

2011

Emerging Drug Trends in Lancashire: Focusing on young adults' alcohol and drug use. Phase Two Report



LANCASHIRE
DRUG AND ALCOHOL
ACTION TEAM

Breaking the cycle of substance misuse

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Introduction

Emerging Drug Trends: A Research Programme

This report presents findings from Phase two of a two year rolling programme of research (October 2010 to October 2012) on Emerging Drug Trends (hereafter EDT) in Lancashire funded by Lancashire Drug and Alcohol Action Team (hereafter LDAAT)¹ and undertaken by Dr Fiona Measham², Dr Karenza Moore³ and Dr Jeanette Østergaard⁴ at Lancaster University, and for Phase Two also Dr Claire Fitzpatrick⁵ and Bina Bhardwa⁶.

In Phase One, we conducted surveys in the night time economy (hereafter NTE) in four town and city centres in Lancashire (Measham et al, 2011a). The purpose of this first phase was to produce predominately quantitative (statistical) data on prevalence and patterns of drug use, both in terms of established legal and controlled drugs such as alcohol, cannabis, cocaine and ecstasy, and also in terms of assessing the extent of the emergence of novel psychoactive substances or so-called ‘legal highs’ in the north west of England (EMCDDA 2010; Measham et al 2010, Measham et al 2011b).

In Phase Two we turn our attention to young adults’ attitudes towards, and experiences of, alcohol and illicit drug use⁷. In order to explore young adults’ attitudes and experiences within the broader context of emerging drug trends we undertook nine separate focus groups with a total of 55 young adults aged between 16 and 27 years of age. In addition to discussing their attitudes and experiences of alcohol and illicit drugs, focus group participants were asked to complete a short survey consisting of similar

¹ This study could not have been completed without the help and support of Lee Girvan, Senior Young Adults' Substance Misuse Co-ordinator at LDAAT, as well as the teachers, youth workers and crucially the young adults who agreed to participate in the focus groups. We would also like to thank Dr. Phil Greenwood, Dr. James Walkerdine and Dr. Maria Ferrario of the School of Computing and Communications at Lancaster University who also assisted with some of the focus groups.

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⁷ We use the term ‘illicit drug use’ to highlight that the drugs under discussion included emergent psychoactive substances (so-called ‘legal highs’) as well as more familiar illegal drugs such as cannabis, cocaine and ecstasy controlled under the Misuse of Drugs Act 1971. Some young adults referred to mephedrone as a ‘legal high’, despite indicating that they were aware of mephedrone having been banned in April 2010.

questions to those asked of participants in the LDAAT EDT NTE surveys (Measham et al, 2011a). This enabled a comparison of our focus group participants' alcohol and drug use patterns with young adults surveyed in the Lancashire NTE in 2010.

This report commences with an outline and justification for the *Methods* used in Phase Two. We then present the focus group participants' *Socio-demographic, drinking and drug profile* according to the aforementioned short surveys, followed by sections exploring key findings in more depth: *Problems with drinking and illicit drug use; Substance misuse and crime; Pre-loading and excessive drinking; Attitudes towards legal and illegal drugs; Information on alcohol and drug use. Conclusions and Policy Recommendations* are then drawn, with a focus on the implications of these findings for LDAAT as commissioners of this research.

Methods

Why Focus Groups?

This section explains focus groups as a research method and the reasons for using them to capture data on young adults' alcohol and illicit drug use in Lancashire.

Focus groups are group discussions led by a moderator to explore a specific set of socially relevant issues (Litosseliti 2003; Marková et al 2007). Focus group research in the UK developed during the Second World War, when focus groups were used to gauge public support for, or dissent from, the government's wartime efforts. In the post war boom years – as the 1950s 'teenager' emerged as a potential group to be commercially exploited – focus groups became popular in the marketing and public relations industries as tools to elicit consumer attitudes and behaviours. The growing importance of using focus groups as a marketing and research tool continued through to the millenium, with the Labour government criticised for extensive use of focus groups to explore or even 'manufacture' consent for its policies which framed UK citizens as 'consumers' or 'clients' of semi-privatised state services (Fairclough 2000). More recently there has been a growing emphasis on the careful development of focus groups as a research method that goes beyond simply eliciting 'consumer opinions'.

Focus groups have been used in a variety of social science disciplines, including sociology, criminology, disability studies, health work, social work and nursing, and on a wide range of topics, from cancer patients' experiences (Wilkinson 1998) to children's understandings of risks and harms (Green and Hart 1999). As their history suggests, focus groups are particularly adept at exploring individual and group attitudes and experiences towards specific issues, including individual and group norms (Bloor et al 2001). Exploring such individual and group norms are crucial when seeking to understand the prevalence and patterns of alcohol and drug use amongst young people (Aldridge et al 2011).

Social science focus groups are usually comprised of between three and 10 participants and one or more moderators. Participants are typically recruited to focus groups because they belong to a particular socio-demographic, occupational or leisure group (e.g. young adults, police officers, clubbers). Focus group participants may or may not know each other prior to their participation in the focus group; sometimes friendship groups make up a focus group, whilst at other times participants will be strangers

to one another (Kitzinger 1994). In an attempt to keep a group session focused on the central discussion topic, moderators may sometimes steer conversations back on course; this can be challenging as some focus groups are lively or difficult to manage.

It has been suggested that focus groups are less suitable for interviewing young adults who come from deprived backgrounds and who are in less powerful positions in society (Peek and Fothergill 2009). More often focus groups have been conducted with white, middle class, middle aged adults (Morgan 1997) in recognition that focus groups 'require a level of conversation competency where participants are able to articulate opinions and ideas and join into the swift and complex flows of dialogue that operate in group discussions' (Warr 2005:202). In opposition to this problematising of the 'suitability' of participants from certain social classes, others have argued that conducting focus group research with young adults from deprived backgrounds is crucial precisely because they are less often given the opportunity to voice their attitudes and experiences (Merryweather 2010). Furthermore, even a superficial acquaintance with the speech patterns of different socio-economic and regional groups in the UK shows that 'swift and complex flows of dialogue' are not necessarily correlated with income or occupation.

The analysis of content and themes emerging from focus group discussions takes into account the social interaction between group participants. The analysis of focus group data can become very complex, as interactions may be taking place between a number of different people at the same time and the topic of conversation may suddenly shift. However, whilst adding complexity, this interactive element means that focus groups are adept at exploring how group members reach a consensus or indeed voice disagreements with one another (Warr, 2005) and, as previously mentioned, can provide the basis for exploring how individual norms are expressed and group norms are 'worked out' during social interactions (Bloor et al 2001).

Some researchers have suggested that focus groups should be perceived as 'sociable public discourses' (Gamson, 1992) because the participants are aware that they are speaking to an audience, both directly to other participants and the moderator(s), and also indirectly, for example to the focus group commissioners and the wider audience for the findings. For some people the focus group setting may be an unfamiliar and even uncomfortable scenario. Likewise, the prevailing tone of the focus group may lead some participants to censor their language and personal opinions; to underplay particular attitudes and behaviours; or in other cases to exaggerate particular events and opinions (Warr 2005).

Research with Diverse Groups of Young Adults

Nine LDAAT EDT Phase Two focus groups were undertaken in a number of different Lancashire towns and cities in April and May 2011. Focus groups were arranged with support from LDAAT and various gatekeepers, including youth workers, school teaching staff, college pastoral care teams and social workers. A total of 22 young women and 33 young men (n=55) participated in the nine focus groups while six respondents participated in five follow-up interviews, resulting in a total of 61 participants (26 female, 35 male), in Phase Two of the LDAAT EDT programme of research.

One of the key aims of the focus groups was to talk to young adults from diverse social and economic backgrounds. To achieve this we conducted focus groups in a range of institutions, resulting in a purposeful sample rather than a random or representative sample. Firstly, we conducted five focus groups in institutions which we subsequently categorised as ‘mainstream’ because of the numbers of young people who attend secondary school, further and higher education institutions in the UK: these were two in secondary schools, two in a university and two in further education colleges (numbered Focus Groups 1-5 in this report). Secondly, a further four focus groups were conducted in institutions which we subsequently categorised as ‘marginalised’ because only a small minority of young adults will attend them: a sheltered housing project for teenagers; a youth club in a deprived area of Lancashire; a Youth Offending Team (YOT); and a Young Offender Institution (YOI) (numbered Focus Groups 6-9 in this report).

We recognise that social class, social exclusion, poverty and inequality all remain crucial issues in relation to alcohol and illicit drug use and demand careful consideration. However, in order to categorise and analyse the data according to individual social class would have entailed the collection of detailed information on parental occupation, income, residential housing type, lifestyle and so forth, which was not considered appropriate to the focus group methods, the sample or the focus of this study. Therefore – whilst recognising that there are alternative ways of collecting and analysing the data – we decided that the institutional dichotomy of ‘mainstream/marginalised’ was the most appropriate to this study and the least intrusive to participants. It is important to note that our terms ‘mainstream’ and ‘marginalised’ are classifications for the *institutions* rather than the *individuals* and should not be taken to imply that all participants at those institutions are simply ‘working class’ or ‘middle class’. (There may have been young adults at the university who were from ‘working class’ backgrounds, for example.) A similar method was used in the North West England Longitudinal Study (hereafter NWELS)

(Parker et al 1998). Eight schools were chosen for the NWELS: four with broadly working class catchment areas and four with broadly middle class catchment areas. Subsequent analyses used a broad classification of social class based on educational institution dichotomy rather than individual school pupils. This was in part because of a lack of adequate data on parental occupation in the first year of the survey, because pupils (aged 13-14) were either unable or unwilling to provide the necessary detail on parental occupational sector and salary point level to allow classification.

Alongside our analysis of the similarities and differences between those young adults who were attached to ‘mainstream’ or within ‘marginalised’ institutions, we also have explored the data in terms of gender differences and to a lesser extent age differences. Regarding gender, there was no attempt to obtain a representative sample. The focus groups with young adults from those institutions categorised as ‘marginalised’ were predominately male whereas the young adults from the institutions categorised as ‘mainstream’ were more mixed. Regarding age, we clustered the research participants together in terms of how ‘typical’ of their age group they were. For example, most young adults aged 16 are in school or college, rather than in a Young Offender Institution.

Young adults from ‘mainstream’ institutions participating in focus groups 1-5

- FG1 and FG2: 2 focus groups with university students + 2 follow-up interviews
- FG3: 1 focus group with students in an FE college
- FG4 and FG5: 2 focus groups with pupils in secondary schools + 1 follow-up joint interview

Young adults from ‘marginalised’ institutions participating in focus groups 6-9

- FG6: 1 focus group with youth club attendees
- FG7: 1 focus group with young adults in contact with a YOT
- FG8: 1 focus group with young adults in supported housing + 2 follow-up interviews
- FG9: 1 focus group with young adults in a YOI

The focus groups took place at each institution and were scheduled to last 60-90 minutes although some had to be shortened due to participants’ teaching timetabling constraints and in one case, high spirits and lack of engagement by participants. The focus groups were all digitally recorded, although due to

technical failure one focus group was not recorded, so notes were written up shortly afterwards and drawn upon for analysis. Researchers from the Department of Computing and Communications at Lancaster University also attended some focus groups in order to explore young adults' use of digital media for an Engineering and Physical Sciences Research Council (EPSRC) study on social media and anti-social behaviour. All participants received a £10 Argos voucher as a goodwill gesture, funded by the EPSRC project. After each interview, the moderator wrote a brief fieldwork report summarising the conduct and the main findings from the focus group. In order to preserve the anonymity and confidentiality of individual participants and their institutions/organisations, these documents are not included in this report but have been drawn upon for the analysis below.

All focus groups were originally expected to follow a focus group schedule developed in conjunction with LDDAT. In a number of cases however, the moderator had to deviate from the focus group schedule in order to encourage discussion in a way that would make sense for the participants. To give an example, because few young adults from the 'mainstream' focus groups reported having had illegal drug experiences – but also because of the anti-drug position dominating some focus groups (see below) – it soon became apparent that it was not relevant or appropriate to ask all participants questions about risk-taking experiences in relation to illicit drugs. Hence some focus groups evolved into more open discussions driven by participants' experiences and concerns and deviated from the semi-structured nature of the original research design and focus group schedule.

Five follow-up interviews were conducted with six participants (four female, two male) who, in the focus groups, were thought by research team members to be expressing attitudes or experiences around alcohol and illicit drug use that it would be beneficial to explore in more detail at a later date. These interviews provided an opportunity for the young adults to add to or elaborate on the points raised in the focus groups, away from their peers and away from the group context. Given this, the interviews followed what Burgess (1984) calls 'a conversation with a purpose'. In total five follow-up interviews were conducted, four of which were one-to-one interviews, the fifth was a joint interview with two school friends:

- Interview 1: Female university student (Int1F)
- Interview 2: Female university student (Int2F)
- Interview 3: Male resident in supported housing (Int3M)

- Interview 4: Female resident in supported housing (Int4F)
- Interview 5: One female and one male secondary school pupil (Int5F and Int5M respectively).

Follow-up interviewees largely echoed what had been said during the earlier focus groups. This indicates that the group context most likely did not inhibit the participants as much as might be expected⁸, although we did note some initial reticence about discussing personal drug experiences in the presence of co-participants who had already expressed an anti-drug stance (in FG1 and FG2, discussed above). Further, in one of the follow-up interviews (Int4F), a woman discussed her experiences of alcohol and domestic violence, an issue not otherwise raised in any of the group discussions. However, this absence of discussion about domestic violence may also have been a function of the preponderance of male participants in our overall sample of 61 (57%) and in the ‘marginalised’ focus groups in particular.

Also, where appropriate and possible after each interview, the participants were asked to voluntarily complete a short anonymous survey providing socio-demographic data and details of their use of alcohol and illicit drugs. 42 participants from seven of the nine focus groups completed these surveys, over three quarters (76%) of the total sample. In the following section we briefly present these survey results to provide a description of focus group participants and their alcohol and drug profiles at an aggregated (rather than individual) level. We also compare these profiles to the LDAAT Phase One NTE-survey results which used a similar research instrument (see Measham et al, 2011a).

Gender, Age, Ethnicity and Employment

Among those focus group participants who completed the short survey (n=42 of the overall sample of n=55), 56% were male and 44% were female. The mean age was 19 and ranged from 16 to 27 years. 91% defined their ethnicity as white, 2% identified as mixed race, while 7% described their ethnic identity as ‘Other’ but did not elaborate. 48% were at university, 19% were in further education/sixth form

⁸ Other researchers have found that when conducting focus groups with under-18s, the perceived ‘popularity’ and ‘coolness’ of some participants can act as a inhibitor for ‘less popular’ participants (Michell, 1999). Combining focus groups with interviews may be one way to capture a broader range of young adults’ attitudes and experiences, as well as provide a point of comparison between the presentation of self in a focus group situation and a 1-2-1 interview situation.

colleges, 15% were in secondary schools, 14% were unemployed, 2% were on job training schemes and 2% were in full time employment. This reflects how our sample of young adults was recruited through various institutions such as university, college, school, YOI or sheltered housing.

Drinking and Smoking

All of the participants reported previous alcohol use, although three reported having stopped. Similarly, most participants perceived themselves as regular drinkers, with two thirds (66%) of those who filled in survey sheets reporting that they usually drink alcohol at least once a week, and with nearly one fifth of the sample (18%) reporting that they usually drink alcohol most days a week.

Binge drinking and drunkenness was common among all young adults participating in the focus groups, although it was much more common among the older focus group participants as compared to those still at secondary school. When asked about their last drinking occasion the majority reported that they drank spirits (54%) followed by beer/lager (34%), with the former being more usual amongst young women and the latter more common amongst young men. In the survey, participants were also asked to list the number of drinks and the size of drinking vessel (e.g. bottle/pint glass/half pint glass/small wine glass/medium wine glass/large wine glass) in which they consumed alcohol on their last drinking occasion. Most participants completed these questions in a detailed manner, though a few wrote “*I can’t remember*”. Based on the available information we made a rough estimate of the total standard units of alcohol consumed by the 38 participants who completed these questions. This estimate suggests that the participants consumed on average 11 units of alcohol on their last drinking occasion, ranging from one to 30 units, with young men drinking on average 13 units on their last drinking occasion and young women drinking 9 units on their last drinking occasion. Thus the focus group participants’ drinking pattern is similar to that reported in the annual General Lifestyle Survey (hereafter GLS) for 2009 (Robinson and Harris 2011), where young adults aged 16-24 in the North West were consuming on average 13.1 units on any given drinking occasion.

41% of focus group participants who completed the surveys said they smoked tobacco, with 31% identifying as ‘non daily smokers’ and 10% as ‘daily smokers’. This is considerably lower than the results from the LDAAT EDT Lancashire NTE surveys (Measham et al 2011a) where we found 53% identified as daily smokers and 25% as non daily smokers. However, it is still higher than the results of the GLS

conducted in 2009, where Robinson and Harris (2011) reported that 24% of 16-19 year olds smoke, as do 26% of 20-24 year olds and 25% of 25-34 year olds (the average age of our sample is 19).

Legal and Illicit Drug Use among the Participants

66% of our focus group survey respondents reported that they had tried an illicit drug at least once in their lifetime. This is very similar to the results for 207 respondents surveyed across the Lancashire NTE for Phase One, where we found 70% reported lifetime use of at least one illicit drug (Measham et al, 2011a). Below is the key table presenting the prevalence of the most common illicit drugs used amongst our focus group survey respondents (see Table 1). Lifetime prevalence was highest for cannabis, skunk, cocaine, 'Bubble' and ecstasy pills. 20% reported having used amphetamines (speed) at least once in their lifetime but recent use of amphetamines was lower than for the illicit drugs listed in Table 1.

We find a similar pattern of illicit drug use when comparing the Phase Two focus group surveys with the results of the Phase One Lancashire NTE surveys. The Phase One survey respondents reported a lifetime prevalence rate for cannabis of 62% (Measham et al, 2011a) compared with 66% in the Phase Two surveys. Amongst the NTE respondents, use of skunk, cocaine and ecstasy pills was 40%, 43% and 39% respectively whereas it was considerably lower amongst the younger Phase Two survey respondents. However, lifetime self reported use of Bubble was higher, at 26% amongst focus group respondents compared with 18% amongst NTE customers (see Measham et al, 2011b for further discussion of Bubble), although past year and past month use of Bubble was slightly higher in the Lancashire NTE surveys compared to the focus groups. Both lifetime and recent use of mephedrone was lower amongst focus group participants than amongst customers in the Lancashire NTE. 21% reported lifetime use of legal herbal highs with 10% reporting having used 'legal herbal highs' within the past year, but more recent use was much lower, at around 2%.

Young adults from the institutions classified as 'marginalised' accounted for most illegal drug use, with the exception of cannabis and to a lesser degree 'skunk'. Only three university students reported lifetime use of cocaine and ecstasy. Likewise, no school pupils nor FE or HE students reported ever having tried either Bubble or mephedrone. Whilst an unrepresentative sample, the findings of our focus group surveys suggest that socio-economic background, level of educational achievement and/or

involvement in the criminal justice system may retain some relevance to an understanding of differences in drug use amongst young adults.

Table 1: Self reported lifetime, past year, past month and past week drug use by Phase Two focus group participants (n=42). Percentages.

	Lifetime	Past Year	Past Month	Past week
Cannabis	66	58	29	22
Skunk	29	29	15	10
Cocaine	27	17	5	3
Bubble	26	15	2	2
Ecstasy pills	24	12	7	2
MDMA	23	15	8	0
Mephedrone	12	5	0	0

Although the focus group participants are on average younger and therefore also more likely to be in education compared to the young adults participating in the NTE surveys, their self reported alcohol and drug use is, generally, similar to that of the young adults interviewed across the Lancashire NTE. Whilst some of the findings of the focus group discussions discussed below echo some of the findings of the Phase Two Lancashire NTE surveys, particularly with younger respondents, some young adults were considerably more ‘drugwise’ (Parker et al, 1998) and drug experienced than others. Therefore within each theme, we compare and contrast the results from different groups and in particular explore the relevance of the classification of institutions as ‘marginalised’ and ‘mainstream’ to our understanding of young adult drinking and drug use.

Problems with Alcohol and Illicit Drug Use

Introduction

In this section firstly, we present the problems that young adults reported that they encountered when drinking alcohol and taking illicit drugs and secondly, we explore how the young adults reflected on their own use of alcohol and (potential or actual) illicit drug use.

Alcohol, Illicit Drug Use and Crime

Discussions of individual acts of violent behaviour – that is fighting, assaults and criminal damage – were only present in the focus groups conducted in institutions categorised as ‘marginalised’. It is difficult to say whether this was a consequence of violence being considered too sensitive a subject to discuss in some group settings, whether a greater taboo existed about admitting participating in violence amongst the participants in the ‘mainstream’ groups, or whether none of the participants in the ‘mainstream’ groups had ever committed violent acts. The ‘mainstream’ focus groups did discuss in detail, however, how they had *witnessed* violent conduct in the NTE or how friends and family members had been victims of violence, as did those participating in the follow-up interviews:

Moderator: “So you’ve witnessed other people kicking off...

Female interviewee: ‘Yeah and I’ve seen the police come and sort them out and stuff. And I’ve seen hair extensions get ripped off people. That was in The Bull’s Head⁹ as well. We never go there!’ (Int2F)

We return to these stories in the section below entitled “*I mean to go out in Burnley on a bank holiday well...different world it were*”. In contrast, in the focus groups in ‘marginalised’ institutions, the young men were very explicit about how they felt alcohol made them do “stupid things”, including committing

⁹ The names of all NTE venues mentioned by participants have been changed.

violent acts. The following two quotes reveal how these young men felt that being intoxicated often resulted in them behaving aggressively:

Moderator: “Going back to what you said about violence, so you’d say violence was a problem in relation to drinking?”

Male 1: Yeah

Moderator: Whose? Yours or other people’s?

Male 2: Makes me violent. It can make anyone violent, can’t it? Depends what mind set you’re in when you start drinking. If you’re in a bad mood then it’s not going to help. You can get happy drunk or be a nasty drunk can’t you?” (FG8)

Moderator: “Have you ever ended up in A and E? Or got hurt through drinking or drugs?”

Male 2: Yeah. Through fighting. Just like this weekend I was in A & E... I’d broke some fingers fighting. Fighting one of my best mates because I was so pissed up.

Male 1: Yeah ... [unclear] punched a window... yeah, pissed up.” (FG7)

Amongst the young offenders (FG9), problems with alcohol were particularly evident, with one young man stating that he had been “*an alcoholic*” since the age of fifteen¹⁰. Most were aware of the effects that alcohol could have on them, describing it as “*brave juice*” and saying that after a drink you think you can “*fight the world*”. It is worth highlighting here how ‘invincibility’ and a sense of bravado as linked to alcohol consumption is gendered. From interviews with women across North Yorkshire, Sheard (2011) notes how some spoke of feeling ‘invincible’ when under the influence of alcohol, but that this would leave them filled with regret in hindsight for the ‘risky situations’ they had put themselves in. Becoming separated from friends on a night out and/or walking home alone at night were key regrets of Sheard’s interviewees; both situations were also mentioned by a number of our female focus group participants.

¹⁰ Whilst this young man readily admitted to being an ‘alcoholic’ at the start of the focus group, he did not disclose any problems with illicit drug use, his own or family members, throughout the rest of the focus group, despite his peers talking openly about their own drug careers and its relationship to their offending careers. Afterwards the prison officer told the moderator that both this individual and his family had longstanding problems with their crack cocaine use but he was unwilling to discuss it in front of his peers because of the taboos surrounding crack, even amongst offenders who regularly, and by their own admission problematically, use cannabis and cocaine.

This relates to the ways in which women consuming alcohol in the NTE are expected to undertake a number of ‘safety measures’ to prevent themselves falling victim to predatory male strangers, and how they are castigated if they fail to do so (Lawson 2003). For young women, the spectre of disapproval from others also has to be negotiated, especially given the ‘pedagogy of regret’ that governmental anti-binge drinking campaigns promulgate (Brown and Gregg, 2011 forthcoming). The young men in FG9 all reported that alcohol made them feel ‘invincible’. However, they also noted how if the environment in which they were drinking changed and they felt threatened, violence became the only means by which they felt they could protect themselves. As one young man explained:

“Say like us lads could be in an area having a drink, a really good drink and a crack, what happens is some idiot from a different area says on Facebook ‘ah look there’s a party there, we’ll go gatecrash it’. So they’re coming to us and they end up getting into trouble and then the police get involved, do you know what I mean? You could be having a good time, other idiots come round and you’re not just going to [unclear] curl up and cry ‘please don’t touch me’. You stand your ground and then that’s when you probably end up beating him up and then the next thing the police come and I get in trouble because he came to my party and gatecrashed it.” (FG9)

Here alcohol is described as creating a positive experience but only until the drinking environment changed with the arrival of “gatecrashers”. According to this young man, there is no other solution to this violation of territorial space by “some idiot from a different area” than to turn to violence (ie. “you’re not just going to curl up and cry ‘please don’t touch me’”). The importance of ‘looking after yourself’ and ‘not taking any s**t’ has been highlighted elsewhere in relation to specific contemporary masculinities (Winlow and Hall 2009; see also Anderson 2001), where emphasis is placed on the importance of retaining a sense of self respect in the face of perceived threats to personal integrity by others. Winlow and Hall (2009) link this to the precarious nature of life for those relegated to the ‘margins’ of British society whereby:

“Defending personal space and refusing to submit to the authority of external agents keen to wrestle status, renown and tangible material benefits from the immediate social environment takes on a heightened significance” (Winlow and Hall 2009: 288).

The young males discussed experiencing alcohol as “*triggering*” them to become aggressive and even violent, particularly if they felt “*challenged*” in some way. The notion of male honour and a ‘macho subculture’ has also been identified by other researchers who have observed how licensed leisure venues can play a part in facilitating aggression, with the hot and crowded nature of many drinking venues combining with the cognitive limitations induced by excessive drinking, poor design of some leisure spaces, and a broader cultural environment where violence may be tolerated if not encouraged (Graham et al, 2000; Hadfield, 2006; Tomsen, 1997).

Alcohol is then the “*brave juice*” which changes how young men perceive themselves and their drinking environment, but its role in violence was not viewed by participants as one of simple cause and effect. Drinking was not viewed as an essential component of getting into trouble, although it was often connected. The individual who noted he’d never been locked up sober went on to comment that he’d had lots of good nights out drinking alcohol where he’d not been in trouble. A distinction was made between going out with a “*bird*”, having a meal and a glass of wine, as compared to going out with mates: “*when you’re out with your mates, you just wanna get splattered!*” As Parker (1996: 296) noted, whilst drinking careers and criminal careers may well overlap, talking to young adults highlights that “*alcohol is an accessory, but both to crime and a lawful good time*”. As one focus group participant noted:

“It wouldn’t matter if I hadn’t have had a drink. It was just like coincidental... I met this lad and just started having a scrap with him like and he’d just gone to the police... but it does tend to be more when I’ve had a drink ‘cos I tend to snap at people. I take things the wrong way and get more aggressive.” (Male, FG9)

Interestingly, the above quote is in contrast with the comments of others who claimed that it was *always* after excessive intoxication that they got into trouble. The issue of aggression arose on a number of occasions, with one young man stating that many of those in YOIs have got “*short fuses*”. Similarly, another individual stated that after too much to drink:

“I just go angry... I just want to be left alone and people come over and start asking ‘are you alright?’, ‘are you alright?’ ... start getting wound up and frustrated and I lash out at them...”

fighting, fighting with the police, criminal damage, assault... just causing trouble in my area... not very good.” (Male, FG9)

Whilst such “short fuses” were clearly exacerbated by excessive drinking for some, for others violent behaviour was associated with the use of other substances. One individual noted that after a combination of drinking and taking “sniff” (cocaine), “you think you’re untouchable”. Later on in the focus group he described the crime that he was currently imprisoned for:

“That’s the crime I’m in for now. I was off me head on drugs. I wasn’t drunk, I was just sniffed up [with cocaine] out of me brain.... went into [town]. And this lad obviously pinched the car keys and we bought the car keys off him and we got in this 3.5 BMW... I was absolutely twisted off me head and I felt like a gangster in this fucking thing. It was nice, it was mint.... Filled the car up... I was flying... Doing 120 mile an hour... and a taxi pulled out in front of us and I ripped the taxi off and I was off me head and I just got out and it was horrible, horrible... But errrm probably wouldn’t have done it if I wasn’t off my head.” (Male, FG9)

The same young man went on to note that “I’ve suffered the consequences for the crash cos I’ve suffered a lot of nightmares”. This was confirmed by one of the other participants who claimed that the individual in question had been shouting out in his sleep the previous night but could not remember anything about this the next morning.

Alcohol and drug-related violence was a common theme discussed by the young men in the ‘marginalised’ institutions, but usually also in the context of (male) friendship networks and nights out. However, alcohol and its relationship with domestic violence were discussed by a female respondent in a follow-up interview (Int4F):

Moderator: “Have you witnessed any fights or anything in the area because of alcohol?

Female: Drink? Yeah, I've been involved in quite a few of those myself. Not fighting-wise, I've had violence inflicted on me. My ex used to be a heavy drinker and he was quite violent with me quite often until we broke up. It was only through alcohol”.

As noted in the research, whilst alcohol-related violence in the public domain of city streets receives widespread coverage and resources, alcohol also plays a significant role in violent incidents in domestic settings. In the 2009/10 British Crime Survey, 37% of victims of domestic violence believed that the offender was under the influence of alcohol at the time of the offence (Flatley et al, 2010: 77).

In terms of desisting from drinking, drug use and crime, a number of the young men expressed a desire to turn their lives around:

*“I’m just gonna have to stop thinkin about meself d’you know what I mean, and think about me son and me girlfriend, instead of going out and getting off me head and acting the dick.”
(Male, FG9)*

Yet they were not naive about the challenges involved:

“It’s hard cutting drugs out straight away.” (Male, FG9)

“I did stop for a while... but started using... before I come in here.” (Male, FG9)

A number of comments reflected the view that deciding to desist and actually desisting from drug use or other crimes are two very different things. As Maruna (2001) argues, desistance may be best understood as a ‘maintenance process’ and an ongoing work-in-progress as opposed to something that just happens overnight. What did emerge from the discussions with individuals on how they might avoid substance-related crime in the future was that individual motivation was regarded as key:

*“Deep down inside, if you wanna give up, you will give up; if you’re don’t, you’re not gonna.”
(Male, FG9)*

“It depends on how much will power you got. If you haven’t got it in you, then you’re not going to stop are you? I know people who have been like piss heads but stopped with some help from friends and family and that but if you haven’t got that and you haven’t got it in yourself then you’re just going to carry on aren’t you?” (Male, FG7)

An exchange between two young men in the YOI also emphasised the ‘buzz’ associated with both offending and drugs and the need to replace the adrenaline rush with something legal:

Male 1: “They keep saying to me ‘why d’you keep committing crimes?’ and I say if I could find a buzz off not getting chased by the police, the adrenaline rush... If I could find something else I would do it, d’you know what I mean?”

Male 2: Got to the gym and that. Try boxing and that.

Male 1: Well my brother’s in the army and he’d done boxing, tried getting us into that and I couldn’t do it... The boxing wasn’t like the same adrenaline rush as what I was getting.

Male 2: If you do it though, if you work hard at it, you get the same buzz. You wouldn’t get it as much as you would off coke, but you still get the same buzz. It releases endorphins and that if you train and you just feel good about yourself.

Male 1: It releases stress, it gets rid of a bit of stress as well dunnit”? (FG9)

While space does not allow for an extended discussion here, the young men not only emphasised the importance of individual motivation in desisting, but were also only too aware of the structural barriers that they faced in changing their lives. For example, the importance of having a job was emphasised, in part to relieve boredom, but the difficulties in finding work in the current economic climate, particularly if they were obliged to reveal a criminal record, were seen as posing real problems to future employment. In addition, knowing where to find facilities that provided support services or activities for young adults and being able to access these facilities (e.g. affordable gym membership) was also discussed. Interestingly, the experience of being moved-on by the police when taking part in legal activities with ‘the boys’ (such as motor-biking on private land) was seen as an additional barrier to finding alternative ‘adrenaline rushes’ that were not linked to drugs or crime.

The findings from our focus groups echo many of the themes within the literature on desistance (LeBel et al, 2008) which highlight the importance of individual agency (e.g. personal motivation) and wider structural factors (e.g. employment) in enabling individuals to move beyond criminal careers in general and drugs careers in particular. A lack of alternative leisure pursuits that might satisfy the sensation seeking or risk taking tendencies of some young adults – to achieve a ‘buzz’ – may also lead some young people towards drug-related and offending-related risk taking.

“I mean to go out in Burnley on a bank holiday well... different world it were”

Alcohol-related violence was discussed differently in focus groups 1-5 (with young adults in ‘mainstream’ institutions) than in FG6-9 (with young adults in ‘marginalised’ institutions). Those in FG1-5 predominately talked about witnessing alcohol-related violence or how family members or friends had been victims of alcohol-related violence. Such incidents, according to their accounts, occurred almost exclusively in the NTE; no mention was made of other alcohol-related violence, for example in domestic settings. This focus on the NTE as the key space in which young adults in ‘mainstream’ institutions encounter alcohol-related violence was apparent in one female university student’s account of going out in Burnley on a Bank Holiday. She spoke of how it was like frequenting a “*different world*”, because it was more violent than the places she and her friends usually went to:

“I mean to go out in Burnley on a bank holiday well... different world it were. It was horrible. But then it was all the silly things like three boys thought they could beat a bouncer up ‘cos it were a challenge, so three went on one. And I was in the taxi and the taxi driver was like ‘you can get out now’, I’m like ‘I’m not leaving til’ that stops!’ It was horrible. Absolutely horrible but then once I left I had, then I had the different side of it, the taxi drivers stopping and saying ‘get in, I’ll take you wherever you want to’ and that scared me because I’m not used to taxi drivers asking me to get in. You know I’m like used to ringing up and booking.”
(Female, FG1)

Similarly a male student in this focus group added that on occasion he felt uncomfortable and threatened when out in the NTE, primarily as a result of the large number of intoxicated people on the streets, especially when vacating nightclubs in the early hours of the morning. The higher education students (FG1 and FG2) also discussed their perceived added vulnerability to potentially violent situations if they were required to smoke outside the front door of licensed leisure venues rather than in a delineated ‘smoking area’ at the back or side of venues. Others in FG1 and FG2 said that when the university sports teams went out to celebrate or commiserate (typically on a Wednesday night after competitive fixtures), there was perceived to be more fighting in the city:

“Cos they’re all like that in their little costume things and they all think they’re great ‘cos there’s 20 of them [laughter] and they’re all just idiots, aren’t they? And the rugby team as well.” (Male, FG1)

Travelling to and from the university campus on the free university night bus was also mentioned as a setting in which the students could encounter aggressive behaviour. It was presented as featuring violence and abuse as much between women as between men:

Female 3: “Like coz there’s free buses from town, you can go to certain clubs and bars like you tend to find more trouble on the buses. Like I found some of the girls can get so mouthy, especially in the winter if you wanted the window open, there’d just be fights and arguments starting for no reason. Whereas at home if you go out, there’s only like a couple of you so you tend to get a taxi back so I think yeah the buses are good but there should be someone like on there because...”

Moderator: Like a warden?

Female 3: It’s like a war zone upstairs sometimes.

Female 5: I think that’s about the uni though as well because we’re so far out of town, like there is big fights on buses and things, that makes a difference.

Female 4: It’s always on ‘The Walton’ free bus on the way back¹¹

Unknown female: That’s the worst.

Female 4: On the top deck of that, there are always fights. They’ve had to have the paramedics before to get someone off.” (FG2)

Despite eager accounts of the alcohol-related violence of ‘others’, focus group participants from the ‘mainstream’ institutions did not report that they themselves had committed acts of aggression when under the influence of alcohol (or indeed drugs); a recurrent theme, by contrast, for those who participated in the focus groups from ‘marginalised’ institutions. However, a common theme across all

¹¹ ‘The Walton’ (pseudonym) is a public house frequented by students from the nearby university.

nine focus groups was that alcohol, in particular excessive drinking, was generally associated with aggressive and violent behaviour; either because participants felt that they changed into a more aggressive person whilst under the influence, or because they had witnessed violent acts by other drunken people. Whilst not confined only to the UK (eg. see Tomsen, 1997 on aggression in Australian drinking cultures), it is notable that this perceived association between alcohol and aggression is not shared by many of our European neighbours (eg. Marsh and Fox Kibby, 1992; Martinic and Measham, 2008).

In contrast to alcohol, cannabis was discussed in both the ‘mainstream’ and ‘marginalised’ focus groups as a drug which could reduce aggressive tendencies. For instance FE students (FG3) described what they called “*weed house parties*” as safer and quieter as compared to house parties where (copious) alcohol was consumed. Such drinking parties, they argued, would more often than not end with the house “being trashed”, especially if the host was not popular amongst his/her peers. The young adults from the ‘marginalised’ institutions made a similar distinction between the effects of alcohol and cannabis:

Male1: “But like when you’re pissed up people start getting violent [unclear] you’re going to start fucking... you’re going to be up for a do like... but if you’re stoned you’re just mellow.”
(Male, FG7)

At no point during the interviews with any of the young adults was cannabis explicitly mentioned as causing aggressive or violent behaviour. This supports research by Forsyth and colleagues in the Glasgow NTE which compared drinking, drug use and disorder at a range of late night licensed leisure venues. The venue which had the lowest observations by researchers of heavy drinking and the highest observations of suspected drug use – a dance club – had no incidents of observed disorder by researchers and the lowest number of police recorded incidents of disorder during the fieldwork time period (Forsyth, 2006).

Problems with the Police in Relation to Alcohol and Illicit Drug Use

Most of the young adults aged under 18 in this study did not report any problems when trying to access alcohol, although it must be remembered that there is a certain cultural kudos to looking older than

one's actual age in one's teenage years. Therefore participants may have been seeking social approval from their peers by attesting to this ease of access to alcohol. Some participants reported that they had fake identity cards which they used in order to purchase alcohol. Those who did not have fake identity cards claimed that they looked over 18 and were therefore rarely subject to age-related identity checks. Such claims of easy access to alcohol contrast with changes in alcohol retail practises in recent years, in both the on-trade and off-trade. We have seen the expansion of proof of age schemes such as Challenge 21; new guidance issued by the Coalition government regarding fake identity cards used to buy alcohol or gain entry into licensed venues; and new measures to tackle premises which sell to underage drinkers in the Police Reform and Social Responsibility Bill 2011 (Home Office, 2011). In light of the (varied) implementation of these measures (see Hadfield and Measham 2011) and other changes to the UK leisure landscape - such as the closure of many pubs catering for suburban, semi-rural and rural communities - those under-18s who do consume alcohol are increasingly less likely to do so in licensed premises. In addition, due to the increased dispersal and alcohol confiscation powers of the police, young people are unable to easily congregate in public spaces such as parks. These two developments can result in groups of young adults consuming alcohol in unsupervised and potentially more risky spaces in order to avoid detection by the police (Hadfield and Measham 2009; Measham, 2008). The secondary school pupils in this study seemed more concerned about their parents than the police catching them engaging in illicit consumption, as is consistent with previous research with this age group (eg. Parker et al, 1998). Thus underage teenagers whose parents did not allow them to drink alcohol reported that they invented excuses such as telling their parents that they were having a "girlie sleep-over" at their friends' houses, when in fact they were going to "alcohol house parties" elsewhere.

One young man (FG8) said that when he saw the police were near him, he would deliberately wait until they were very close before he ran away. For him there was a sense of thrill in escaping the clutches of the police. Likewise, a female participant also in FG8 reported that a Police Community Support Officer (PCSO) had approached her and her friends when they were drinking alcohol on the beach. They showed her a bottle of milk that they had with them, instead of the alcohol, and the PCSO walked away. Hence the young adults presented both the police and PCSOs as easily fooled. The young adults in this focus group who reported illegal drug use (see below) said that they did not see the police as a problem in their lives. Indeed they reported that they bought their drugs locally – near a convenience store located just a few streets away from their place of residence – from a specific dealer:

Moderator: “Do you experience any problems with dealers being at all intimidating or hassling you?”

Male 4: “Our dealer is so nice. No genuinely, he is a person, he is one of the nicest people I’ve ever met. Yeah he’s alright. He doesn’t seem like your normal type of... ‘aah yeah you fucked me around, I’ll stab you up mate’. [Laughter] He understands that like [unclear] sometimes we don’t have money and sometimes things happen and he’s just completely sorted with that but there are proper dickheads out there. So many... It’s hard to describe, but some people are not nice people but nah my dealer’s alright. He’s alright, he’s nice.

Male 2: You do get a couple of idiots.

Male 4: But most of it [drugs] is just from like friends. People like know you.” (FG8)

This lack of distinction between ‘drug suppliers who are friends’ and ‘friends who supply drugs’ is well documented in the academic literature, particularly in relation to social supply of cannabis amongst UK young adults (Duffy et al 2008; Coomber 2006; 2010) and dance drugs (Measham et al 2001).

“First time I started drinking, I drank a bottle of vodka”: Stories of Excessive Drinking

The stories of excessive drinking told by participants did not contain explicit *self*-reflection on either the problems linked to excessive drinking or on how such patterns of problem drinking developed. Although one young man defined himself as an “*alcoholic*” since the age of 15 (FG9), the possible implications of this were not debated further amongst the group. However, in the same focus group another participant who said he was inept at controlling his alcohol consumption reported giving up drinking as the result of having witnessed the devastation caused by alcoholism to a close relative.

Discussion of excessive drinking occurred in most of the focus groups, though less so amongst younger participants (FG3-5). This is perhaps unsurprising given that social approval of alcohol use increases with age during early adolescence, and patterns of consumption show the likelihood of ever having had a drink, frequency of drinking, recent drinking, and levels of consumption, increasing with age. Remaining focused on age, the young adults from the institutions categorised as ‘marginalised’ reported that their initial drinking experiences had occurred at between nine and 12 years old. The average age of initiation with regards alcohol consumption in the UK is currently between eight and 12 years old (Newbury-Birch

et al, 2008), although it varies according to gender, ethnicity and social class (Hurcombe et al, 2010). This is important because pharmacological evidence suggests that a delay in the age of alcohol initiation may help minimise the adverse effect of alcohol consumption on children and young people (Saunders and Rey 2011), although such effects also need to be contextualised in the cultural and ethnic distinctions of different drinking patterns and how young people 'learn' to drink (Martinic and Measham 2008).

Much of the focus group discussion about excessive drinking took the form of what Griffin et al (2009) call 'passing-out stories' and concur with Measham (2004, 2006) regarding the pervasiveness of 'determined drunkenness' amongst young people in the UK in the mid 1990s-late 2000s. In the following quote, a 16 year old recounts his first encounter with alcohol:

Male 1: "First time I started drinking, I drank a bottle of vodka... downed a bottle of vodka and was fucked and got pissed on me own and went on my bike and fell off about 4 times.

Moderator: So you drank a bottle of vodka by yourself, not with your friends?

Male 1: Yeah to see what it would be like first time I ever got pissed and I've just been drinking from then.

Male 4: I was sick in a bin and I got took home my first time." (FG6)

Although this participant's first encounter with alcohol was on his own, for most young adults the pleasures of drinking tend for the most part to be shared. Given this, it is perhaps unsurprising that the telling (and re-telling) of such 'passing-out stories' not only provides entertainment for others but helps to establish and maintain friendship groups (Griffin et al, 2009). The question here is, given the obvious importance of friendships amongst the young adults we spoke to, what role does friendship, peer influence or even peer pressure play in excessive drinking?

'Peer pressure' has been problematised as an explanation for young people's drinking and drug use (eg. Pilkington, 2007; Sheppard et al, 1985), as it tends to denote a one-directional negative effect between dominant person(s) and others viewed as less dominant. However, 'peer preference', 'peer influence' and 'parental/carer influence' have emerged as concepts which more carefully capture the nuances of how young people's relationships with others can shape consumption patterns and vice versa, and allow for other explanations of drug use as well, including leisure patterns, availability, price and structural reasons such as gender, age, ethnicity, poverty and unemployment.

In FG3, one young man stated that:

Male 1: "I'm generally confident all the time, I'm never shy, I'm never like... when I'm out with my mates and that, I'm meeting new people, I'm going to parties I'm never shy. I would be upfront and stuff. I just suppose I get a few beers in cos I'm with my mates and I know it'll be a laugh!" (FG3)

This discussion developed from the moderator's initial question, "Why do you drink alcohol?" In their responses to this question, we can see how the male participant attempts to distinguish himself from people who drink because they lack confidence. His reason for drinking was to socialise with his friends. In fact his immediate response to the moderator's question "why do you drink alcohol?" was:

Male 1: "Just to chill. Sometimes if you're going to a party like everyone's drinking, you don't just want to be sat there... [unclear] you wanna enjoy yourself with your mates." (FG3)

This explanation was also present among the young adults from the 'marginalised' institutions who were also of the opinion that abstinence or more moderate consumption of alcohol ("only had like two cans") entailed being 'left out of the party':

Male 4: "I don't think I've ever been to a party where someone's only had like 2 cans and then been like no, I'm alright now, I'm going to go home, it doesn't work like that. People are just like I might as well drink till you drop... pretty much.

Female 1: I drop after like 3 cups of cider.

Male 4: It's either that or until I get really tired and want to go to bed.

Moderator: Is that the same for the rest of you? 'Drink till you drop'?

Female 2: Depends on your mood.

Male 5: Nah. Depends where you are, like he said.

Moderator: Where would you be doing that?

Female 2: Parties probably.

Male 4: House parties." (FG8)

From these young adults' perspective, the notion of 'peer pressure' was not used explicitly to explain their excessive drinking. Indeed, the term was almost entirely absent from the focus groups: it was not mentioned at all in relation to alcohol consumption and only rarely in relation to illicit drug use (eg. FG3). However, whilst 'peer pressure' as a term was not used by participants, young adults did point to sociability as part of the impetus for them to consume alcohol:

Moderator: "Do you think that there's a lot of peer pressure to drink?"

Female 1: I think in this environment then yeah. When I was living on my own I didn't feel pressured at all. Well it's not so much 'pressure' I think it's the fact that if you were in a flat which we are and there's 5 of us there, the other 4 are drinking and you're sat on your own, you don't wanna do that so you're more inclined to join in. I wouldn't necessarily say pressure; I'd just say the environment that you're in, yeah".

During the young adults' discussions about attending house parties or other social gatherings, the key motivation for drinking was that it was very much an accepted part of such social gatherings. As one male participant (FG5) says "you don't just want to be sat there". In other words young adults do not want to be 'just' spectators at parties, but prefer to be clearly 'committed' and willing participants. Not to drink alcohol might signal otherwise (Demant and Østergaard, 2007).

During the focus group discussions we did not encounter any personal concerns about excessive drinking, which is characteristic of young adult alcohol consumption (Measham 2004; 2006; Martinic and Measham, 2008; Measham and Brain, 2005). 'Drinking too much' or drinking at 'too early an age' were usually told as stories about friends, siblings or other family members. Especially amongst the older focus group participants, there was some discussion about how underage drinking could be considered 'morally wrong':

Male 1: "My small cousin gets drunk [unclear] and she's like 12. 12-year-old drinking.

Female 1: Is that the one that collapsed outside?"

Male 4: What?"

Male 1: Yeah.

Female 1: Yeah, she collapsed outside, right outside the door.

Male 1: No it weren't outside here it was upstairs near my room.

Male 4: That's crazy man.

Male 3: As if you'd let her drink in front of you like that.

Male 4: How do 12-year olds even get alcohol?

Male 4: How did they even get in here? 12 year-olds.

Male 1: She looks well older.

Male 3: That's crazy that.

Moderator: How would you tackle that?

Male 1: Take it off her.

Male 4: I didn't even know 12 year olds drank. It's just a shock. No one should start drinking until 17 – 16.”(FG8)

This discussion among the 17-24 year-olds culminated in a group consensus that drinking should not be permitted until at least 16 years of age. This is interesting because it fits with recently introduced UK government guidelines to parents.

Concerns about Legal and Illicit Drugs

Concerns about illicit drug use amongst focus group participants from 'mainstream' institutions emerged in the form of 'atrocious stories', most likely due to their limited personal experiences with illicit drugs. These stories could be characterised as a lay person's version of the 'gateway hypothesis' (Kandel, 1975). The gateway hypothesis proposed by Kandel (1975) suggested that earlier use of 'soft' drugs, particularly cannabis, could have a *causal influence* on the later use of other illicit drugs, resulting in a downward spiral of use of increasingly problematic or 'addictive' drugs, in particular heroin and cocaine. In the following quote, a female university student provides an account of her ex-boyfriend's pathway from cannabis to cocaine use:

Female 1: “Yeah. It makes me laugh. I don't know why they put it on Facebook... I know a guy who were, he was one of my ex's when I was about 14 and he used to smoke weed and when I started going out with him I didn't know this and I basically asked him not to do it anymore and he didn't and then when we broke up he started smoking weed again. And then he moved on and he got higher and higher and he was spending like £200 a week on cocaine, is that the one you sniff?” (FG1)

The gateway theory remains contested amongst researchers but still holds popular and political appeal. Despite the controversial and contested nature of the gateway hypothesis, it was the dominant discourse in our ‘mainstream’ focus groups, deployed by participants in their accounts of how friends or ‘friends of friends’ became too deeply involved with drug taking. This risk was presented as a key reason why one should abstain from all drug use, including cannabis, which was seen as a key ‘gateway drug’ (see also *Perceptions of Illicit Drugs*).

As use of illicit drugs other than cannabis was rare amongst the ‘mainstream’ focus groups, there were few stories of personal problems or bad experiences. However, in one case, a young woman told us about an uncomfortable experience with the legal hallucinogen salvia (see Sumnall et al, 2011 for further discussion of salvia):

Female 2: “Quite a few of my friends back home used to do weed but one of them used to get really bad on it, have so many whiteys and stuff but the rest of them just did it on a regular occasion like... and another thing that was popular in my group was salvia. I've only done it once and I'd never do it again. It's a really intense hallucination, you can't get out of and the feeling lasts for like 20 minutes... the hallucination lasts for about 5 minutes and then you sort of come round. Like you can't talk, you can just laugh hysterically or you run away. One of my friends tried running to a river once, like we were sitting in a field with a river... he just jumped up and ran. So I've seen some quite bad hallucinations from that. It's still legal, but it is really scary what it can do... Like my friend dribbled for 20 minutes... some bodies can't cope with it. Like I've noticed that, especially with one of my mates who ended up whitey-ing¹² all the time, like he'd still do it but his body could not cope.” (FG1)

Likewise, a few participants recounted feeling paranoid the first time that they smoked cannabis and said that they would not want to try it again.

¹² A ‘whitey’ refers to acute dizziness and nausea, often associated with cannabis consumption and specifically when consumed in conjunction with alcohol.

In general the young adults from institutions categorised as ‘marginalised’ were more ‘drugwise’ than the young adults from institutions categorised as ‘mainstream’, yet few of them mentioned any personal problems with drug use. In fact, in one interview, when the young adults were asked this question directly, they responded that – with the exception of cannabis – there were *too few* drugs available in their area:

Moderator: “What do you think is the biggest problem in relation to drugs?”

Male 1: Not enough drugs about, that’s what I say. There’s not. There’s really not. It’s all weed... around here weed is so easy.

Male 2: No one touches weed anymore.

Male 1: They do. Each person I know smokes weed, except from me and they smoke it each day. But like, me, I don’t like weed at all. I hate weed because it’s just boring as hell. Weed is so boring. It is honestly.” (FG8)

The discussion segued into a debate about the pleasures of cannabis smoking (see below). Only when the young adults were asked about specific problems, such as absence from school, did they come to the conclusion that there may have been some negative consequences related to their illicit drug use¹³:

Moderator: “Has it ever disrupted your work?”

Male 2: Yeah, it affects stuff like that.

Male 1: I have.

Male 4: Missed a lot of college, due to getting high. I miss a lot of college. Makes me sleep in until 3 o’clock.

Female 1: Every time I see him, [unclear] he says I can’t be arsed to come into college today.

Male 4: It’s cos I was high the previous night.

Female 1: I’m surprised you ever have any money.

Female 2: He doesn’t.

¹³ See Melrose with Turner, Pitts and Barrett (2007) for a detailed discussion of the relationship between ‘heavy’ cannabis use and youth transitions from school into college or work.

Male 4: No, I do.” (FG8)

One question raised in the focus groups was whether they felt any pressure with regards taking drugs specifically in situations where they were not in a suitable mood to do so:

Male 2: “It depends innit. It affects you how you want. If you’re being peer pressured into it and you have a bad trip, you’ll be fucking just schizin¹⁴ for hours, [unclear] hallucinating and that. But if you’re proper up for it, you’re most likely to have a decent trip, you’ll just be fucking laughing your tits off and that for hours. It depends dun’ it, what mood you’re in. It depends on whether you have a good trip or a bad trip.”(FG7)

Being pushed by peers into taking a drug when the individual’s state of mind was receptive (“*proper up for it*”) was one of the only explicit mentions of the possibility that peer groups might influence an individual’s own drug-taking decisions. Personal responsibility for alcohol and drug-taking decisions is a prevalent discourse in wider society (O’Malley, 2002; O’Malley and Valverde, 2004). Amongst these young adults there seems to be little support for the notion that they felt pressurised by peers into consuming drugs; however, as with ‘media influence’, individuals often maintain that whilst *they* are discerning, ‘clued-up’ consumers and are not influenced by others, *others* are (Gauntlett, 2005). However the young adults did say that they felt ‘left out’ at social occasions if they refrained from consuming alcohol or drugs, or did not consume enough to become intoxicated/socially disinhibited, illustrating the influence of friendship groups on individual behaviour.

Preloading and Excessive Drinking

This section discusses the LDAAT EDT Phase Two focus group findings on what has become known in the research literature as ‘preloading’. Preloading is defined as consuming alcohol typically in domestic

¹⁴ A slang term for schizophrenic.

spaces (ie. in the home or at a friend's or family member's home) prior to going out in the NTE (Wells et al, 2009; see also Forsyth, 2010). In the LDAAT EDT Phase One surveys, we found that among those surveyed in four Lancashire town and city centres, 66% of the women reported preloading compared with 49% of the men (Measham et al 2011a). Furthermore, preloading was most common amongst NTE drinkers aged 18-24 (the survey age range was 16-51 years), with preloaders reporting consuming an average of eight units of alcohol before going out, with no significant gender differences. Once people had come out, they reported then drinking an average of another eight units in the NTE¹⁵. Once out drinking, men drank about 10 units of alcohol whereas women drank about seven units, highlighting that some gender differences remain in NTE consumption patterns, if not in domestic consumption.

In the LDAAT Phase Two focus groups, preloading (sometimes called “predrinking” by participants) was discussed most by the university students (FG1 and FG2). The tone of these discussions was ‘matter of fact’, with preloading being presented as an accepted part of student life:

“Well you just pre-drink in your flat before you go out normally. Until about 11 o'clock, I normally do and then get a taxi to one of the clubs.” (FG1, male)

Due to their age the main setting for drinking by sixth form students was at house parties when parents/guardians were absent, rather than in the NTE, so they rarely engaged in preloading, although they did provide some valuable insights into why preloading might be more prevalent amongst young women than young men if indeed this is the case (see below). For university students, the social settings for preloading were halls of residence on campus, and fellow students' houses if living off-campus, which often resulted in problems with, and complaints about, noise. When asked to describe a typical night out, preloading was mentioned immediately, with saving money highlighted as their principal motivation for this practice:

Female 1: “Normally my set of friends would be in one of our flats and like pre-drink as such for like, probably like two hours. We don't tend to go out until midnight or something. We

¹⁵ See also Tables 6, 18, 27 and 28 in Appendix C of the LDAAT EDT Phase One report (Measham et al 2011a).

always go out late then go to like a club, that's literally all we do. We just pre-drink and then go to like one club, unless it's really bad then we go to another one.

Moderator: Is that a similar thing that other people do?

Several: Yeah.

Female 2: It's because the bars are quite expensive, it's cheaper to get drink at the Uni a bit more and then not drink as much out." (FG2)

Reducing expenditure on alcohol as a motivation for preloading has been highlighted in previous studies (eg. Forsyth, 2010; Hughes et al, 2007). However as one female participant suggested, what might start as a way to save money might result in the opposite effect: the more drunk a person becomes before going out, the more likely they are to stay out drinking, to be less inclined to moderate their drinking and also, if they are already drunk when they enter a bar or club, they are unlikely to switch to consuming non-alcoholic drinks:

Female 1: "Cos you still buy them anyway when you get out. Cos you don't want to be stood there with no drink. If like you get thirsty you're not going to go to the bar and say 'can I have a coke?', cos you've just drank loads of like vodka or something so you get a vodka and coke." (FG1)

Another motivation for preloading is suggested by the female university students, which to a certain extent mirrors discussions about drinking at house parties amongst younger participants in focus groups 3-5, namely confidence and the ability to cope with other intoxicated people out and about in the NTE:

Female 1: "So like I would never go out sober, 'cos it scares me what drunk people are like, it scares me personally. So I have to be drunk to scare other people basically." (FG1)

These women's motivations for preloading highlight how alcohol can communicate that a person is a *participant* rather than a (sober) *spectator* in a night out. Alcohol is also framed as an individual and group 'coping mechanism' for the hedonistic spaces of the Lancashire NTE. However, a third and

unforeseen reason for preloading was safety, raised only by the female participants in the focus group with FE college students (FG3). The women were responding to a male participant's story about how his two older sisters never used to preload, but circulated around NTE venues to find familiar faces:

Male 1: "My two sisters who are 24 and 26, they never used to pre-drink or anything. I did ask them about it because I was quite interested 'cos I went out with my sister once and she would go out to the random bars and stuff and see who was there. She wouldn't even bother meeting up with people, she'd just see if she'd bumped into, she wouldn't pre-drink or anything.

Female 1: I'd be too scared going on my own.

Female 2: Yeah so would I.

Male 3: You just don't know who's about do you?

Female 1: Yeah you don't know who's going to be out. And you've always got someone to go home with as well." (FG3)

Drinking together in domestic spaces before going out into the NTE, at least for these women, secures a responsibility for looking after one another when intoxicated later in the evening. It could therefore be argued that preloading – through its role in the establishment and maintenance of friendship groups – helps women feel safer once out in the NTE. However, according to these female participants, preloading can also result in becoming too intoxicated and bring the night out to a premature close. As one woman explained, it is not uncommon that *"you get out of the taxi when you arrive and then you're sick, so you just get back in."* (Female, FG2).

Perceptions of Illicit Drugs

Introduction

This section presents the young adults' attitudes towards illicit¹⁶ drugs. Firstly, we discuss recent research on risk perceptions and drug use. Secondly, we present young adults' perceptions of illicit drugs and reveal a process of negotiation during one 'mainstream' focus group in relation to the acceptability of cannabis use. Thirdly, we present the drug experiences of the young adults from 'marginalised' institutions and their risk perceptions of illicit drugs. Finally we discuss the confusion around mephedrone and 'Bubble', with Bubble initially presented as a popular drug among more 'marginalised' young adults but later discussed as a substance that they now distance themselves from.

Risk Perceptions and Attitudes to Illicit Drugs

It is well established (Graham, 1996; Danseco et al, 1999; Calafat et al, 2008) that young adults' use of illicit drugs is influenced by their perception of drugs as risky and/or pleasurable (Becker 1953; Measham et al, 2001; O'Malley and Valverde, 2004; Parker and Stanworth, 2005; Holt and Treloar, 2008; Duff, 2008), with users often articulating in discussion the costs and benefits of their drug use (Parker et al 1998). The nature of the relationship between attitudes, perceptions and use of illicit drugs is much debated, with some research suggesting that it is an interdependent relationship: for example, the perception that a specific drug is 'less risky' may initiate first use. If initiation proves to be a positive experience it may lower the person's perception of the drug as risky and lead to continued use (McDonald and Towberman, 1993; Benthin et al, 1995). However young adults' perceptions of drugs as risky is also strongly associated with other characteristics such as gender: studies show that men tend to hold more positive views of drugs and be more willing to 'take risks' compared to females (Pedersen, 1991; Danseco et al, 1999; Lee et al, 1998; Svensson, 2003; Warner et al, 2008).

¹⁶ As previously noted, 'illicit' is here used to refer to both illegal drugs (controlled under the Misuse of Drugs Act 1971) and also to those drugs which are not currently controlled but which are not socially acceptable to use in public leisure settings (for example, novel psychoactive substances or so-called 'legal highs').

Various studies have identified an association between drug-related attitudes and behaviours. For example, a recent mixed methods study by Järvinen and Østergaard (2011 forthcoming) identified four positions which characterise the relationship between young adults' perception of illicit drugs as risky or pleasurable and their own and their friends' use of illicit drugs: an anti-drug position, an ambivalent position, a transitional position and a pro-drug position. These four groups draw on the four groups identified in the drug pathways typology in the NWELS (Parker et al, 1998) which identified key pathways through adolescent and young adulthood which were linked to past drug use, future intentions and drug-related attitudes. Current drug users tended to hold more positive attitudes towards drugs; abstainers held negative or neutral attitudes towards drugs; former drug users who also held negative or neutral attitudes and an in-transition group (including both those who had and had not tried drugs but were all open to the possibility in future) tended to hold neutral attitudes towards drugs. The surprise in the NWELS longitudinal data set was just how much movement there was between these four drug pathways as individual respondents were tracked making and remaking drug decisions across the course of their teens and twenties (Aldridge et al, 2011).

In the EDT Phase Two focus groups with young adults across Lancashire, the drug attitudes of the young adults accessed via 'mainstream' institutions could be characterised as being between the abstainer and in-transition groups in Parker et al's typology. The drug attitudes that were characteristic of the young adults accessed via the 'marginalised' institutions varied between in-transition, former trier and current drug user positions, with current user predominating.

"I don't see the point of drugs!"

University students, further education college students and school pupils expressed a more negative attitude towards illicit drugs, with any drug use, including cannabis smoking, presented as largely unacceptable and potentially risky by most participants. However in these focus groups there were a few dissenting voices from this majority view; one or two (usually male) participants would 'admit' that they were occasional or regular cannabis users. In one focus group with university students, one woman declared early on that she *"didn't see the point of drugs"* (FG1), she would never be friends with people who took drugs and would even end a friendship with someone if she discovered that they took drugs. When one of the male participants declared later in the focus group that he smoked cannabis and that there was a "drug culture" on campus, the woman said this came as a big surprise to her. She visibly

blanched and said to the cannabis-smoking young man “*you don’t look like the sort of person that does drugs*”, which resulted in laughter from other focus group members. Though the young man did not seem concerned by this comment, he quickly stated that even though he smoked cannabis regularly, he did not miss his essay deadlines. This statement was put forward in contrast to the drug ‘atrocities’ which up to this point had dominated the focus group.

Cannabis users occupied a marginal position in the group discussions in the ‘mainstream’ institutions. After they ‘admitted’ to cannabis use, they then worked to reassure other participants that their cannabis use was ‘under control’ and that they were nothing like the “*druggies*” presented in the focus group’s anti-drug discussions. Consider the following quote:

Male 1: “I know someone who like smokes weed everyday and they are proper shaky, like really really shaky. It calms them down but... they’ll be wrapping like, a zoot¹⁷ there [unclear] and they’re hands will be all up there shaking

Female 2: I don’t know why they don’t get bored of it, smoking every two minutes.

Female 1: I know

Female 2: They should get bored, shouldn’t they?

Male 1: I admit I’ve done it before and I’d do it again. I wouldn’t make a living of it, I know what it can do to you.

Female 1: But don’t you get bored smoking fags?

Female 2: Umm no.

Female 1: Exactly.

Male 2: But fags are more a social thing though innit really.

Female 2: They’re just different, they’re not drugs are they?

Male 1: ‘Cos people know that weed can’t harm you as bad as a lot of fags do. Fags can cause cancer, it makes you stink, it does loads of stuff to you, but weed doesn’t. It can make you stink.” (FG3)

¹⁷ ‘Zoot’ is a slang term for a cannabis cigarette (also known as ‘Joint’ or ‘Spliff’)

This highlights how, despite general acknowledgment that a process of normalisation of cannabis use occurred in the UK from the early 1990s onwards (Parker et al, 1998; Aldridge et al, 2011), some users still have to negotiate a degree of stigma attached to cannabis use as ‘risky’, marginal and deviant (see for example Hathaway et al, 2011). By comparing cannabis favourably with ‘fags’, the male respondent draws on public health discourses around tobacco’s harmful effects (“*fags can cause cancer*”) although this is countered by the female participant’s point that cigarettes are “*just different, they’re not drugs are they?*”. The social acceptability of different substances can change over time and place (Bancroft 2009) and may vary according to young people’s friendship groups and preferred leisure practices (Smith et al, 2011). Cigarette smoking, for example, has experienced a change in its social acceptability – or denormalisation (Parker et al 1998) – particularly in light of the public smoking ban introduced in the UK in 2007. In addition, prevalence of tobacco use amongst under 18s has fallen following the rise in the legal age of sale in 2007 from 16 to 18 (Fidler and West 2010).

“I enjoy it... it’s my life... but I’m not a crack head”

In the focus groups in ‘marginalised’ institutions, a more positive attitude towards drugs was articulated: participants talked less about illicit drug use as risky and concentrated instead on its pleasures. For instance one male cannabis user said: “*I enjoy it. A lot. Like it’s my life. I worship it*” (FG6). Another male cannabis user provided a detailed answer to the question why he enjoys smoking cannabis (below) which culminated in a group discussion about which is more pleasurable, cannabis or ecstasy pills:

Male 4: “No but when I’m high, I honestly, I don’t care about what other people think. I’m having a good time in my head. A well fun time.

Female 2: Yeah he really doesn’t care.

Male 4: No I don’t give a crap. I’m just like watching TV and everything seems so intense, I’m really into it and I’m like yeah this is the best thing I’ve watched, like an episode of Corrie¹⁸. I don’t care what people say.

Male 1: I love pills and that.

¹⁸ ‘Corrie’ is slang for the popular, long running ITV soap opera called *Coronation Street* which is set in Salford.

Male 4: Weed's good for music as well.

Male 3: What it makes it sound better does it?

Male 4: Yeah. I've been on some crazy trips. Like just off weed I've just like smoked a few joints, put like my Playstation on, put some music on and watched the visualisations for like an hour and just had a proper good time with it. I've never really had a bad experience with weed, apart from like a whitey once which was horrible.” (FG8)

However, holding a positive attitude towards drug use should not be interpreted as meaning that these young adults considered all drug taking to be without risks. There was a clear distinction between what was perceived as non risky, pleasurable and therefore acceptable, and its unacceptable opposite. This dichotomy between acceptable ‘recreational’ drug use and unacceptable ‘problem’ drug use, also evident in the NEWLS (Aldridge et al, 2011), became particularly apparent when the young adults were asked to rank various illegal drugs as part of a focus group exercise. Focusing on cannabis one participant said:

Male 1: “You can't overdose on it... so that's right at the bottom....I mean it's legal as well in some countries innit. Obviously Amsterdam, being the drug capital of Europe...You never ever really hear about shit going on in Holland do you? 'Cos everyone's always chilled out. There's never any wars around there is there? With us we're all just a bit fucking loopy in England.” (FG7)

In opposition to cannabis, the young adults ranked heroin as being the most potentially addictive drug by painting the familiar stereotype of the dirty ‘junkie’:

Male 2: “I've seen meth heads fucked up, they're a proper mess

Male 1: [Unclear] Don't they give you meth to get off smack though?

Male 2: Fuck knows, I don't know

Male 2: I don't know myself either, but I've seen the state of people they look fucking dreadful [unclear]. They'd do anything for just a little bit. They have to have it every day

without fail. A good few times a day as well. [Unclear] They're fucked up. [Unclear] Fucking dirty as fuck].” (FG7)

Young adults in both the ‘mainstream’ and the ‘marginalised’ institutions expressed these views of problem drug users (PDUs), and in doing so, firmly distanced themselves from daily, dependent drug users, with the young adults referring to “*bag-heads*”, “*crack heads*” and “*smack heads*”. A recent UK report summarising the research evidence about the stigmatisation of PDUs, including its impact on users and their families, notes the preponderance of the ‘dirty junkie’ discourse in UK media and beyond (Lloyd 2010):

“The general public perceives problem drug users to be dangerous, deceitful, unreliable, unpredictable, hard to talk with and to blame for their predicament. Young people may have more negative views in this respect than adults.” (Lloyd, 2010: 8)

Although young adults from the ‘marginalised’ institutions generally held more positive attitudes towards ‘recreational’ drugs such as powder cocaine, ecstasy and Bubble (but see below) - perceiving them to be relatively safe and in some cases pleasurable - heroin and crack cocaine were presented as risky. The lack of sympathy for PDUs amongst the young adults in ‘marginalised’ institutions was used to emphasise that they, by contrast, controlled their drug use. The discourse that illicit drug use is only acceptable if it is controlled use dominated discussions in the ‘marginalised’ focus groups. This is similar to the discourse in the ‘mainstream’ focus groups regarding cannabis where users emphasised that they were in control of their use, referring to how they did not smoke every day or were still able to meet essay deadlines ‘despite’ their cannabis use. This echoes with research on binge drinkers who, even if they intend to get drunk on a night out, still aim to retain enough self control to negotiate a safe journey home and to fulfil whatever commitments that they may have (eg. work, sport) the next day (Measham and Brain 2005).

Mephedrone, Bubble and Sniff

Bubble was clearly better known than mephedrone amongst all focus group participants. According to the short survey completed by 42 young adults at the end of the focus groups, 26% of focus group participants reported lifetime use of Bubble, but only 12% reported lifetime use of mephedrone. Overall, as Measham et al (2011b) note elsewhere, there remains confusion and uncertainty about the names, content and effects of these substances:

Female 1: "Bubble is disgusting.

Male1: There's so many different forms of it.

Male 2: There's MCAT and M1 and its all different and they're all classed as Bubble but it's not, it's different.

Male 1: M1's well good. Bubble is just like [unclear]

Male3: MCAT is cheap.

Male4: Plant food innit.

Male1: Plant fertilizer." (FG8)

It was the young adults from the institutions categorised as 'marginalised' that reported Bubble and mephedrone use, saying that these drugs were easy to access but that the quality varied considerably. Most of the young adults reported negative experiences with these drugs:

Male 1: "Bubble. I had a trip off that. Horrible. I was sat there not talking, I was sat there for hours.

Moderator: Is that enough to put you off?

Male 1: Yeah. I didn't feel right and that.

Male 2: I just couldn't fucking stand the smell me.

Male 1: [Unclear] You sweat and that. You go hot and cold and stuff like that. It's horrible.

Male 2: I just can't stand the smell, me. It's dirty. It's a proper distinctive smell as well. Once you've smelt it you can smell it everywhere... [unclear] it's a proper distinctive smell." (FG7)

Young adults from the 'marginalised' institutions indicated that the criminalisation of mephedrone had diminished its popularity and that it was now 'a drug of the past'. MDMA (or 'MD') was described as

replacing mephedrone. When asked to explain what MDMA was, one respondent said *“it’s just like a very intense cocaine”* (FG8). Indeed the content and effects of ‘legal highs’ and the more established street drugs appeared to be shrouded in confusion (Brandt et al, 2010; Measham et al, 2011b). In FG6, participants explained that “sniff” was cocaine then teased the moderator about it, before making a more general point about the unknown content of the drugs that they consume (see Measham et al 2011b for further discussion of ‘unidentified white powders’):

Moderator: “When you say sniff, what do you mean?”

Male 2: Cocaine.

Male 2: Ecstasy, bubble.

Unknown male: Crack.

[Laughter]

Unknown male: Whizz

Male 1: That’s that I think.

Male 2: Yeah. Fuck knows. All sort of shit floating about isn’t there? You can take anything really if you want a buzz.” (FG6)

The young adults in the marginalised institutions reported that drugs such as Bubble were easily accessible from street dealers and in the case of some ‘legal highs’, from internet sites. Among the participants in the ‘mainstream’ focus groups, information about Bubble and mephedrone came mainly from second hand sources such as friends, newspapers and social networking sites. As one student explained:

Female 3: “Quite a lot of my friend’s did it at home.

Moderator: When it was legal or when it was banned?”

Female 3: Both. They’re at different universities. Oh this sounds quite harsh, the people that did it are at the low universities and didn’t do that well at A level and stuff.

Male 1: [unclear] A certain kind of person wants to take it and they’re the ones that are going to go out and party more and stuff like that... it depends on the kind of person that wants to take it.

Female 3: Yeah like the people that took it are complete party people and didn’t really care about A levels and they’d turn up and just like do it and then sit the exam kind of thing and

come out and they got what they got and they went where they went. It was like sixth form was just a social thing. Which yeah it was a bit, like obviously some of us did well and come out with decent grades and went to good uni's and others are just at uni just like for the sake of being there for cheap drinks." (FG2)

In this interview, taking Bubble was associated with hanging out with the 'wrong' kinds of people who end up at lower status universities, distinct from their own perceived higher status and "drug free" university. In this sense Bubble is presented as a drug taken by people who do not care about its content as long as they experience a stimulant effect, concurring with the findings on Bubble from the EDT Phase One surveys (Measham et al 2011b):

Female 1: "I think the name M-CAT makes it sound really really bad. Like I don't know anything about it, if someone said that I'd think it was really bad. All I know is like that people that live around where I am, like the people that do take drugs 'cos on Facebook they always put it like at weekends is bubble and I know a lot of people take that. I don't know what it is... I just know that everyone in Burnley takes that... Apparently it's a mixture of cocaine and stuff. You like sniff it, apparently. I know all this because a girl put up [on Facebook] on Friday 'sniffing some bubble' [laughter]." (FG1)¹⁹

Polysubstance Use

There was only limited discussion in focus groups of polydrug use (taking more than one illegal drug at the same time) or polysubstance use (taking illegal drugs with alcohol): when it was mentioned it was usually by participants in the 'marginalised' institutions. However, polysubstance use was mentioned as a common occurrence amongst a few of the participants. Below are two quotes from young adults who contrast the perceived benefits of taking stimulant drugs such as cocaine to 'sober up' after drinking alcohol, whereas smoking cannabis could lead to a whiteout or "whitey" after drinking:

¹⁹ In the EDT Phase One surveys of Lancashire NTE customers Burnley had the lowest levels of use of Bubble, both lifetime and recent, whereas Lancaster had the highest levels (Measham et al 2011a).

Male1: “Drink and then sniff, you go sober, so really cannabis is better on its own, you can’t smoke weed while you’re drinking, you’ll whitey.” (FG6)

Male 1: “See with me, when I normally drink and get drunk I take drugs, it sobers you up. And you sober up straight like that.

Unknown male: What drug’s that?

Male 3?: Coke.

Unknown male: Ah yeah [laughter]... [unclear] A line of coke.

Moderator: So that’s a good reason for having coke for when you’re drinking?

[Unknown male agrees].” (FG9)

The consequence of mixing alcohol with cannabis – a “whitey” – was often discussed in the focus group and therefore this was considered by most drug users as a combination to be avoided. By contrast, mixing alcohol and cocaine was reported as a positive experience, with cocaine helping drinkers to “sober up” and continue drinking if they felt that they were becoming too intoxicated, and alcohol helping to “take the edge” off cocaine.

Accessing Information about Alcohol and Illicit Drugs

In this section we focus on LDAAT Phase Two focus group participants' access to information about alcohol and illicit drugs, including from family members, teachers, peer groups and the media. With regards the latter, although we were interested in the young adults' access to information about alcohol and illicit drugs through 'traditional' media such as print-based publications, television and films, we concentrated on 'new' digital media, particularly social networking sites (SNS) which are popular with young adults. Indeed according to the most recent Office of National Statistics (ONS) national population survey, social networking is the most popular activity amongst internet users aged 16-24, with 91% of this age group reporting using sites such as Facebook or Twitter (ONS, 2011:4). To this end, we briefly review data on prevalence and patterns of UK internet use to provide a broader context for these young adults' attitudes towards, and experiences of, using ICTs to access information about alcohol and illicit drugs. Focus group participants also discussed school-based drugs education and local (drug) services.

Alcohol and Illicit Drugs Education

Focus group participants cited various sources from which they obtained their information about alcohol and illicit drugs. These sources included drugs education at school/college, TV programmes (both fiction such as *Casualty* and documentaries such as the BBC 3 series *How Drugs Work*), church, outreach work from charities such as Addaction, friends, their social milieu (ie. "the streets"), SNS such as Facebook (through status updates and uploaded photos) and the internet more broadly (Google, Wikipedia, Talk to Frank).

Young adults participating in one of the university focus groups reported receiving differing levels of drugs education at school, ranging from no drugs education (see first quote below) to primarily harm reduction messages (see second quote below):

Female 1: "We never had lessons on drugs and alcohol at school. They'd mention it and then say and then this leads to sex! [Laughter] And then it was sex education. Literally we

thought oh god we can't drink 'cos we'll have sex [laughter]. That's what we thought. We only ever had an alcohol talk when we got to Year 13 when we was 18 and everybody had been drinking alcohol before that. We had to sit there and pretend we'd never had it before." (FG 1)

Female 4: "They were always really open about it in our school, about drinking and drugs, they were always just like 'we know you're probably going to do it but this is what could happen' and then showed you like videos of people who like...there was one about ecstasy where you know you can drink too much [water] afterwards and it like kills you. They were like 'this is what can happen so it's up to you' and then it's like 'don't drink too much water, do this, this and this'. Not like they were giving advice to do it but they were like we're not going to be ignorant about the fact that you're going to." (FG 1)

The majority of young adults felt that the school-based drugs education they received and the way in which alcohol and particularly drugs are portrayed in television programmes was inaccurate, patronising and presented a one-sided view that *"drugs are bad"* which aimed to *"scare"* rather than educate. Other young adults were unimpressed by *"out-of-date"* drug education materials, perhaps unsurprising given the rapidity with which the illicit drug market is changing in the 'legal highs' era (Measham et al 2010). In discussing the content of drugs education received at school, participants stated that:

Female 1: "They're normally really cringey videos...from 7 years ago.

[Others agree]

Female 2: Like patronising, cheesy videos.

Female 1: They're all like 'Oh if I try drugs I'll be cool' [In a sarcastic voice]. Make them more realistic". (FG5)

Female 2: "Most of the time in schools or in colleges or whatever they just put scare tactics on you and they don't give you the full information. They just say no, you do this and this will happen.

Male 1: You will die this way

Male 4: That's a stupid idea. It's like the big red button – you know you're not allowed to press it 'cause they tell you not to press it so you do it anyway." (FG8)

Indeed even at university, where young adults are usually over 18 years of age in England and Wales, it was still felt by some that they were being patronised by the drugs information directed at them:

Male 1: “Also like, I think people are kind of more appreciative of information that actually tells you the facts as opposed to like propaganda: ‘I don’t take ecstasy ‘cos it’s going to take ice cream scoops out of your brain’ [unclear] ... ‘what’s it actually going to do to you, here’s the risks and blah blah blah’ and people decide to take it or not to take it. I think people would rather be able to make their own decisions. And get told [unclear] the facts and make their own decisions about what to do. All across campus they have posters like ‘don’t do drugs’ with syringes and stuff [laughter], it’s a bit heavy, you know, chill out. So I think they should make it a more realistic view of what’s really going on.” (FG2)

For those young adults who had already taken drugs, “unrealistic” portrayals (regarding ecstasy in the above quote) and “heavy” anti-drug images (“with syringes and stuff”) were felt to be at odds with their lay knowledge and/or irrelevant to their own patterns of drug-taking. ‘Just Say No’ messages were dismissed as simplistic, particularly by older participants. This resonates with the call for ‘strategic pragmatism’ (Parker et al, 1998: 162) in drugs education policy in light of the ‘media-savvy’ nature of British young people. Today’s mediascapes are dominated by sophisticated, identity-oriented advertising images for alcohol products, alongside positive drug-related imagery (for consumer goods such as holidays, clothes and cosmetics) (Taylor, 2000). It is also worth reminding ourselves that the first generation of so-called ‘legal highs’ were available ‘at the click of a mouse’ for this generation who are for the most part *au fait* with digital technologies (Measham et al, 2010).

For many young adults, it was not just *what* was being said to them, but *how* it was said, and *by whom* that mattered. For example, it was suggested by the younger participants that both the content and tone of drugs education in school was determined by how it was taught and who it was taught by:

Male 1: “It depends what teacher you’ve got. Our form teacher’s a drama teacher and he’s proper keen to get everyone talking about what there is but sometimes like... our old teacher he wasn’t really keen on saying anything, he just wanted to fill in forms and stuff.” (FG5).

Male 2: "I think some teachers should be designated to actually be PD... and like actually go to the lesson, instead of going in your form groups. So if it's PD sessions then it should be confidential." (FG5)

Male 1: "I found that I got a lot of information from when I was about 13 onwards in PHSE and schools and things and then since then I done a load of courses like The Prince's Trust course and it was pressed in there. The thing is and its part of the problem, they're sort of shooting themselves in the foot here... it's always shown in a negative light, always something you must not do! Must never do! ... So everybody does it because it's forbidden. It's like forbidden fruits. Like Garden of Eden." (FG3)

The coverage of some television programmes was seen as helpful in their relative balance between the positive and negative aspects of illicit drug use. Such programmes also acted as a 'springboard' to further discussion amongst the focus group participants, as the excerpt below demonstrates:

Male 4: "Those BBC 3 shows are good. When they describe what drugs do and stuff. The cannabis one was so funny, 'cause it was like the first one they did they set out to show you that weed was bad and then like they show the bad side of it, it does have a bad side and then at the end they were like it's not that bad.

Female 2: It was that old guy, that hippie guy who was growing his own.

Male 4: Every time they do one, they come to the conclusion that it's bad for some people and if it is don't do it and other than that it's alright.

Female 2: It's not as bad as alcohol anyway, definitely not." (FG8)

The Use of the Internet and Social Networking Sites

According to the ONS Labour Force Survey, by mid-2011 just over 41 million adults (82% of the UK population) have ever used the internet. Young adults are more likely than older people to use the internet: amongst those aged 16-24 years, nearly 99% have used the internet, compared to 57% of those aged 65-75 years (ONS 2011a). Amongst 16-24 year olds there is little gender difference between

lifetime internet usage rates, although gender differences increase according to age group (ONS 2011a). There is continuing concern about the UK's so-called 'Digital Divide'. For example, those living in Lancashire are less likely to have ever used the internet (81%) compared to those living in London (86%); whilst those on lower incomes (under £200 gross weekly pay) are less likely to have ever used the internet compared to those on higher incomes, with almost all of those on over £1000 gross weekly pay using the internet.

There have been significant changes to the ways in which those in the UK, notably young adults, access and use the internet. Accessing the internet over a mobile phone has grown fastest amongst those aged 16-24, and it is this age group that is most likely to visit SNS when on their mobile internet (ONS 2011). However, these figures tell only a small part of the digital story. More sophisticated analyses of internet usage and access figures identify different types of users in the UK and Europe, including non-users, sporadic users, entertainment users, instrumental users and advanced users (Brandtzaeg et al, 2011). Without exploring what internet users *do* online, it is hard to assess how not only internet access, but also differential usage, might impact upon the amount and quality of information that young adults receive and produce themselves to post on user-generated content sites such as image-sharing site YouTube and music-sharing site Soundcloud.

There has also been a push in the last decade or so towards 'digitising' information on and access to the UK's public services (eg. Directgov). However, this has led to fears that the 'Digital Divide' is becoming more entrenched in relation to access to the UK's public services, as age, broadband access and household income all impact on access to e-government initiatives (Dwivedi and Williams 2008). Multi-platform campaigns have also been undertaken by government departments. For those in the drugs field, the 'Talk to Frank' anti-cocaine campaign is one of the most familiar of these campaigns, which incorporated the 'Pablo the Drug Mule' multiplatform campaign (posters, television advertisements, a 'cocaine basement' website, Youtube posts and Facebook page). Focus group participants were asked about their views on the government funded 'Talk to Frank' website. Responses ranged from one participant not knowing there was a 'Talk to Frank' website; one who found it "*hilarious*" (Female 1, FG3); another having a friend who used the site having taken a drug in order to "*understand the biology of it*" (Female 6, FG 2); and those who found it "*quite useful*" (Female 3, FG1).

Social networking sites such as Facebook were widely used by participants and although Twitter and Formspring were cited by some, these were not as popular. Given the pervasive use of SNS such as

Facebook as well as personal technologies such as mobile phones, participants were asked their views about receiving alcohol and illicit drugs information through these platforms. The extracts below show how responses were divided between those who preferred the 'de-personalised approach' (virtual contact such as receiving advice via email or on internet forums) and those who preferred the 'personalised approach' (talking face-to-face with someone):

Moderator: "So something face-to-face in college is not necessarily the best idea.

Male 3: No.

Female 1: I hate people who try and talk to you like...

Male 1: If there's no way of tracing it back to you, if it's just something where you don't have to put your personal details in, you can just make a username be yours or that sort of thing and... there's zero chance of it going back to you. Because I'm always worried things will come back to me, even if it's nothing to do with me... [unclear] I'm always worried it will come back to me and haunt me at some point. Whereas if it's just a random thing where you don't even have to put in your email address, well maybe your email address but your name and that lot, that will probably be the best way to get people". (FG3)

Moderator: "What about websites and mobile phones? Are they good ways to pass information on to kids these days?

Male 2: It could be. If you got a text or something, or a phone call, it's like a bit of a lecture, can't be arsed really.

Moderator: So you reckon talking face-to-face?

Male 2: Yeah, 'cos then you can't really just turn around could you and say 'nah I don't wanna do it, I'm not listening' " [Male 1 agrees] (FG7)

Focus group participants' concerns about anonymity lent support to the idea of receiving advice and information over the internet. However, others disliked this idea due to privacy and legal concerns²⁰, stating for example:

Male1: "Police can read it on Facebook

Female: I know yeah, why would you chat about your business in Facebook like that?" (FG6)

Two participants discussed how they preferred the 'personalised' expert approach of a local service they had accessed called 'Talkwise':

Male 2: "You can talk to them, it's not like you're talking to a computer.

Female 1: They've got like doctors there and stuff like that." (FG5)

Participants also drew on ideas about 'the future', imagining fantastical possibilities for using ICTs, particularly SNS, to expand the possible routes of access to information about alcohol and illicit drugs. Such discussions prompted lively debate and often hilarity. For example one pregnant young woman who was currently not drinking or taking drugs suggested:

Female 2: "A simulator. A simulator to simulate the effects of drugs and alcohol so you wouldn't actually have to go out and do it.

Several: Yeah [laughter]

Male 1: No.

Male 2: That would be awesome wouldn't it? That would be pretty good.

Female 2: And you could use that for schools. Simulate hangovers and no one would ever want to try alcohol". (FG8)

²⁰ This is particularly pertinent given the publicity surrounding cases of young people being given custodial sentences for 'inciting riots' via SNS in the summer of 2011 (Bowcott 2011).

Conclusions

The first aim of Phase Two of the LDAAT EDT research programme was to explore in detail the *attitudes* of young adults across Lancashire towards alcohol and illicit drug use. The second aim was to investigate the *experiences* of young adults across Lancashire regarding alcohol and illicit drug use. Furthermore, the LDAAT EDT Phase Two focus groups provided an opportunity to elaborate on themes arising from LDAAT EDT Phase One, including preloading with alcohol prior to entry into the Lancashire NTE; the seeming ubiquity of cannabis use and the emergence of ‘skunk’; and the confusion around mephedrone, Bubble and other ‘legal highs’. Focus groups were chosen as a data collection method because they enable young adults to talk about alcohol and drug issues with their peers in their own words, albeit with guidance from experienced moderators.

Having reiterated the aims of and reasons for the focus group research with young adults across Lancashire, we turn to our *Conclusions*. These then feed into the *Policy Recommendations* which have been produced in conjunction with LDAAT.

Cannabis: Ubiquitous but a bit boring?

Despite some negative attitudes towards illicit drugs being expressed by some young adults during focus group discussions (see for example the section “*I don’t see the point of drugs*”), we found evidence of the continued ‘normalisation’²¹ of cannabis in the north west of England in 2011. What is noticeable regarding the attitudes of young adults from both the ‘mainstream’ and the ‘marginalised’ institutions was that most were ‘drugwise’ in relation to cannabis (ie. they were familiar with the drug, its slang terms, effects and so forth); most spoke about cannabis as a relatively easy drug to access; and most spoke about having either tried cannabis themselves, or having friends who had tried it. Indeed amongst

²¹ The normalisation process has six dimensions, including: drug availability measured by drug offers; drug trying measured by lifetime prevalence; current usage; intended future use; being ‘drugwise’; and cultural accommodation by wider society (Parker et al 1998). See Aldridge et al (2011) for a discussion of the development of the concept in recent years.

the 42 participants who completed the focus group short surveys (76% of the total sample), lifetime prevalence for cannabis was high at 66%, whilst past month use stood at 29% and past week use stood at 22%.

However the story is a little more complicated than this implies. One aspect of the development of the normalisation debate in recent years has been an exploration of the ‘micro-politics’ of normalisation (Pennay and Moore, 2010). Put simply this highlights that only certain drugs, amongst only certain groups of young adults, and even then only in certain contexts, are ‘normalised’. So ‘club drugs’ such as ecstasy pills and MDMA powder may be broadly accepted by clubbers as part of electronic dance music (EDM) cultures (Measham et al, 2001), although use and acceptability varies between and within different EDM ‘scenes’ (Measham and Moore, 2009). It would seem that cannabis is very much a feature of these Lancashire young adults’ lives. However, some young adults from ‘mainstream’ institutions positioned cannabis as a ‘gateway’ drug which leads the unsuspecting into a downward spiral of drug taking likely to end in addiction to cocaine or worse. Here cannabis was not completely and unconditionally ‘normalised’. More prosaically, some school pupils (FG5) and some young offenders (FG9) spoke of cannabis and cannabis use as being “*boring*”, highlighting a key aspect of the normalisation thesis: that just because a drug is ‘normalised’, it does not necessarily mean that it is taken by the majority, nor that it is perceived as being “*cool*” or “*sick*” (FG3) by everyone.

Alcohol: Drinking to get drunk

Across all nine focus groups it was clear that alcohol was used for the purpose of getting drunk with friends. ‘Determined drunkenness’ (Measham, 2004) has been identified as a key and now familiar feature of UK young adults’ alcohol consumption from the mid-1990s onwards. In the LDAAT Phase One NTE Surveys (Measham et al, 2011a), alcohol ‘preloading’ before entry into the NTE emerged as a common activity, particularly amongst women. Preloading was also discussed at length by female participants in the Phase Two focus groups, notably by university students and to a lesser extent by FE students. The main motivation for preloading was to save money by becoming intoxicated at home and hence buying fewer drinks once in the NTE. A secondary (positive) consequence of preloading was the facilitation of female friendship in domestic space before a night out, which might have a protective effect once out in the NTE. It was acknowledged by our participants, however, that for various reasons,

including lowering of inhibitions when drunk, preloading might not be the panacea for the cash-strapped reveller it is often presumed to be.

MDMA Powder or 'MD': A return, or maybe an arrival?

It has previously been noted that in the face of low purity levels and the rapidly declining cultural kudos of ecstasy 'pills', MDMA powder/crystal (also known as 'MANDY' or 'MD') was growing in popularity, although it remained difficult to access for some young people (Smith et al, 2009). Discussions with young adults in the LDAAT EDT focus groups bore this out, with MDMA powder or 'MD' proving to be the source of much excitement and positive discussion, particularly amongst the young adults in 'marginalised' institutions. Such discussions can be situated in light of recent conjecture that in some UK regions (including the north west of England) and amongst some groups of drug users (festival goers and EDM clubbing enthusiasts) we may be witnessing "the return of the £10 pill" (Dick and Torrance, 2010); or rather, amongst those too young to remember ecstasy the first time around, the arrival of an exciting *new* substance to replace mephedrone (characterised as a drug of the past) or to add to existing polydrug repertoires.

In relation to MDMA powder/crystal and the changing availability of street drugs, it is worth noting that much as we found in LDAAT EDT Phase One (Measham et al, 2011a) and reported to the wider academic and practitioner community (Measham et al, 2011b), there is currently a great deal of confusion amongst young adults in the north west of England about the differences and similarities between mephedrone, Bubble and second generation 'legal highs'. Some respondents thought mephedrone and Bubble were different terms for the 'same' drug; whilst others thought that they were different terms for different drugs albeit with similar effects. Both issues (MDMA/MD and mephedrone/Bubble/legal highs) highlight the rapidity of change in the region's drug market, as well as in user tastes and experiences, and the value of discussions with young adults, some of whom will be at the 'sharp end' of such changes.

“Bag heads”, “smack heads”, “crack heads”

All the young adults participating in the LDAAT EDT Phase Two focus groups, whether attending institutions characterised as occupying 'mainstream' or more 'marginalised' positions in wider society, vehemently distanced themselves from users of heroin, methadone and crack cocaine. The intense stigma attached to being a 'bag head', 'smack head' or 'crack head' and the lack of sympathy for problem drug users was at times disturbing to the moderators. For any young adults who do take these drugs, the barriers to seeking help if needed from friends, family members and/or service providers in the face of such relentless stigma are likely to be close to insurmountable, particularly given that this stigma also encompassed the legitimate prescription use of methadone by “*meth heads*” (FG7)²². The corollary to this stigma may be that some young adults are discouraged from experimenting with heroin or crack.

Drugs Education: Too little, too late, and so not “sick”

The young adults participating in the focus groups were generally unenthusiastic about the alcohol and drugs education they had received. Many felt that drugs education was something that had happened in their school careers and that their current drug related questions, problems or needs as young adults were not catered for. If they remembered any drugs education in their lives (which many said they didn't) they ridiculed it as being too little, too late and frankly a bit 'sad' (the opposite of “*bad*” or “*sick*” [FG3]). Hence the 'age-appropriateness' and 'cultural-appropriateness' (or otherwise) of such education emerged as a key issue. A note of scepticism also emerged amongst the young adults as to the purpose of alcohol and drugs education, especially those campaigns funded by the government (such as 'Talk to Frank') which were viewed as something of a joke particularly amongst the more 'drugwise' teenagers (see also Measham et al, 2011c). The motives of government campaigns were viewed as suspect, although it was not clearly articulated as to why such suspicion might be warranted. At the very least the 'age-appropriateness' and 'cultural-appropriateness' of universal campaigns can be questioned, given

²² See Fraser and Valentine (2009) for a discussion of the stigma surrounding methadone and opioid substitution programmes.

the wide disparities in drug-related attitudes and experiences by the young adults we interviewed, and as has been identified in much of the research literature (Parker et al, 2001).

The focus group discussions suggest that whilst the use of the internet and SNS is widespread, there are mixed feelings about whether these are the most appropriate and effective ways for delivering alcohol and illicit drugs information and advice, particularly in light of privacy and legality concerns. While the respondents had some suggestions about innovative ways to present such information and advice, an overriding concern was the need for more “*realistic*” and balanced information and advice, rather than the platform through which it was delivered. Indeed there seemed to be surprisingly little enthusiasm for using digital technologies (notably SNS and mobile phones) as alcohol and illicit drug information platforms, although this may be related to the lack of enthusiasm about such information more generally. Without prototypes of such technical platforms, it proved hard to engage the young adults in discussions about their preferences or to get them to speculate about future technological possibilities. Few amongst the young adults from ‘marginalised’ institutions owned smart phones, thus presenting only limited possibilities for alcohol and drugs information, harm reduction advice or brief interventions via such technologies.

Policy Recommendations

- 1) In today's media-saturated environment, young adults want alcohol and drugs information to be 'legitimate' ("*realistic*" information about "*what's really going on*"); visually arresting; interactive (that is involving user-generated content that they and their peers can contribute to and comment on); and - for those fortunate enough to have access to the internet and smart phones – available in a multitude of media platforms. Whilst new technologies need to be incorporated into drugs service provision, a note of caution must be added regarding the need to acknowledge and address user access limitations and preferences. For example, whilst some young adults prefer 'virtual' drugs advice, others prefer face-to-face services and peer group provision.
- 2) Regarding young adult leisure, it should be noted that leisure venues have become increasingly alcohol-oriented since the mid 1990s expansion of the NTE, as well as increasingly effective in reducing underage entry. Investment is desperately needed in youth and young adult leisure; specifically healthy or 'risky' activities which could provide alternatives to (the 'buzz' of) risk taking linked to alcohol and drug-oriented leisure. Given the culture of being 'moved-on' (dispersed) by the police when taking part in *legal* activities with "the boys" which are perceived as anti-social, there are few alternative 'adrenaline rushes' not linked to drugs and other illegal activities for young adults. Such investment in such leisure services might seem unrealistic in a climate of global recession, UK public service cuts and post-riot reaction against young people. However, such investment should be seen as a *long-term cost saving measure* aimed at diverting young adults away from the criminal justice system and other services which currently attend to bored youth and disaffected young adults.
- 3) As much as young adults are united by their similar ages, they can be differentiated by the wide range of drug-related attitudes and experiences expressed here, from hostile abstainers through to regular recreational users. Given the diversity of attitudes and experiences expressed by the participants in this study, the importance of carefully calibrated and differentiated drugs education and service provision is vital for young people's services. Furthermore, a challenge exists regarding how to provide drugs education and information to the majority of drug users

who are aged 18 and taking drugs on a ‘recreational’ basis occasionally or more regularly, and who are no longer in education, not in touch with drug services and may not be in employment.

- 4) The ‘return’ of MDMA illustrates the need to revisit and revise drugs education and harm reduction messages for contemporary youth and young adults, as well as recognising that some younger users may not be familiar with the raft of advice which emerged during the ‘decade of dance’ with ‘safer dancing’ campaigns (Measham et al 2001).
- 5) Finally, rigorous academic research aimed at the local practitioner community remains crucial given (a) the swiftly moving situation regarding alcohol and illicit drug use in the north west of England, notably the emergence of preloading, new ‘legal highs’ and generic ‘pills’ or ‘powders’; (b) shifts in the cohorts served by alcohol and drug services in the north west of England, including the ageing opiate user population and young stimulant and steroid users; and finally (c) the rapidly changing environment of contemporary service provision, which demands a solid evidence base upon which to build innovative approaches to both familiar *and* emergent issues around alcohol and illicit drug use.

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