

## The normalisation of recreational drug use: Part 2

Professor David Clark continues to look at the seminal research study conducted by Professor Howard Parker and colleagues, which provided essential insights into British youth culture and the role of drugs and alcohol among adolescents during the 1990s

Parker and colleagues described four distinct drug pathways that young people in their study had taken during their adolescence.

Abstainers held anti-drug attitudes, had never taken a drug, and never intended to. Former triers held fairly negative attitudes to drug use and whilst they had tried or used illicit drugs, they had no intention of doing so again.

Those in transition held fairly positive drug attitudes, most had tried drugs, and all felt they might use drugs in the future. Current users held pro-drug attitudes, used one or more drugs regularly, and expected their drug careers to continue into the future.

By reflecting on and reviewing their attitudes to drugs, young people could switch pathways. As young people in the study moved into adulthood, there was an increase in the proportion who became current users and a reduction in the number of abstainers.

Young people in transition were more likely to use the 'softer' drugs such as cannabis, whereas current users had a larger drug repertoire, including amphetamines and ecstasy.

However, the researchers noted that, 'whilst current users have the most florid, risk-taking antecedents, including early smoking, drinking and sexual experiences, they do not have strong delinquent tendencies nor fit into any typology of abnormal development'.

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Parker and colleagues used in-depth interviews to build on the pathway analysis, by providing a perspective of the actual experiential journeys their drug triers and users took during adolescence.

The vast majority of the drug users had obtained their drugs from friends or friends of friends. Direct contact with

professional dealers was rare. In terms of drug initiation, interviewees stressed personal curiosity and the support, sometimes encouragement, occasionally 'pressure', of friendship networks.

Most first time experiences were with cannabis and were benign. LSD and amphetamines and, in late adolescence, ecstasy were occasionally more problematic.

The researchers argued that most young people were drug wise and they differentiated between the range of drugs readily available on the youth



market in terms of their effects, both positive and negative.

Nearly all of the sample rejected heroin and cocaine out of hand, as drugs with dreadful reputations because of their addictive potential and the world of dealers. Cannabis was viewed as a fairly safe drug, whilst amphetamines, LSD and ecstasy were more equivocally defined.

The decision to take a drug involved assessing the balance between risk and possible costs against personal enjoyment from taking a particular drug.

The risk assessed were in terms of

stigma and censure by parents, partners, friends, teachers, criminal justice system. Personal relationships and career opportunities might be damaged. However, whilst immediate health risks were assessed, long-term health risks were rarely assessed.

In their excellent book, Parker and colleagues (1998) argued that the nature of the experience of growing up had changed in the world of the 1990s. Rapid social changes in so many aspects of everyday life had resulted in growing up 'feeling' far less secure and

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more uncertain for far longer than had happened prior to this time. 'To grow up today is to grow up in a risk society.'

'The unprecedented increase in recreational drug use is deeply embedded in these other and social processes since such drug use is both about risk taking but also about "time out" to self-medicate the impact of the stresses and strains of both success and failure in "modern" times.'

The researchers emphasised that the UK drug strategy, being embedded in a 'war on drugs' discourse, missed the point. It was based on many miscon-

ceptions about young people and drugs.

The first misconception was that young drug takers would become addicted to or disinhibited by their drugs, and become young offenders spiralling out of control into a life of crime and disorder. However, only a small minority of persistent offenders committed crimes and took drugs.

Many of these young people also drank too much alcohol, grew up in care, were excluded from school, and needed psychiatric help. What was the cause of the crime? Many also committed crimes before having problems with drugs.

The vast majority of young people who took drugs did not follow this path. Also, there were few signs of dependency in the recreational scene of this study.

Another government misconception was that young people were pressured into taking drugs. However, participants in this study insisted that they made their own drugs decisions for which they took responsibility.

The notion of peer pressure was a source of resentment to many young people when expounded by adults delivering drug education.

Parker and colleagues also argued that young people's drug use had become entangled in the wider moral panic about, and blaming of youth, for society problems. They emphasised that continuing the 'war on drugs' and ignoring the reality of young people's drug taking was resulting in a neglect in dealing with reducing the harms and risks of drug use.

They pointed out the need to:

- accept that drug use occurs and treat the user as a citizen
- try and help assure that street drugs are quality tested
- help young people share information and experiences about drugs, in particular bad experiences
- create a situation where young people trust the information (including scientific) on drugs provided by older people
- create a situation where young people feel that they can come forward and talk about their drug problem without censure.

*The reader is strongly recommended to read 'Illegal Leisure: The normalization of adolescent recreational drug use' by Howard Parker, Judith Aldridge and Fiona Measham: Routledge, 1998.*