge et al. 2011). Each of these dimensions will now be examined in detail.

7.4.1 Drug availability

This research supports the first dimension of the normalisation thesis, which relates to the high availability and access to drugs. All participants had taken drugs within the past year and could access them within their social networks. Drug taking also remains embedded in certain environments, such as clubs and festivals. Some participants mentioned difficulties in obtaining good quality ecstasy in recent years. For some, this had restricted the frequency of their use for a while, but had not affected their desire for consumption (For example, those speaking from the drug cultures framework). For others, this lack of availability had (in part) instigated a shift from ecstasy use to cocaine (For example, those speaking from the socialisation framework). A lack of access to drugs was not stated as a reason for desistence or abstinence from taking certain drugs. Desistence was firmly embedded within the concept of control, relating to personal choices about behaviour in relation to health and well-being.

7.4.2 Drug trying and drug use

In support of the second and third dimensions of the thesis, all participants had taken drugs within their lifetime and knew many other people who had too. The research demonstrated recreational drug use is a feature of a broad selection of peoples’ lives; it supports the normalisation thesis that drug use occurs irrespective of gender and class. It also demonstrated adults take drugs that are: married and in stable relationships, people in their forties and fifties, and parents of young children. The research captured a variety of people in relation to their professional and working lives as well, which illustrates drug taking is not restricted to youth lifestyles or outcast members of adult populations. The interviewees worked in a variety of jobs in the public, private and voluntary sector. Some had managerial roles and others worked in criminal justice and healthcare sectors. These people cannot be classified deviant as they are not disengaged with society, for example, they hold down jobs, have positive relationships with others. This illustrates that drug use within adulthood is not linked to lack of progression and success. In fact, participants were keen to demonstrate
their capacity as ‘legitimate and otherwise conforming adults’ to demonstrate their functionality alongside their drug use. This challenges the assertions of life course criminologists (For example, Sampson and Laub, 2003) that the increased roles and responsibilities in adulthood are necessarily associated with desistence from law-breaking behaviour.

7.4.4 Being drugwise

The fourth dimension relates to being drugwise. Abstainers were not included in this research as it focused on drug takers accounts of their own use. It is therefore beyond the scope of this research to ascertain how drugwise non-drug taking friends and family are. This would be an interesting area of further development. By interviewing abstainers, participants would be able to establish how drugwise adult abstainers are. It would also be beneficial to understand whether decisions not abstain from drugs were related to morality around engaging in law breaking behaviour or more closely associated with health and well-being factors.

Support for the fourth dimension is demonstrated by parental discussion that participants have with their children about illicit substances. All parents state they had or will have ‘the drugs chat’ with their children. It is universally assumed by these participants that young people will come into contact with drugs whilst growing up and even though parents would not advocate drugs to their children, they want them to be equipped to deal with situations where drugs are on offer. This strongly supports the dimension of ‘sensible’ attitudes to recreational drugs within the normalisation thesis, as parents are demonstrating their responsibly to inform and guide their children through this unavoidable part of their youth. The majority of the participants did not have the same level of discussion with their parents. The messages they received were usually anti-drug and did not incorporate harm reduction messages or the notion that drug use may occur. It is important to recognise this may not be the same for all parents who grew up within the 1980s and 1990s. The participants within this study have been involved in urban living and mainstream dance culture and therefore may only recognise this need due to their exposure to these contexts.
7.4.5 Future Intention

On the whole participants viewed their drug use as an activity that would continue in the future, particularly in the short-term, as it was a workable and functional feature within their current lifestyles. For example, those utilising the planned celebration framework and the reformed hedonism framework legitimised drug use as an occasional aspect of their lives in relation to partying contexts. If there were instances in the future where they had sufficient opportunity and desire to take drugs then they would. However, Helena utilised the reformed hedonism framework and questioned whether she would continue taking drugs. Motherhood had changed her lifestyle to such an extent that she believed it to be largely unmanageable due to commitments of parental care.

The moderation, socialisation and drug cultures framework all integrate more regular drug use and participants utilising these frameworks could foresee its continuation more clearly. However, drug use would only continue on the proviso that it did not interfere with the functionality of everyday life. Participants utilising the situational opportunity framework spoke of the desire to desist from drug use more readily. It was in this framework that participants described the negative impact of drug taking on their behaviour. This clearly links future intention with the concept of control and the ability to function.

7.4.6 Cultural accommodation of the illicit

The research supports the sixth dimension of the normalisation thesis to an extent. On the whole, drug use is accepted and tolerated within their social lives, as long as it does not affect functionality within life. Anti-drug attitudes are associated with generational differences in exposure to drug use. For example, participants’ parents or people of older generations are perceived as opposed to drug use as it was not a widespread activity within their youth. This supports the occurrence of normalisation as a consequence of increased levels of recreational use from in the late 1980s and early 1990s, leading to an increased cultural acceptability of drugs from that era and beyond.

Cannabis was argued as the most culturally accepted drug within society. For example, those utilising the moderation framework speak within a discourse of acceptance (see section 6.3.3) when referring to societal views of drug taking. Here cannabis is perceived as normalised as an unremarkable activity in society. Those speaking from the socialisation
framework spoke from a discourse of tolerance (see section 6.3.4) asserting that UK society was by in large, tolerant of recreational drug use. However, participants speaking from the planned celebration framework argued that drug use is not always accepted within society. These individuals speak from a discourse of conformity (see section 6.3.5), as they had more exposure to anti-drug opinions and therefore were less supportive of the view that drug use is tolerated and accepted within society.

This thesis supports Becker’s labelling theory and Rodner-Szintzen (2008) as perceptions of deviance are related to ones micro social world. Those who have many drug taking friends and socialise in circles in which drug taking is widespread, inevitably conceptualise drug taking as tolerated and accepted within society. Conversely, those who have greater exposure to anti-drug attitudes believe drug use to be less tolerated within society.

7.5 Do drug takers have a legitimate voice within society?

These participants were willing to speak about their drug use in an interview situation, and have the capacity to reason their use as functional within their lives. Their subject positioning as functioning citizens allowed them to discuss their use as rational action. They can be open and honest with people who also take drugs and those who are open minded about their behaviour. However, Chapter five revealed that participants are also wary of anti-drug attitudes within society and how they could damage their reputation or at worst result in criminal sanction (For a more detailed discussion of this refer to 5.10). This indicates drug takers do have a legitimate voice in society; however, this voice is only heard as far as the participant’s entrusted micro social world. The vast majority of participants do not want to be identified as someone who takes drugs more publically.

The legal status of drugs; the health and well-being issues associated with drug use; as well as the moral judgement that could occur from others prevents participants from speaking about their drug use more freely. It has little relevance whether behaviour is accepted by some as the legal axe that opposing others could grind, could have a detrimental impact on participant’s livelihoods. For example, individuals could be being dismissed from work despite the fact drug use does not impinge on their ability to do their job or succeed in their career more generally (See Billy’s extract in section 5.10 for a good example of this). The law
therefore marginalises and subordinates their voice as drug takers, ensuring drug use remains subterranean, which perpetuates perceptions of unacceptability, risk and danger. Participants argue that drug use does not affect their ability to do their job, parent their children or succeed in life. However, participants are mindful that others who have not been exposed to functional and controlled drug use could judge them for their behaviour and have an alternative opinion of them as a result. This suggests that the process of normalisation will remain incomplete as long as certain substances remain prohibited by law.

There is therefore evidence emerging from this research that recreational drug takers do feel they have a legitimate voice, however this voice is restricted from public rhetoric. This demonstrates that the law prevents alternative views on drugs from penetrating wider society. Think tanks, such as Transform and UKDPF have argued for changes in policy and regulation. However, there is no place for an individual to legitimately state: ‘I am a current drug taker and I function in society’, without suffering widespread critique. People can speak about past use associated with their youth; even politicians can admit drug use within their youth and it be accepted as an experimental stage. However, it remains deviant to speak of use as a recent behaviour. The dominate stereotypes of addiction; dependence and chaos still dominate perceptions within society, which further weakens the voice of legitimate drug takers.

The term ‘drug user’ assumes a total identity, which is dominated by the substances an individual consumes. Many people within society take psychoactive substances, whether that is caffeine to stimulate, alcohol to relax and are not defined by their consumption (Hammersley, 2011). The development of the frameworks demonstrates that drug taking does not necessarily inform one’s identity but drugs are taken in a variety of ways for different purposes and pleasures. Drug use can cause dependence, addiction and associated problems, which arise from that. However, these are so well documented to the public through the media and policy that it is not possible to legitimately speak about current drug use in a positive way. Both public attitudes and policy need to change in order for this discrimination to be eroded.
7.6 Functional recreational drug use and its challenge to UK Law and Drug Policy

This research illustrates that recreational drug use can be functional, controlled and enjoyed within the lives of socially and economically active adults. Drug use of this kind is ignored by policy and legislation, which still focuses upon the prevention drug use and prioritises recovery from drug related issues (see Home Office, 2010). Drug policy is therefore incomplete and the absence of any relevant policy in this area continues to outcast many numbers of drug taking individuals. This causes specific issues for a number of reasons.

Firstly, if the message from policy and the law strongly contradicts the ways in which drugs are experienced, people’s confidence in the governmental rule will be diminished and individuals are unlikely to accept the power of the State to influence their behaviour. For example, the participants within this study take drugs for recreation and enjoyment and, in the main, do not suffer problems of dependency and social exclusion as a result. Chapter Six demonstrates that participants view drug law as contradictory, as drug users are criminalised for their activities, when other risky substances such as alcohol and tobacco are legal (see section 6.2). This reduces confidence in the effectiveness of drug policy and legislation, but also the credence in the States’ ability to govern public behaviour in general.

Within the interviews, the participants were asked to describe their drug journeys in order to gain context about their current use. The majority of participants stressed they were not the instigators of the initiation into drug use within their peer groups and positioned themselves as anti-drug before they became exposed to drug taking environments. Their fears and anxieties based on the dominant perceptions of drugs as: addictive, dangerous and life threatening contrasted to how they were experienced by their peers. Friends did not die after one pill, they did not become addicted to substances, nor did they suffer mental health difficulties or problems with progression and success in life as a result of continued use. In fact, participants’ drug use led them to meet new friends, gain identity within a culture, and experience immense pleasure. This poses another threat to legitimacy of the law, as young people (and the adults they become) will mistrust government and policy for misrepresenting drug use. Even if they think the law is positive force within society
in the prevention of some taking substances, the instrumental power it has to stop individuals being exposed to drugs is limited.

Attempts have been made by UK government to respond to recreational drug use using a clear anti-drug message. This undermines the behaviour of drug taking individuals who manage their own behaviour. For example, initiatives such as ‘Talk to Frank’ patronise drug experienced individuals who are socially educated in the effects, risks and pleasures of drugs. ‘Talk to Frank’ sends an abstinence based message, with little acknowledgement of the positive aspects of drug use. Drug use is depicted as irrational and deviant, which is transferred onto its users, leaving them voiceless to defend their actions in the public sphere. By refusing to acknowledge the positive aspects of drug taking, government are depicted as ineffectual at dealing with drug taking in society. No participant perceives government as wholly effective in delivering drug policy and formalising legislation. Even those speaking within the planned celebration framework that refer to a necessity for conforming behaviour, are able to access drugs and chose to take them on some occasions.

There is a pessimistic attitude within the participant group about the likelihood of future relaxation of the law. This is unsurprising as legislation has continued to expand within the twenty first century, for example, the introduction of temporary class orders in response to the widening number of illicit substances that are emerging within drugs market. The government is seemingly unwavering in its position of prevention and recovery, despite repeated challenge from sections of the media, policy and independent think tanks, such as UKDPF and Transform. The recent government campaign to reduce ‘drug driving’, with the tag line ‘your eyes will give you away’ (see drugdrive.girect.gov.uk/) conveyed a scaremongering message that drug use cannot be hidden from the authorities due to physical effects of stimulants – i.e. the dilation of pupils. The computer generated large eyes on the ‘drug user’ actors within the television advertisement was a poignant reminder of the ‘alienation’ of people for their recreational drug taking. Although this acknowledges the existence of drug use in society, the message further marginalises and outcasts drug takers.

These issues could be overcome by integrating the experiences of controlled and functional drug use into policy and practice. This research illustrates that individuals effectively govern their drug taking behaviour to make positive changes for health and well-being. This
identifies the problems associated with use, how they arise, and how individuals mitigate these risks. These could be used to inform harm reduction messages and initiatives. This would be beneficial in two important ways. Firstly, it breaks down barriers against ‘drug users’, it demonstrates that not all drug use is out of control and people do have the ability to manage their behaviour. This beneficially introduces those good practice messages from those who take drugs into public health policy discussions from which they are currently omitted. Secondly, it provides a better understanding of the risks and problems which are associated with drug use. It acknowledges that recreational drug use can be problematic and addresses the issues based on evidence, rather than a general deterrence message, which as this (and other) research demonstrates, is ineffective for many people. More research is needed to understand the exact junctures at which individuals decide behaviour has become unmanageable. Studying the issues associated with drug use in this way helps to better identify points at which formal intervention may be required. Drugsicramination further demonstrates that some drug use can be problematic, whilst others can be controlled alongside functional lives. These messages could also be used to develop harm reduction strategies and inform positive choices around substance consumption that extend beyond prevention and deterrence messages.

The ability to exercise control acted as justifications for the maintenance of drug use in adult life. This supports other studies, which have demonstrated that adult drug users are functioning adults who mitigate harm and risk associated with their consumption (Williams, 2013, Pearson, 2001, Notely, 2005). Participants are savvy about the risks associated with their behaviour; however they also want further information about minimising harms and making positive decisions. By incorporating drug takers experiences into intervention, individuals may also become more informed sharing from other, which could increase their health and well-being further.

As a result, I echo the recommendations made by UKPDF (2012) that lobby for a change in legislation and policy. There needs to be formal acknowledgement that drug taking causes problems for the minority and not the majority. Too often people are cautious to make such assertions as this may be seen to encourage use. However, we cannot ignore the existence of behaviour because it does not fit in with our moral assumptions, or because it is not something we have personally experienced. The very contentious nature of drugs means
risks also need to be addressed in order to achieve better advice and support for drug related issues. Drug taking will (and should) never be fully advocated, but current policy is based on an incomplete picture, which is causing harm and misrepresentation. The current situation also restricts scientific research, which is needed to assess the consequences (and possible benefits) of certain substances.
Chapter Eight: References


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Appendix A

Participant biographies

1. Albion is 38 and owns his own Graphic Design Business, where he is responsible for managing a small team of staff. He lives in a small village, which is commutable from a large southern city. His current drug repertoire includes: cannabis, ecstasy, cocaine and sometimes ketamine. His drug taking has diminished over the years and is now reserved for occasions such as: festivals and club nights. He was treated for alcohol dependence a few years ago, as his drinking was having a significant effect on his working life and relationships at the time. He has since moderated his drinking to his satisfaction and now drinks socially with friends. Albion has concerns about his substance use in general, which he feels can be out of control. He therefore limits the frequency he attends events or gatherings where he knows drugs will be on offer. He often travels to the US for work and would therefore avoid buying drugs direct from a dealer due to the implications a criminal record for drugs related offences could have on his business. 

2. Annabel is 40 and works in adult education. She lives with her partner Luke, their young child and is currently pregnant with their second baby. She has smoked cannabis resin or bush daily for a number of years, although she abstains through periods of pregnancy. Annabel describes cannabis as a relaxant at the end of a day. She rarely drinks alcohol and prefers to smoke cannabis to unwind. The enjoyment of smoking has slightly reduced in recent years as she has felt her cannabis use has become routine. Annabel also takes stimulant drugs, particularly ecstasy. Since her late twenties she has enjoyed going out with a group of friends to dance and enjoy music. The frequency she goes out has dwindled since having her first child; however she still enjoys the occasions she has the freedom to do this. Having children has resulted in changes in the ways she and Luke would buy drugs. They will no longer buy large quantities and store them in the home, due to the implications being caught could have on their lives.

3. Billy is 30 and works as a paramedic. He smoked cannabis throughout his teens and twenties, but gave it up to embark on his chosen career. Since stopping smoking, he has noticed an increase in his motivation and more positive progression within his life. Billy has a wide network of friends and enjoys taking ecstasy and cocaine socially. He has tried a variety of drugs and has enjoyed these experiences. He does not like the effects that ketamine has on others and would not take it for this reason. Drug taking does not interfere with his ability to do his job. However, he chooses to take drugs that pass out of the system quickly because he could be randomly drug tested at work. He states he would not let drug use interfere with his career and would abstain if he ever felt this might happen.

4. Catrina is 31 and is a HR manager of a large company. She enjoys taking cocaine with a specific group of close friends. She takes ecstasy on rare occasions, but prefers the less intoxicating effects of cocaine. She states that cocaine enhances her nights out and feels in better control when taking cocaine than just drinking alcohol. Drug use has not interfered with her life progression, she refers to her successful career, positive relationships with friends and family and her self-financed home as proof of this. She has recently moved in with her partner who is opposed to her drug use. It is a source of contention within their relationship and has been the subject of arguments. However, Catrina does not believe her
partner has valid reasons for wanting her to abstain from drugs, and puts her objections down to jealousy within their relationship. She is tentative about what the future might hold with her partner, but hopes they can overcome this issue and move forward with their lives. (Socialisation framework)

5. Clive is 54 and works in further education. Clive has been involved in the music industry for a number of years, but currently earns his living from full-time teaching. He has four children, two who are in their twenties and two who are younger and live with their mother. He has taken a variety of drugs for many decades, which has played a large part in his social life and friendships over the years. He smokes cannabis and takes ecstasy, cocaine and LSD on rare occasions. He feels cannabis use increases his musical creativity. Clive is in a live-in-relationship with a new partner who does not approve of his stimulant and psychedelic use but is tolerant of his cannabis use. He would refrain from taking drugs when he is with her out of respect for her wishes. Clive’s drug of choice is LSD but he rarely has the freedom and opportunity to enjoy it as it requires the right context, people and circumstances. (Reformed hedonism framework)

6. Dina is 38 and works as a financial advisor and lives with her long-term partner. She smokes cannabis resin or bush daily; she does not like the effects of alcohol and prefers the effects of cannabis to relax. Dina also takes ecstasy on nights out, approximately once a month. She is part of a micro- music scene and enjoys socialising with friends, which is centred on music and dancing. Dina’s partner disapproves of her ecstasy use, as she believes she should have matured out of taking drugs. Dina disagrees and believes her partners’ regular drinking has a greater negative impact on health, well-being and behaviour than her ecstasy use. Dina had a bad drug experience when she was in her 20s and had a period of abstinence from drugs for a couple of years afterwards. She gradually started taking drugs again and has not experienced in any adverse effects since. (Drug cultures framework)

7. Greg is 43 and works in retail. He works as a DJ part-time and socialises in micro-music scenes, where he enjoys taking drugs, such as ecstasy and cocaine. Currently, he prefers the moderate stimulant effects of cocaine, but he also enjoys ecstasy for bigger nights out. He does not like the effect alcohol has on his behaviour and very rarely drinks to excess. He has never smoked a cigarette or tried cannabis; his parents are heavy smokers, and the negative effects he witnessed growing up have always deterred him from tobacco. Greg was introduced to drugs in his mid-twenties when he moved from a small town to a large northern city and became involved in music and started going out regularly. His drug use is intertwined with socialising with friends or when DJing at club nights. He lives with his long-term partner who also enjoys going out clubbing. She disapproves of his drug use for health reasons, but tolerates it within their relationship. (Drug cultures framework)

8. Helena is 30, a mother of a small child and pregnant with her second baby. She lives with her husband in a suburban area of a large northern city. She met her husband in her twenties when she was a dedicated clubber and her social life largely focused around clubbing and taking ecstasy with a group of friends. She also enjoyed taking ketamine at post-club gatherings at people’s homes. Drug taking was a large part of life in her youth, which she has fond memories of. Her drug use stopped completely when she became pregnant and this abstinence continued within early motherhood. She has taken drugs on a few occasions in between her first and second pregnancies, for club nights or festivals. However, she did not particularly enjoy these occasions as she feels drug use has lost its appeal for her since she embarked on motherhood. (Reformed hedonism framework)

9. Jasmine is 36 with a background in business consultancy and is currently searching for work in creative industries. She has been raised Hindu, which does not permit alcohol or drug use;
hence her parents know nothing about her recreational drug use. She attends club nights and festivals within a micro-music scene, but this is not a driving force behind her drug use. Jasmine states drug use is embedded in her social life with certain groups of friends. She smokes cannabis and takes small amounts of cocaine at weekends. She would not take ecstasy due to a bad experience she had a number of years previously and would not take ketamine due to the effects it has on other people’s ability to control themselves. Although she takes drugs regularly, she only ever takes small amounts. She prides herself on remaining controlled and functional when socialising with friends at music events and festivals. *(Moderation and socialisation framework)*

10. Johnson is a 33 year old community worker with four children. He lives with his three younger children and his long-term partner. He has smoked cannabis daily since he was a young teenager. He prefers the stronger strain of cannabis, skunk, but smokes this in small amounts (one or two cannabis joints per day), just before bed to relax at night. His children are aware of his use, but he would not smoke in front of them. He states his use is controlled as: he is hard-working in his job, is dedicated to regular charity work fundraising, and brings up his children in a respectful manner. When he was 30 he started taking ecstasy after being introduced to it via a new friend. He initially had reservations about ecstasy as he did not know much about it, but he now enjoys the uplifting effects when clubbing or at certain house parties. He is vehemently opposed to drugs such as heroin and cocaine as he has witnessed people become dependent and led chaotic lifestyles as a result of their use. He believes people should use drugs with respect for other people. He does not smoke cannabis outside his home as he finds smoking cannabis in public places disrespectful. *(Moderation (cannabis) and planned celebration framework (ecstasy))*

11. Libby is 46 and is the manager of a small retail business. She has a passion for music and has been involved in music scenes for work and pleasure over the past few decades. She was introduced to drugs when she first started going out to gigs and clubs when she moved to a large northern city for university in her mid-twenties. Currently, her personal repertoire includes ecstasy and cocaine, though she has tried a variety of drugs in the past, with ecstasy being the first illicit drug she ever took. She tried cannabis once but found this made her paranoid. In addition, she very rarely drinks and does not enjoy the feeling of being drunk. Her drug taking has reduced as she has little free time to go out clubbing over the weekend due to her demanding job. Currently, Libby will only take drugs when she has time to recover afterward, which usually amounts to several times per year. *(Planned celebration framework)*

12. Luke is 42 and works in higher education. He lives with his long-term partner Annabel and their young child. He smokes cannabis daily and takes ecstasy when out clubbing, approximately once a month. He started taking drugs in his mid-twenties several years after he started clubbing. He is outspoken in his enjoyment of drugs, particularly ecstasy and has a passion for dancing and clubbing with Annabel and their group of close friends. He is disappointed that clubbing opportunities are dwindling as many of his friends are settling down and going out less. However, he loves the feeling of ecstasy intoxication and feels he will continue to go out in the future. Luke rarely drinks and prefers cannabis to alcohol. He highlights that his drugs use has not interfered with the progression and success in his life as: he enjoys a good career, is fit and healthy through regular sport, and recently became a father. Fatherhood has reduced the frequency of his drug taking, but it has not reduced his desire to take drugs altogether. *(Drug cultures and moderation frameworks)*

13. Lydia is 55 and works as a PA for a law firm. She is married to Terry and they have two children in their twenties. She and Terry started clubbing in their thirties continue to go out
approximately once a month. Lydia did not have an affinity with a genre of music until the emergence of dance music in the 1980s. Her drug of choice is ecstasy, and she occasionally takes amphetamines. She is opposed to the use of ketamine and excessive alcohol consumption due to the adverse impact this has on people’s behaviour. Lydia keeps knowledge of her drug use hidden from her work life and most of her family. However, she has two adult children and the family have often been to club nights together. She believes she would be condemned for drug taking due to her age, however she feels it has only positive benefits within her life. For example, she believes ecstasy use and clubbing have brought her and her husband closer together. She thoroughly enjoys the lifestyle she and her husband share of working hard and enjoying their free time. *(Drug cultures and moderation frameworks)*

14. Frank is 59, retired with four adult children, and lives with his long-term partner. Since the 1970s, he has been an integral part of evolving music scenes in a large northern city. He is a well-respected member of a clubbing community in micro-music music scenes. He smoked cannabis daily from being a teenager until he stopped for health reasons in his late fifties. He also stopped taking cocaine ten years ago due to the adverse effects it had on his life. The only drug Frank currently takes is high quality ecstasy. He takes this approximately once a month when out at club nights and events. He does not enjoy drinking alcohol and therefore prefers to abstain. Frank is opposed to drug taking for intoxication without a ‘social’ purpose, such as people taking cocaine within the home or drinking excessive amounts of alcohol. He is the only participant who strongly believes all drugs should be legalised. *(Drug cultures framework)*

15. Marcus is a 35 year old postgraduate student. He moved to a large northern city for study, but originates from the United States. He currently socialises in the gay clubbing community and lives in the city centre close to nightlife. He was introduced to drug use when he began clubbing in his mid-twenties. Since moving to the UK both his alcohol and drug use have increased, which he believes his a result of his close proximately to bars and clubs. His drug taking is heavily dependent on his environment. In the US he took methamphetamine, which was readily available with the gay scene. In the UK he tends to take cocaine as that is what is available within his friendship groups. Marcus feels guilty about his drink and drug use, which he thinks can be out of control. For this reason, he will not buy his own drugs and takes them only when he is offered by friends. Marcus was brought up within a strict Christian family, who are totally unaware he takes drugs. They are aware that he drinks alcohol and are disappointed in him for this. He is unsure about his future drug taking as his planned career in advertising involves lots of socialising and is notorious for drink and drug use. *(Situational opportunity framework)*

16. Max is a 32 year old recruitment consultant. He lives with a friend in the large northern city he has lived in since starting university. He was heavily into clubbing in his twenties, when he took ecstasy most weekends. High quality ecstasy has not been available in the past few years, which has resulted in a reduction in his use. Opportunities for clubbing have also dwindled since friends have settled down or moved away. Currently, he enjoys drinking socially to relax after work, which he does most days in the pub or at home. He socialises regularly with work colleagues, which involves drinking and taking cocaine. He smokes cannabis fairly regularly, but a lot less than he used to in his twenties. He was brought up by a strict father who would disapprove of his drug use; however they do not see each other regularly. Drug use is widely accepted within his friendship circles. *(Socialisation framework)*

17. Meg is 50, a musician who also works voluntarily. Unlike the other participants, Meg associates her drug use with creativity and enlightenment. Cannabis in particular has
facilitated her musical creativity. She believes that drugs can facilitate mind-expansion, which is often lost on younger generations who are focused purely on pleasure and intoxication. Meg has periods of drug use within her life, which is heavily reliant on her environment. She does not instigate drug use, but will take drugs within certain contexts within her group of friends, usually: cocaine, ecstasy or cannabis at house parties. Meg smokes tobacco and drinks alcohol. She also enjoys taking painkillers as she likes the feeling. Although her illegal drug use has not caused her particular issues, she feels addicted to tobacco and alcohol. Friends and family have drawn attention to her problematic alcohol consumption, which she admits can be out of control and negatively affect her behaviour. *(Situational opportunity framework)*

18. Paula is 44, works in criminal justice and has a teenage child of university age. Her drug use began in her early thirties when she was introduced to clubbing by a friend. Paula used to go on nights out fairly regularly, but this declined considerably over the past few years. As she has got older, Paula feels less connected with music scenes and her desire and opportunity to go out has diminished. Currently she would take ecstasy or cocaine at house parties with close friends. She would never buy drugs directly from a dealer due to her career in criminal justice. In addition, she would only take drugs in environments where she would not be judged, preferring house parties to public spaces to avoid strangers. Paula has experienced other people’s disapproval of drugs within her work and social life, and is therefore guarded about her drug use with other people. She recently entered a new relationship and her current partner is unaware of the extent of her past drug use. Paula is tentative to tell him about it as she believes he may disapprove. *(Planned celebration framework)*

19. Penny is a 39 year old musician and performer, who also works part-time in the voluntary sector. She lives in a large northern city with her long-term partner and another friend. Her musical career has taken her around the globe, and she works in nightclubs or at festivals on a weekly basis. Her drug of preference is cocaine, but she also enjoys ketamine. She takes these drugs in small amounts to enhance her enjoyment of a night out. Her drug use is not driven by her dedication to music and dancing, but it part of socialising with particular groups of friends. She enjoyed taking ecstasy in the early 1990s, but feels it has lost its excitement and uniqueness due to widespread use and lack of purity. Her partner and her other housemate smoke cannabis daily, but she doesn’t enjoy the effects. She is fairly open about her drug taking within her social circles as most people she knows are tolerant of drugs. *(Socialisation and moderation)*

20. Rhys is 35 and works as a managing director of a web development company. Cannabis is his drug of choice, which he smokes to relax when he escapes from the stresses of city life. He views cannabis as a natural substance as he grew up in South Africa, where it is widely used and accepted. He took ecstasy frequently when he was at university but his stimulant drug use has gradually dwindled since then. Rhys’s refers to the long recovery time needed after taking stimulant drugs and due to the stresses of his demanding job, he rarely has the opportunity to take them. He takes ecstasy or cocaine for special occasions if the timing is right, for example birthdays, new year’s eve or weddings. Rhys is mindful people can become submersed within stimulant drug taking scenes, particularly those who are single, working in financially rewarding jobs, who have the freedom and money to take drugs often. This is not a lifestyle that he would wish to lead and he believes that drug use should be limited to special occasions rather than an integrated part of social life. *(Planned celebration framework)*

21. Sara is 47, works in education, and lives with her teenage child who is of college age. Sara started taking drugs in her 30s, when she was introduced to ecstasy by a friend. She used to
go out clubbing fairly regularly, but her desire to do this has reduced over the years and her
drug of choice has shifted from ecstasy to cocaine. Currently, she prefers to take cocaine
with small groups of close friends at home, where the emphasis is on talking, sharing stories
and laughing. She also enjoys attending house parties where music and dancing can be
enjoyed in more intimate surroundings. Sara is experimental with most drugs but is tentative
about hallucinogens, due to the anticipated intensity of the effects. Alcohol has not played a
large role in her life, and she is cautious about drinking to excess due to a family history of
alcohol problems. She has an eclectic mix of friends and enjoys many different social
pursuits other than drug taking. She doesn’t feel judged by friends who do not take drugs,
but she would be cautious about telling people whom she is not close to due to her seniority
with work. She has become more concerned about buying drugs from unknown sources due
to the traces that can be made on mobile phones and indiscreetness of some drug
distributers. (Socialisation framework)

22. Saskia is a 33 year old physiotherapist with a pre-teen child. Saskia spent most of her social
life in her late teens clubbing and taking drugs. When she fell pregnant at 21, she changed
her lifestyle and abstained from drugs in early motherhood. In the last couple of years she
has started taking small amounts of cocaine and ecstasy when out socialising with certain
groups of friends. Saskia’s child is now in less need of dependent care and spends more time
away from the home with other family members. Drug taking is not a large part of her life,
but enjoys the freedom to ‘let go’ when she has the opportunity. The majority of her friends
are drug experienced and she has not encountered any negative reactions to drug use.
Saskia is therefore open about her use within most aspects of her life, as she is self-
employed, she does not have to hide her use from colleagues and superiors. However, she
remains professional with clients and would not instigate discussions about drugs unless
prompted by others. (Socialisation framework)

23. Sean is 38 and holds a senior position within the public health sector. He was introduced to
drugs when he went to university in his mid-twenties. He enjoyed clubbing and taking
ecstasy with a group of friends and continued to socialise this way until he recently left this
large northern university city. His drug use has reduced since leaving this city as he does not
have the same friendship connections to drug use and the demands from his job have
increased. He has been unable to get good quality ecstasy in recent years and as a result has
started taking legally available ‘research chemicals’, which have similar effects to ecstasy. He
enjoys both the purity of these drugs compared to illegal substances as well as the ease of
availability over the internet. Sean smoked cannabis for many years but stopped as it was
affecting his ability function at work. He now abstains from cocaine after taking it in excess a
few years ago. Sean would like to reduce the frequency of his alcohol consumption and
smoking. He believes that these have increased since he stopped smoking cannabis.
(Socialisation framework)

24. Simone is 40 and works as policy officer. She lives with her husband and her teenage child in
the large northern city she grew up in. She started taking drugs in her mid-twenties after
being introduced by a friend when she went back to education after having her child. She
used to go out more regularly but has never been heavily involved in clubbing scenes. Her
drug of choice is ecstasy, which she takes a few times a year with her husband and a group
of friends. This is either at a specific club nights or house parties. The demands on her time
due to her career means she lacks the opportunity to go out and fully recover in time for
work. She has experienced negativity towards adult drug consumption within wider social
circles, and is aware that people feel that you should mature out of drug use within
adulthood. (Planned celebration framework)
25. Stephan is 40 and works as a sales executive. He has lived in different parts of the world and his drug taking has changed over the years depending on the group of people that he is spending time with. In his twenties, his drug taking was more frequent and associated with clubbing. However, these opportunities have dwindled as a large proportion of his friends have settled down and stopped going out regularly. His drug of choice is ecstasy but he hasn’t been able to source anything of good quality in recent years. He refers to a change in drug availability over the years. In the 1990s good quality drugs could be sourced easily in clubs, however now these opportunities are scarce. He would be most likely to take cocaine within his social circles and has the freedom to do so as he is single without children. However, he can take or leave drug use dependent on the circumstances and has many friends with who do not use drugs. (Socialisation framework)

26. Terry is 54 and a surveyor. He is married to Lydia and they have two adult children. The family enjoy the same music and therefore occasionally go out together and take drugs. Terry started taking drugs in his 30s and enjoys going to particular music events for dancing and collective atmosphere. He dislikes the use of ketamine due to the effects it has on people’s behaviour in clubs. His primarily drug of choice is ecstasy, but he also takes small amounts of cocaine within the home. Knowledge of his drug use does not go beyond the clubbing group of friends he socialises with. Terry has a demanding job and enjoys the opportunity to go out and have fun. However, he is wary of the judgement he may receive for drug taking due to his age and is therefore guarded about his use. He personally believes in the right to a private life and does not believe this activity is the concern of anyone else. He is also cautious about carrying drug in public. He would never exchange or buy drugs in clubs or festivals and would not take them openly. (Drug cultures and moderation frameworks)
Appendix B

Sampling strategy

Gate keeper 1

- Saskia (7)
- Max (12)
- Meg (11)
- Simone (16)

Gatekeeper 2

- Helena (6)

Gatekeeper 3

- Rhys (9)

Gatekeeper 4

- Stephan (19)

Gatekeeper 5

- Catrina (22)
Researcher selected

- Penny (1)
- Billy (2)
- Jasmine (3)
- Albion (17)
- Clive (21)

Self-referred

- Luke (5)
- Sara (10)
- Annabel (13)
- Marcus (4)
- Greg (18)
- Dina (14)
- Johnson (26)
- Libby (20)
- Lenny