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‘To what extent has recreational drug use become normalised within a contemporary student population.’

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I confirm that this is my own work and that all sources used have been fully acknowledged and referenced in the prescribed manner.

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## Abstract

This dissertation measures the extent to which normalisation of recreational drug use has occurred among the student population at Sheffield Hallam University. Through the use of self completion questionnaires it looks at trying rates, levels of recent and regular use, and its accommodation by abstainers and ex-users. This dissertation found higher levels of recreational drug use than has been found in previous studies on the subject and high levels of acceptance of many illicit drugs. A significant rise in the use of cocaine was found, with a reduction in use of LSD. The students at Sheffield Hallam University appear to be normalised to the recreational use of cannabis, and to a lesser extent cocaine, ecstasy and nitrates. Of the drugs indicated only heroin, LSD and solvents had infrequently been tried or used often.

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## Introduction

The use of chemicals to alter the way we feel and see things is one of the oldest activities of the human race. It has always been a hot topic of debate, with distinct phases occurring throughout history. It is now often viewed as a deviant activity lived out by a minority of individuals, within a subcultural drug scene. The Home Office state:

“Drug misuse can cause many problems in our communities, from poor attainment in education to an increase in crime, and we, along with the rest of the government, are working hard to help individuals and communities overcome it.”

(Home Office, 2008)

The UK Government now control all of the drugs that are seen to be dangerous, with differing penalties for their graded and perceived danger. Literature emerging from the early 1990's however reported the increasingly widespread use of these banned drugs amongst very large numbers of ordinary, conventional young people across Britain. This dramatic increase of reported use throughout the 1990's made young peoples drug use the most written and broadcast about youth topic of the decade (Parker et al. 1998). It prompted a 'war on drugs' which was said to undermine public understanding of young people's drug use by circulating misconceptions and misunderstandings.

Today the UK now hosts the most drug-experienced youth and young adult population in Europe (Measham et al. 2001) with young Britons now taking as many drugs as their peers in the USA (Ramsay & Partridge, 1999). The majority of this use is recreational consumption, involving cannabis, ecstasy, amphetamines and cocaine. The amount of drug use reported by British youth and young adults has resulted in a strong case for viewing this drug consumption as having a visible place within contemporary popular cultures, rather than as a deviant, subcultural pass time, as it has been perceived in the past. There is little doubt that this level of drug taking poses major dilemmas for our society, with evidence of well educated male and females

breaking the law regularly, who cannot be written off as delinquent ‘no hopers’. Therefore this social transition needs to be understood in terms of how it fits into this ‘risky’ post-modern world (Parker et al. 1998), possibly leading to necessary changes in the UK drugs policy.

The central research question for this dissertation is ‘To what extent has recreational drug use become normalised within a contemporary student population’. It aims to discover how normalised, if at all, this drug use is and whether or not it has changed since the original studies in the 1990’s. The Normalisation thesis, proposed by Parker et al, (1998) describes the spread of ‘drug activity and associated attitudes from the margins towards the centre of youth culture where it joins many other accommodated “deviant” activities such as excessive drinking, casual sexual encounters and daily cigarette smoking’ (1998:152). They stated normalisation does not have to be concerned with absolutes, just the extent to which drug use is regarded as usual or commonplace amongst both users and non-users.

This dissertation is looking at a student population to discover how normalised drug use is amongst them. It will not look at causes or reasons for using drugs, but simply how often they are used and how they are perceived by recreational users, abstainers and ex-users. The minority of young ‘problem’ users do not fit into this theory of normalisation, indicating these subcultural drug scenes do still exist. Students are seen as young adults with little responsibility, and plenty of ‘time-out’, which was highlighted by Measham et al.(2001) to be a key factor in drug use, therefore it would be expected for their drug use to be normalised within this community. This dissertation will give a snap-shot of a cross-section of students’ drug using and accommodation beliefs to judge the extent of normalisation to critique or support the earlier theories.

The following chapters include the Literature review, which gives a deeper look at what normalisation actually is, discussing the surrounding research both supporting and conflicting the normalisation thesis. The methodology chapter explains the research design and strategy, clearly plotting out how the primary data is collected and any practical and ethical issues that need to be considered. The third chapter is the results chapter, which shows the findings of the questionnaires, focusing on those that indicate normalisation the most clearly. Taking each measure of

normalisation in turn it shows the findings and then relates them to the previous research, showing similar or conflicting results, and explanations for this. Finally the discussion section brings the entire dissertation together, answering the Central Research question, discussing where the study should lead and concluding with the purpose of the dissertation as a whole.

## Literature Review

This chapter will present an overview of the surrounding literature that is relevant to the debate over the normalisation of illicit drug use in contemporary society. To what extent has recreational drug use become normalised in adolescent society? And do the current trends of student's perceptions and beliefs about drug use adhere to Howard Parker's Normalisation Thesis (Parker et al., 1998) or have they been over emphasised? The leading researchers in the normalisation thesis are Parker, Aldridge and Measham, who have undertaken extensive research on adolescent drug use in the UK, namely The North West Longitudinal Survey, with research spanning over 15 years. In their book *Illegal leisure* (1998) they describe their normalisation thesis as:

How a 'deviant' often subcultural population or their deviant behaviour is able to be accommodated into a larger grouping or society... Normalisation in the concept of recreational drug use cannot be reduced to the intuitive phrase 'it is normal for young people to take drugs'; that is both to over-simplify and overstate the case. We are concerned only with the spread of the deviant activity and associated attitudes from the margins *towards* the centre of youth culture where it joins many other accommodated 'deviant' activities such as excessive drinking, casual sexual encounters and daily cigarette smoking. (1998, p.152)

The remaining literature is comprised of critiques of this perspective with supporting and contrasting evidence from Shiner and Newburn (1997) whose study found starkly different results to those of Parker et al (1998, 1995) through different methods. This is important because the original findings of Parker et al. (1998) only show one side of the picture. Other literature about cultural representations of drugs, and their imagery in everyday life by Taylor (2000) has an impact on this as he takes into account that drugs are discussed more frequently than in previous generations. Also the belief that drug use and crime go hand in hand is discussed by Hammersly (2003) which will be briefly looked at in relation to students' experiences of crime and drug use. Following this, a study by Harling (2007) which looks at illicit drug use among 'socially included' professionals who are able to maintain full-time jobs in line with 'controlled drug use', which is important because it exemplifies illicit drug use as possibly being further accepted among many individuals. This review will then go

on to discuss the previous studies which look specifically at student drug use and the patterns that have been found (Webb et al. 1996. Makhoul et al. 1998).

Parker et al's The North-West Longitudinal Study monitored the normalisation of drug use across 465 young people's adolescence from 1991. Their 1998 publication *Illegal Leisure* placed drug use firmly in the context of popular youth culture and suggested that the gradual acceptance was due to social change and a more demanding route to adulthood. They went on to suggest that an extended adolescence, such as changes in the labour market and more youths attending university prolongs the period of dependency and lack of responsibility. This results in a further lag of financial independence into later years and more 'time out' (Parker et al. 2002). Therefore students should be especially normalised to drug use, more so than that of the general population. They measured normalisation by looking at: access and availability, drug trying rates, rates of regular drug use, attitudes towards sensible drug use (especially of non-users), and the degree of cultural accommodation of illegal drug use. Their research found availability of drugs remained high with over 90% of participants having been in drug offer situations. Accessibility was highest for cannabis, followed by 'dance drugs', with cocaine showing the steepest climb. Also they found half the abstainers have friends who have used cannabis and two thirds of abstainers held tolerant or approving attitudes of drug takers. This strongly suggests that 'sensible recreational drug use over the time of their study seems to be becoming increasingly accommodated into the social lives of conventional young adults.' (Parker et al, 2002. p941). Parker et al. (1998) are keen to point out that daily 'hard' drug use and addiction form no part of their conceptualization. The minority of hard drug users are not regarded as recreational drug users by most of their peers and therefore do not make up any part of normalisation. There are many criticisms of this theory which will be discussed in turn.

Measham et al. (2001) looked at the case of post-adolescents and club culture, finding clear signs of an increase in recreational drug use with lifetime trying rates of cannabis at nearly 100%, with rates for amphetamines, LSD and ecstasy in the 60-90% range. (Measham et al. 2001). This was a more focused look at drug use, which may relate to the student population in this study, being post-adolescent twenty-somethings with a lot of leisure time and the well-known notoriety of 'clubbing' among students. The methods used in their studies started using self report questionnaires, moving on to interviews further along the longitudinal study. The

questions used by Parker et al. (1998) and Measham et al. (2001) successfully gained the desired information, and therefore this dissertation uses a similar structure and questioning style.

A major critique of this thesis was developed by Shiner and Newburn (1997) stating that 'claims about the extent and normative context, of youthful drug use are exaggerated and inaccurate' (1999, p.142). They proposed that the normalisation theory presents an over emphasised view of drug use when in reality the majority of young people refrain from using illicit drugs. Shiner and Newburn (1996) conducted a study where they interviewed school children coming towards the end of compulsory schooling, in the most deprived local authority in the country according to the 1991 Census. They found most young people have negative attitudes towards drugs and many of the non-drug users often associate drug use with crime. They took this to discount the normalisation of drug use as illicit drugs were not accepted by all participants. The interviews were however mainly conducted in the child's school which may have encouraged the participants to respond in a socially desirable way thus reducing the validity of the interview data.

Shildrick (2002) also questions the normalisation debate stating it is too expansive a concept, 'which does not allow for the ways in which some types of drugs and drug use may or may not be normalised for some groups of young people (2002, p47). Shildrick suggested it doesn't allow an appreciation of the complexity and diversity in young people's experience, and is a potentially destructive concept. These contrasting studies simply give the other side of the picture, showing that there is little agreement to what normalisation actually is, with contributors evaluating statistics, producing opposing or conflicting results.

Taylor (2000) argues that normalisation is not whether young people perceive drug use to be 'normal' but the 'predominance of drug related imagery' that results in drugs in a recreational context being regarded as an every day feature of their life, regardless of whether they approve of it or not (p333). Therefore by looking at the cultural representation of drugs in the lives of students, normalisation may be simply due to the fact young people are now more 'conversant' with illicit drug culture than previous generations. This is highlighted throughout the media, more so than in previous generations, placing illicit drugs and their use in the forefront of our minds. Measham et al. (2001) highlighted a plateau of drug use as the young people became more mature showing signs of moderation, suggesting it was the longer, more

uncertain journey to adulthood that caused the gradual increase of illicit drug use. Again suggesting students, at this cross-sectional time of study, will be strongly normalised to illicit drug use. Whether or not the participants use illicit drugs their knowledge and availability of these drugs will indicate to what extent normalisation has occurred and how they have or have not been accepted into mainstream society.

There have been many studies stating substance use and offending are strongly associated and the same risk factors tend to predict both behaviours. Hammersly et al. (2003) looked at the normalisation of substance abuse among young offenders. The study confirmed drug use was highly normalised among young offenders and found them to take more drugs than their peers. However 'substance abuse was not the main cause of their problems', nor a subsidiary symptom that will vanish when their other problems are treated' (2003, p13). It goes on to look at the risk factors involved in getting into crime where substance abuse and delinquency develop around the same age. However the substantial increase in young peoples illicit drug use over the last twenty years is unlikely to be explained by underlying increases in the classic risk factors Hammersly highlights:

'Drug use is so prevalent among young people that in some forms it may now occur without it being explicable by specific 'risk factors'' and 'may in turn complicate the classic association between drug use and delinquency' (Hammersly, 2003. p2).

Patton, (2002, cited in Hammersly) states drug use may be normalised amongst young offenders as much as amongst young people in general, thus discounting any need for the often highlighted relationship between young offending and drug use, with more young people not fitting into these risk groups trying drugs for recreational reasons. This dissertation will aim to discover if there is a link between offending and illicit drug use among the sample of students, although some of the obvious 'risk factors' which often lead to substance abuse, such as school exclusion or poor education should not have a bearing on current university students.

All participants who admit to having ever used illicit drugs have committed a criminal offence. The extent to which they can or would be prosecuted depends entirely on the circumstances and the current drug policy at the specific time. Parker et al.(1998) looked at a large group of adolescents, the majority of which did not have criminal records and were firmly integrated into mainstream society, hence the belief

drug use has become normalised. Harling (2007) looked at the 'controlled drug use' of six participants in full time employment, concluding: 'controlled, illicit drug use can be maintained by "socially included" individuals' (2007, p10). This provides a contradictory viewpoint to the recent, reoccurring focus on the links between drug use and crime, which has shaped much of the drug policy within the UK.

There have been several previous studies into student drug use, as they provide a large, easily accessible sample. Makhoul et al. (1998) and Webb (1996) produced surveys looking at substance abuse at UK Universities which both found little evidence to suggest that regular users of illicit drugs were different from the normal population of students. They found 20-25% were regular users of cannabis and 10 % ecstasy. Makhoul et al (1998) suggests that previous researchers have been avoiding the real implications of their findings, which show that increasingly normal and rational people choose to take drugs because they like it and want to, and found no significant differences between health, personality and psychotic measures between abstainers and psycho-active drug users. This suggested drug use had become normalised and had become part of the lifestyle of a significant and non-deviant proportion of students. Davies and Coggans (1991) believe this is too threatening to contemplate. Webb et al. (1996) found 'drugs were taken mainly for pleasure and were perceived as a normal part of life for many students' (p.925). This study suggested a need for better education about alcohol and drugs in universities, although it has yet to be proven that education on health risks changes the participants lifestyle.

These national surveys only found a minority of dance drug users with only 3% being regular users. Measham et al. 2001 looked specifically at clubbers where over 70% had tried cocaine. With the well known link between student lifestyles and clubbing the rate should be higher than that found in the previous studies. Patton (2005) found the type of drug greatly affects the level of under reporting, with cocaine being the least validly reported, which he suggested was possibly due to the stigma associated with such drugs. Patton (2002, cited in Hammersly) also stated evidence that recent drug use is under reported more than life time use, which may also have a bearing on this dissertation. As the questionnaires are simply self report there is no way of accurately judging actual drug consumption levels.

Is drug use normalised among a student population? The evidence discussed leans slightly towards yes. However to what extent the cross-section looked at here is

normalised will become apparent. Taking into account the lack of risk factors faced by the majority of students suggests it should not be, however the majority of studies using a student population have found drug use to be a part of the lifestyle of a significant and non-deviant proportion of students (Makhoul, 1998). There is no feasible way to establish the external validity of the self-reporting questionnaires. Therefore, the under reporting mentioned above must simply be inferred, as with previous studies, as there is no way to accurately judge drug consumption levels over a lifetime.

## Methodology

To what extent is illicit drug use normalised among a student population is the focus of this dissertation. The sampling and design of this dissertation have been restricted on many occasions due to the available time frame given and the absence of funding. This chapter discusses how the research was carried out and designed, using the most adequate techniques available and feasible. The ethical and practical considerations are discussed and it is stated how they were overcome.

### Research strategy

This is a deductive dissertation, testing the theory of normalisation among a student population using self-completion questionnaires (Creswell, 2003). It uses a mixed methods approach, using concurrent procedures, converging both quantitative and qualitative data to provide a comprehensive analysis of the research. This has been used to strengthen the claims made by the participants and allows them to elaborate and give more detail. More specifically it uses a concurrent triangulation strategy which helps to offset any weaknesses and further confirm the findings (Creswell, 2003). The questionnaire contains both open and closed questions with a priority to closed quantitative methods

### Research design

Cross-sectional design was used collecting data at a single point in time to gain a body of quantitative and quantifiable data in connection with the variables to detect patterns of association (Bryman, 2004 p41). This allows relationships between variables and participants to be easily examined. Replicability with this design is possible as the exact procedures are specified and straightforward to reproduce. However internal validity is typically weak with this design as causal direction is often difficult to establish, producing associations rather than findings from which causal inferences can be unambiguously made (Bryman, 2004). However causation is not of the utmost importance, as it is looking at opinions and use of illicit drugs. Due to the non-random sampling used external validity is also questionable and the extent to which this can be generalized beyond the group of student participants is low. This

dissertation is simply looking at a snap-shot of students, to discover whether or not it supports the idea of normalisation and therefore it is not necessary to generalize it too far beyond the sample used. According to Bryman (2004) the ecological validity of this design may be jeopardised because the questionnaire itself disrupts the natural social setting by being asked to fill it in. However this is an unavoidable issue as the self-completion questionnaire is the best tool for the job.

### Method

The primary data will be collected via confidential, self-completion questionnaires distributed among the student population of Sheffield Hallam University, which takes approximately fifteen minutes to complete. The questionnaire consists mainly of closed questions with some open questions for elaboration and some detail, followed by further closed questions on a Likert scale (Somekh & Lewin, 2004). Due to time constraints and lack of funding, the self completion questionnaire is the most practical option. In comparison to interviewing they are a much quicker and cheaper method to administer, also ensuring there are no interviewer effects upon the participant or any variability on how the questions are asked, affecting responses (Bryman, 2004). Previous studies into trends of drug use such as Makhoul et al. (1998) and Webb et al. (1996) have successfully used these questionnaires, which also played a key part in Parker et al.'s (1998) longitudinal study, and Measham et al.'s work (2001).

### Sampling

Convenience Sampling will be used asking every student who passes the location if they could spare some time to fill out a short questionnaire (Creswell, 2003). Clearly a random sample or probability sample would be more desirable, giving each student at the University an equal chance of inclusion in the sample. This would create a more representative sample, keeping the sampling error to a minimum (Bryman, 2004). Again however the constraints of time and cost make this unfeasible. Obtaining a list of all of the students at Sheffield Hallam University would be possible, however once randomly selected, finding the participants would take up a lot of time to either travel to their homes or post the questionnaires which typically result

in lower response rates (Bryman, 2004). Also taking into account the cost of postage and return postage makes it unfeasible. The convenience sample will not be truly representative of the student population as some units of it may be selected more than others and therefore generalizing it to the wider population of students may be difficult. However by changing the time of data collection the sample will hopefully be wide enough to give a reasonably diverse sample.

The sample contained 76 participants as some of the questionnaires were completed insufficiently or incorrectly and were therefore discounted from the final analysis. By ensuring the sample size is sufficiently large it will give a wider, more encompassing view of students' opinions and experience with illicit drugs from a diverse group.

### Practical considerations

In a pilot of the questionnaire certain wording of questions was found to be confusing to some of the initial group. This was then modified before the actual questionnaires were distributed. As some people are unfamiliar with likert style questioning there may be some participants filling it in incorrectly however the instructions have been made as clear as possible to aid answering. As the questionnaires are handed out around a certain area this may miss a large number of students however the area selected is in a highly populated student area, and by varying the times of collection the participants have more chance of being varied.

Past research into the normalisation of drug use has often used longitudinal designs (Parker et al. 1998) incorporating questionnaires with in-depth interviews to discover trends over time. However, again as is the main restriction on this dissertation, time and cost make this impossible. Even though the questionnaires are anonymous some participants may be reluctant to admit to committing an illegal offence. As mentioned in the literature review under-reporting is often found in this research (Patton, 2005), therefore the validity of responses can, as with the previous research, be questioned.

### Ethical considerations

The participants are not deceived or misled in any way and there is no information withheld as it is simply looking at patterns and beliefs of drug use. Illicit drug use is a crime and therefore all of the questionnaires are anonymous and participants can in no way be identified by their responses. Participation is voluntary and the questionnaire states their right to withdraw at any point, where their questionnaire will be removed and destroyed. If any of the questions produce negative consequences, the number for FRANK, a drugs help line will be available on the questionnaire to all participants. As long as participants are not under the influence of drugs at the time of filling in the questionnaire they will be fully informed to the study. If however they are suspected as being under the influence, fully informed consent will not have been gained and will discount their data (Hall & Hall, 2004). As stated on the questionnaire by filling it in the participant is giving full consent for their responses to be used in further analysis, and by looking at university students all of the participants will be over 18 years old.

### Alternative methods considered but rejected

Alternative methods looked at include using a focus group of randomly selected students to take part in a discussion about the topic, however the views of both abstainers and users are important to the suggested normalisation of drug use and there would be the possibility of not getting a representative spread. Also time taken to transcribe the details of the group was not practical (Hall & Hall, 2004). Using structured interviews was also considered however to conduct interviews with the desired large sample size to increase precision of the sample was again not practical.

The use of a sequential model of analysis was considered, using quantitative closed question surveys followed up with qualitative interviews with any outlier cases which could give further insight about why some participants diverged from the quantitative sample. Again the problem of a tight schedule, and the difficulty involved in chasing up the outliers would make this difficult (Creswell, 2003 p221). As mentioned earlier the ideal design would be a longitudinal one to truly capture the participants' journeys with illicit drugs, possibly seeing the normalisation of drug use

grow with the participant. However this would be impossible without a budget and numerous years of follow up study.

For the scope of this dissertation the research design, strategy and method are the most suitable and feasible to process in the time frame given. Any of the other suggested methods have their negatives as mentioned above. In reflection the design as a whole was successful and the fieldwork gained some interesting findings. The data was then quantified and input into SPSS to view trends and relationships among the participants, using Univariate and Bivariate analysis.

## Results

This chapter analyses the results found from 76 questionnaires completed by students at Sheffield Hallam University. The questionnaire looked at similar measures to that of Parker et al's North-West Longitudinal study (1998), focusing on access and availability of illicit drugs, drug trying rates, levels of recent and regular drug use, attitudes towards sensible drug use (especially of non-drug users), and the degree of cultural accommodation of illegal drug use. Also the often associated relationship between drug use and offending is examined, by looking into participant's previous trouble with the police. The questionnaire included additional questions to this however they did not produce evidence for normalisation and therefore have not been evaluated here.

### Access and Availability of illicit drugs

The first dimension concerns the access and availability of illicit drugs without which normalisation cannot develop. Across the last decade school surveys have documented rises in this and have consistently shown a majority of respondents from around 15 years old can access drugs, particularly cannabis, quite easily (Goddard & Higgins, 1999). Aldridge et al. (1999) in their large longitudinal study found 80% reporting being in drug offer situations by 16 years.

*Table 1*

Percentage of participants ever been offered each drug.

Drug	Number of participants ever been offered (%)
Cannabis	93
Speed	33
Cocaine	67
Ecstasy	65
Heroin	5
LSD	16
Magic Mushrooms	34
Solvents	8
Tranquilisers	25
Nitrates	76
Any	95

A massive 93% of participants had been offered Cannabis, followed by 76% being offered nitrates. Heroin (5%) and solvents (8%) were the drugs that had been offered the least. Cocaine and Ecstasy were both high contenders too (Table 1). As noted in the literature review Parker et al. (1998) found over 90% of their participants to be in drug offer situations, with this research finding 95% (Table 1).

Table 2 shows Cannabis is the easiest drug to access (88%), followed closely by nitrates (78%) and Ecstasy (72%). A mere 9% believed it would be impossible to get Heroin with the majority (63%) being unsure. Heroin and LSD were seen as the most difficult to get hold of. This pattern is similar to that found by Parker et al. (1998), however the ease of accessing Cocaine and Ecstasy is higher in this study, with only 50% of their sample reporting it to be easy to access Ecstasy (72% in this study) and 40% Cocaine (compared to 63%) also there is a marked difference in access to LSD with previous studies finding it easier to access(25%) than found here (13%).

Table 2

How easy it would be for participants to get each drug if they wanted, (%)

	Easy %	Difficult %	Impossible %	Don't Know %
Cannabis	88	1	0	10
Speed	32	24	1	43
Cocaine	63	16	0	21
Ecstasy	72	8	0	20
Heroin	1	26	9	63
LSD	13	25	4	57
Magic Mushrooms	63	5	0	32
Solvents	63	5	0	31
Tranquilisers	29	20	3	49
Nitrates	78	4	0	18

Table 3

**Ever purchased Drugs to pass them on?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
yes	24	31.6	42.9	42.9
no	32	42.1	57.1	100.0
Total	56	73.7	100.0	
Missing				
System	20	26.3		
Total	76	100.0		

This study found 43% (Table 3) of the drug users have acquired and distributed drugs in a way which makes them arrestable for 'intent to supply' which is a key measure of normalisation. Passing on a Class A drug, can lead to a long prison sentence, yet this is the exact way most drugs are accessed at the point of consumption (Parker et al. 2002). Parker et al. (2002) estimated around a quarter of young Britons will have done this, stating the routinisation of breaching the law in respect of recreational drug use is a robust measure of normalisation to the point that authoritative sources are now recommending a change in the law to accommodate the realities of 'sorting' (Home Affairs Committee 2002, Cited in Parker 2002)

This however is a much smaller sample than that used in Parker et al.'s (2002) research and is therefore less representative. However the ease of accessing dance drugs is significantly higher than previously found, this could be due to the fact that this sample focused exclusively on students, whose notoriety for clubbing probably affects this and may be higher than that of the general population. Also living within a student community may increase links between friends and friends of friends. Overall this shows the participants in this study to be in more drug offer situations, and have easier access to dance drugs such as Cocaine, Ecstasy and nitrates.

### Drug Trying Rates

The majority of previous research has looked at long term indicators, finding adolescent drug trying in the UK had rose steeply across the 1990's. The normative nature of drug trying has been further demonstrated by the closure of gender differences. Traditionally far more young men than women would experiment with drugs, however during the 1990's many studies have recorded no significant differences by sex (Webb et al. 1996). Also noted is that drug trying is beginning younger and initiation routinely extends into young adulthood (Parker et al. 1998). However many studies have found recent drug use to be plateauing with the 1990's studies being at the highest level of drug use.

Table 4

Percentage of participants that have ever used each drug

Drug	Number of participants ever tried (%)
Cannabis	73
Speed	20
Cocaine	41
Ecstasy	37
Heroin	1
LSD	4
Magic Mushrooms	18
Solvents	3
Tranquilisers	15
Nitrates	59
Any	76

Table 5

Mean age of first use

Drug	Mean age of first use
Cannabis	15
Speed	18
Cocaine	19
Ecstasy	19
Heroin	16
LSD	17
Magic Mushrooms	18
Solvents	14
Tranquilisers	19
Nitrates	17

Table 4 Shows 73% of participants have tried cannabis, with nitrates being the second most frequently used (59%). Just under half of the participants (41%) had used Cocaine. Heroin (1%), Solvents (3%) and LSD (4%) were the least used. Cannabis and solvents were the first drugs used by most participants at the age of 15 and 14 (table 5). Cocaine, Tranquilisers and Ecstasy all the highest at 19. As has commonly been found in past research Cannabis is the most common drug used and is often the first, believed by many to already be normalised in society. Studies on undergraduates have found up to 60% have had some drug experience (Makhoul et al. 1998), whereas this study has found 76%. Makhoul also noted only 13 to 18% having ever used dance drugs, drastically lower than found here (Cocaine 41%, Ecstasy 37%). Interestingly the frequency of Cocaine use is higher than that of Ecstasy, a fellow dance drug, which has not been found by any of the major studies into adolescent drug use. Although the increasing use of cocaine was mentioned by Parker et al. (2002) as they noted a slight increase in use towards the end of their study.

*Table 6*

Ever tried any illegal drugs, Crosstabulated with gender.

**Ever tried any illegal drugs? \* Sex Crosstabulation**

			Sex		Total
			Male	Female	
Ever tried any illegal drugs?	yes	Count	35	23	58
		% within Sex	79.5%	71.9%	76.3%
	no	Count	9	9	18
		% within Sex	20.5%	28.1%	23.7%
Total	Count	44	32	76	
	% within Sex	100.0%	100.0%	100.0%	

**Symmetric Measures**

		Value	Approx. Sig.
Nominal by	Phi	.089	.437
Nominal	Cramer's V	.089	.437
N of Valid Cases		76	

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

Of the 76 participants involved in this study only 18 were abstainers (24%), having never tried drugs, with the majority (76%) trying drugs at some point in their lives (Table 6). As noted in recent research (Webb et al.1996) the once significant gap of drug use between the sexes is minimal, with 78% of males and 72% of females trying drugs (Table 6). As is shown by Cramer's V there is a weak statistical relationship (0.89) between the two, further stating there is a minimal difference. This is almost an exact replication of the results found in Parker et al's (1998) North-west longitudinal study (79% men, 73% women).

Shiner and Newburn (1999) proposed the majority of young people refrain from using illicit drugs, with this research discounting that further. This research found matching, and often higher levels of drug use than that found in previous research. The belief that adolescent drug use is beginning to plateau and level off may not be the case. A possible reason for the higher numbers found here could be that this study only looked at students who were over 18 years old with the mean age of 21, rather than younger age groups looked at by Shiner and Newburn (1997).

### Recent and Regular Drug use.

Research suggests drug use rises with age from 15 to the early 20's. Peaks have been noted in the 16-19 age group (Ramsay & Partridge, 1999) or the 20-22 year olds, finding over a quarter were recent users. The University student studies found between 20 and 25% of the samples classed themselves as regular drug users, primarily of cannabis with only 10% reporting they used dance drugs often. (Makhoul et al. 1998; Webb et al. 1996).

Again, as with the previous research, Cannabis is the most frequently and commonly used drug, with almost half of the drug users using it in the last month (48%). Cocaine was the second most frequently used, with 41% admitting using it in the last month. Tables 7 and 8 have excluded abstainers, showing solely the drug users recent and regular drug use. Some discrepancies were however found in participants reporting of their drug use. How the participants class themselves in relation to different drugs was noted in their responses, as it was often found that how recently they had used certain drugs (Table 7) did not relate to how they class the frequency of their use (Table 8). Table 7 reports the most recent use noted by the participant, as many did not follow the instructions correctly, it therefore needs to be looked at in conjunction with table 8 to see the full picture.

Table 7

How recently have you used each drug?

	In last week (%)	In last month (%)	In Last year (%)	In last 5 years (%)
Cannabis	25	23	29	23
Speed	0	13	60	27
Cocaine	3	41	48	7
Ecstasy	8	29	50	13
Heroin	0	0	100	0
LSD	0	0	0	100
Magic Mushrooms	0	0	39	62
Solvents	0	0	0	100
Tranquilisers	0	9	73	18
Nitrates	0	9	73	18

The under reporting of drug use has been highlighted by many researchers as a constant issue with this type of research. Table 7 would suggest there are at least 25% of participants who are regular cannabis users, who have indicated they have used in the last week, month and year. However, when looking at how the participants have classed themselves (Table 8) it does not correlate. A specific example of this is participant 017 who reported using Ecstasy, Cocaine and Cannabis in the last week, month and year, but only classed them self as a regular user of Cannabis and occasional user of Ecstasy and Cocaine. This was noted on numerous questionnaires and may reflect the participant's reluctance to admit to using these specific, stronger drugs on a regular basis, possibly due to the stigmatization linked to the regular use of these drugs. Patton (2005) found that the type of drug greatly affects the level of under reporting. However he found Cocaine and Heroin to be least validly reported on, due to the stigma associated with them. If this is the case, with Cocaine having the second highest number of occasional users, more detailed analysis may find a differently balanced picture.

*Table 8*  
How would you class the frequency of your drug use?

	Regular user (%)	Occasional user (%)	Ex-user (%)	Tried once (%)
Cannabis	20	45	20	16
Speed	13	40	20	27
Cocaine	10	65	10	16
Ecstasy	11	52	15	22
Heroin	0	0	100	0
LSD	0	33	0	67
Magic Mushrooms	0	23	15	62
Solvents	0	0	0	100
Tranquilisers	0	55	18	27
Nitrates	7	49	20	24

As mentioned earlier in relation to the university student studies the number of regular users is very similar to that found in this study. Mackhoul et al. (1998) found around 10% reported they use dance drugs (Cocaine, Ecstasy) often which is very close to this study with 11% reporting regular use and around 52-60% classing themselves as occasional users (Tables 7& 8). Measham et al. (2001) focused on drug-using populations within the night club scene, where there was a stark climb

with LSD, Amphetamines and Ecstasy in the 60-90% range, with cocaine slightly lower. In this sample Cocaine is around the same level as ecstasy and amphetamines in number of regular and occasional users, showing an increase in popularity and availability of Cocaine, as predicted by Parker et al. (2002). This cross section is not representative of the entire student population, and even though the participants fit into Measham et al.'s (2001) group of post-adolescent twenty-somethings with lots of leisure time, they are not as focused a group as the club culture they were looking at.

### Social accommodation of sensible recreational drug use

According to Parker et al. (2002) 'an essential measure of the scale of normalisation is the extent to which recreational drug use is personally and socially accommodated by abstainers and 'ex' triers'. As mentioned earlier Shiner and Newburn (1997) argued that young drug users 'feel guilty about illicit drug taking and that abstainers are steadfastly against such behaviour.'

This study asked abstainers and ex-users, if they have close friends or siblings who use drugs, does it bother them? Only 5 out the 21 (24%) did not have close friends who regularly use drugs. Of those who did the general opinion was that 'sensible' recreational drug use is acceptable and is a personal choice by each individual:

'Their drug use does not bother me, however I do worry for their health if they seem to be doing it a lot, or start injecting. I feel it is up to them.'

(Participant: 029)

'It's up to them up to the point where it starts effecting others'

(Participant: 048)

The only time it was noted as problematic was in relation to health concerns and addiction to heavier drugs, such as Heroin, where it may get out of hand. This was also noted by drug users as the main reason to 'abstain/ not use certain drugs' (Question 15), with Heroin specifically highlighted as a drug not to be used (Table 9).

This is strongly supported in the literature as a rational decision making process which is often accepted or at least tolerated by non-users or cautious drug triers (Parker et al. 2002). Only one of the participants stated they refused to be around their friends' drug use, but followed with the comment:

'...they are free to make their own decisions, I just choose not to join them'.

(Participant: 003)

*Table 9*

Why do you abstain/ not use certain drugs?

<b>Reason</b>	<b>Yes %</b>
Cost	24
It is illegal	29
Risk of arrest	20
Risk to health	71
Risk of a 'Bad trip'	34
Risk of death	62
Risk of addiction	53
Bad experience	13
Knowledge of a friend having a bad past experience	30
Risk of being ripped off	4
Don't want to disappoint family/friends	37
Other	16

When asked their opinions about accepting drugs in general, the abstaining participants reinforced their previous statements, however two participants did state they should not be used recreationally stating:

'I personally feel drugs are a waste of time, health and money. I feel all drugs are wrong because there are too many negative effects associated with them despite what people think. I feel drugs are only acceptable when used for medical reasons.'

(Participant:002)

This was found to be only two participant's opinions and seems to be justifying why they abstain personally. As this participant did not have any close friends who used drugs it cannot be known how they feel towards them. The majority of participants stated cannabis as being acceptable and is down to the individual's choice. Overall 84% of the abstainers held approving attitudes, higher than that found by Parker et al. (1998) (61.5%), however the small number of abstainers in this study may have restricted the validity of this.

Table 10 shows the majority (45%) of participants agree with the statement 'Sensible recreational drug use is acceptable as long as it does not turn into an addiction' this reinforces its acceptance into society, although from the responses of abstainers noted above, this percentage would be expected to be higher. The fact that Cramer's V shows a weak (.276) relationship between the drug users and abstainers views on the statement suggests both agree to some extent. This conflicts with the above findings, however still leans towards acceptance of 'sensible recreational drug use. Again due to the differences in numbers of abstaining and using participants the percentages may not be as accurate as would be found in larger studies.

Table 10

Crosstabulation of agreement with 'sensible recreational drug use is acceptable as long as it does not turn into an addiction' and 'Ever tried any illegal drugs?'

**'Sensible' recreational drug use is acceptable as long as it does not turn into an addiction \*  
Ever tried any illegal drugs? Crosstabulation**

			Ever tried any illegal drugs?		Total
			yes	no	
'Sensible' recreational drug use is acceptable as long as it does not turn into an addiction	Disagree	Count	12	8	20
		% within Ever tried any illegal drugs?	20.7%	44.4%	26.3%
	Agree	Count	30	4	34
		% within Ever tried any illegal drugs?	51.7%	22.2%	44.7%
	Indifferent	Count	16	6	22
		% within Ever tried any illegal drugs?	27.6%	33.3%	28.9%
Total		Count	58	18	76
		% within Ever tried any illegal drugs?	100.0%	100.0%	100.0%

**Symmetric Measures**

		Value	Approx. Sig.
Nominal by	Phi	.276	.056
Nominal	Cramer's V	.276	.056
N of Valid Cases		76	

- a. Not assuming the null hypothesis.
- b. Using the asymptotic standard error assuming the null hypothesis.

Cultural Accommodation

Parker et al. (2002) state that ‘assessing the extent to which the realities of recreational drug use are being accommodated in cultural understandings of normality are very difficult to make.’ They looked at the blurring of the licit (e.g. alcohol) with the illicit (e.g. cannabis and cocaine) as part of the weekend relaxation, which is routinely referred to by the media.

Table 11 shows that the majority (47%) of participants disagreed with the statement ‘Drug use is just a recreational activity, like drinking alcohol’. This indicates illegal drug use is not as accepted as the consumption of alcohol, which is to be expected, however 34% agreed with the statement and 18% were indifferent, showing less than half of participants disagreed. Cramer’s V shows a moderate (.411) relationship when crosstabulated with ‘Ever tried drugs’, showing the majority of drug users agree, with none of the abstainers agreeing.

Table 11

Crosstabulation of agreement with ‘Drug use is just a recreational activity, like drinking alcohol’ and ‘Ever tried any illegal drugs?’

**Drug use is just a recreational activity, like drinking alcohol \* Ever tried any illegal drugs?  
Crosstabulation**

			Ever tried any illegal drugs?		Total
			yes	no	
Drug use is just a recreational activity, like drinking alcohol	Disagree	Count	22	14	36
		% within Ever tried any illegal drugs?	37.9%	77.8%	47.4%
	Agree	Count	26	0	26
		% within Ever tried any illegal drugs?	44.8%	.0%	34.2%
	Indifferent	Count	10	4	14
		% within Ever tried any illegal drugs?	17.2%	22.2%	18.4%
Total		Count	58	18	76
		% within Ever tried any illegal drugs?	100.0%	100.0%	100.0%

**Symmetric Measures**

		Value	Approx. Sig.
Nominal by	Phi	.411	.002
Nominal	Cramer's V	.411	.002
N of Valid Cases		76	

- a. Not assuming the null hypothesis.
- b. Using the asymptotic standard error assuming the null hypothesis.

Table 12 shows the majority of participants agree with the statement ‘Film and television have desensitised the seriousness of drug use’ This is not necessarily a measure of cultural accommodation however it does show the extent to which drug use is seen and played down in the media, further demonstrating the issue of how often drug realities are discussed. The low Cramer’s V score (.121) shows the relationship with drug users is very weak and that both abstainers and users agree with this statement. This level of cultural accommodation was found in Measham et al. (2001) work, along with the Makhoul et al. (1998) ‘where the only thing they did not tolerate was intolerance itself’ (Pirie & Worcester, 1999. cited in Measham).

Table 12

Crosstabulation of agreement with ‘Film and television have desensitised the seriousness of drug use’ and Ever tried any illegal drugs

**‘Film and television have desensitised the seriousness of drug use.’ \* Ever tried any illegal drugs?  
Crosstabulation**

			Ever tried any illegal drugs?		Total
			yes	no	
Film and television have desensitised the seriousness of drug use.	Disagree	Count	14	6	20
		% within Ever tried any illegal drugs?	24.1%	33.3%	26.3%
	Agree	Count	28	9	37
		% within Ever tried any illegal drugs?	48.3%	50.0%	48.7%
	Indifferent	Count	16	3	19
		% within Ever tried any illegal drugs?	27.6%	16.7%	25.0%
Total		Count	58	18	76
		% within Ever tried any illegal drugs?	100.0%	100.0%	100.0%

**Symmetric Measures**

		Value	Approx. Sig.
Nominal by Nominal	Phi	.121	.576
	Cramer's V	.121	.576
N of Valid Cases		76	

- a. Not assuming the null hypothesis.
- b. Using the asymptotic standard error assuming the null hypothesis.

Drug use and Crime.

The belief that drug use and offending go hand in hand is widely held, with Hammersly (2003) finding drug use to be highly normalised among young offenders. However the results from this dissertation, and from surrounding studies have shown drug use to be normalised among adolescence and young adults from all walks of life.

This study found that the vast majority of participants have never been in trouble with the police (62%) (Table 13). Of those who have tried drugs, again the majority have never been in trouble with the police (55%). However this means 45% of the drug users have been in trouble with the police, not necessarily relating to drugs, whereas only 17% of the non-drug users have ever been in trouble with the police. The relationship here is weak (Cramer's V = .246) however it is still there. This could be quite easily related to the area they were brought up in, or peer groups. However an individual who seeks risks, such as taking drugs- possibly to alleviate boredom- may find themselves engaging in other nuisance behaviour which is often going to lead to contact with the police.

Table 13

Crosstabulation between 'Ever been in trouble with the police?' and Ever tried any illegal drugs?'

**Ever been in trouble with the police \* Ever tried any illegal drugs Crosstabulation**

			Ever tried any illegal drugs		Total
			yes	no	
Ever been in trouble with the police	Never been in trouble with the police	Count	32	15	47
		% within Ever tried any illegal drugs	55.2%	83.3%	61.8%
	Have been in trouble with the police	Count	26	3	29
		% within Ever tried any illegal drugs	44.8%	16.7%	38.2%
Total		Count	58	18	76
		% within Ever tried any illegal drugs	100.0%	100.0%	100.0%

**Symmetric Measures**

		Value	Approx. Sig.
Nominal by	Phi	-.246	.032
Nominal	Cramer's V	.246	.032
N of Valid Cases		76	

- a. Not assuming the null hypothesis.
- b. Using the asymptotic standard error assuming the null hypothesis.

Past studies on undergraduate samples have not looked in detail at this variable however Makhoul et al. (1998) found no significant differences in characteristics between drug users and abstainers, in relation to health, personality and psychotic measures. They found it to be a 'part of the lifestyle of a significant and non-deviant proportion of students' (Makhoul et al. 1998).

This study found the vast majority of participants have used illicit drugs, and gives evidence for sensible drug use being accepted by drug users and abstainers alike. As expected, Cannabis is seen to be the most common drug used, and most readily available. Interestingly however is the extent to which cocaine and ecstasy were reported as more easily accessible, and had been tried by significantly more people than has been found in previous studies. The regularity of drug use was found to be at a similar level to that found by Makhoul et al.(1998), however Cocaine had risen significantly, as predicted by Parker et al. (2002). Heroin, LSD and solvents were consistently the lowest offered, used and (with the exception of solvents) the most difficult to access. This indicates a reduction in popularity of LSD as the 1990's studies found it to be slightly more popular than indicated here.

A major indication of normalisation is how accepted the drug use is by abstainers. This study found their views to be generally accepting, as long as it didn't affect them or lead to serious problems. The extent to this was questioned in Table 10 however it maintained that the vast majority accepted sensible recreational drug use. Using these measurements of normalisation it has been found that dance drugs such as ecstasy, cocaine and nitrates have become more popular than when the previous studies were conducted. However they are not more frequently used than back in the 1990's. Can trying rates and social and cultural accommodation infer normalisation or as Shiner and newborn state, is the fact that the regular use of these drugs is still a minority activity thus discounting it. Yes it is common for drug taking to be

widespread when focused on lifetime use, however this may not infer normalisation. The results presented show drug taking is a common, widespread activity and is accepted by the vast majority of students, suggesting normalisation, possibly only of some drugs, has occurred.

## Discussion

This final chapter evaluates the findings of this research project and summarises the project as a whole. Comparing and contrasting to the evidence found by past studies it will go on to answer the central research question 'To what extent is recreational drug use normalised among a student population'. This will highlight the key debates surrounding the topic, and state what has been found by this research. Finally it will discuss the changes that should be made for future research and recommendations for possible changes to UK drugs policy.

As pointed out in the literature review, the research surrounding the normalisation of recreational drug use leans heavily towards agreement, due to marked changes in behaviour and attitude towards illegal drug use. This has been found through the use of student samples and large scale longitudinal studies throughout the 1990's with participants continuously reporting high levels of access and availability of drugs (most commonly cannabis, ecstasy and amphetamines), high trying rates, reasonably high levels of regular use and relatively high levels of social and cultural accommodation (Parker et al. 1998). All of these together are said to indicate the normalisation of recreational drug use, with the decision-making and risk-taking involved, becoming routine for many adolescents and young adults (Parker et al. 1998). However low reported levels of regular use of these drugs, which has been highlighted by Shiner & Newburn (1997) means it is still a minority activity, who go on to state the idea of normalisation is vastly exaggerated. Taylor (2000) believes it is normalised simply due to how conversant we are about the topic, and how frequently it is seen in the media, rather than how frequently they are used. The findings of trying rates are rarely disputed, however the extent to which recreational drug use is normalised is questioned. Shildrick (2002) labelled the concept as being too expansive, as it encompasses all drugs as being normalised. This was not over-looked by Parker et al.'s longitudinal study, as they noted the normalisation is based on the 'sensible' use of 'soft' recreational drugs such as cannabis, ecstasy and LSD, while they believe the use of 'harder' drugs is still contained within 'opiate' and 'cocaine' subcultures.

The main research on the normalisation of recreational drugs was conducted through the 1990's which saw the emergence of widespread drug use amongst very large numbers of ordinary, conventional young people, resulting in it being the most

written and broadcast about topic of the decade. This up to date study gives a view of the current situation, to discover if the prospected normalisation of recreational drugs has moved any further into mainstream society, and how current trends have affected the debate.

The measures of normalisation used by Parker, Measham and Aldridge (1998) were used as guidelines for this research, as these have been set out to measure the extent of each aspect. As shown in the results section, this sample of students showed higher rates of access and availability, with major differences found for cocaine, which has become much more popular, a recession was found in LSD and to a lesser extent, amphetamines. Overall the student participants in this study reported easier access to the popular drugs highlighted in relation to Parker et al's (1998) study. Trying rates were also higher than found in earlier research, again showing the same pattern of a rise in cocaine use and a fall in LSD. In general the frequency of use was very similar to that found in previous research on the general youth population and on student populations, with around a quarter of participants, using cannabis regularly. The abstainers and ex-users in the study were found to be highly accepting of their friends and siblings recreational drug use, with the vast majority holding the view that it is up to personal choice. Cultural accommodation was also acknowledged, with many agreeing drug use is on par with the consumption of alcohol.

These findings suggest recreational drug use is highly normalised among this student population. As has been found by the surrounding research, which has been replicated here, drugs have been used by the vast majority of participants and, in the case of certain drugs, is a common habit. The deviant activity of drug use has clearly encroached on the centre of student culture, and has clearly been accommodated into the surrounding society, as stated by the original definition of the normalisation of recreational drug use stated by Parker et al. (1998) in the literature review. As mentioned above, Parker et al. (1998) made the distinction between 'hard' and 'soft' drugs, which seems to of simply indicated those drugs that were popular to take recreationally at the time. This dissertation has shown a major increase in the availability and trying rates of cocaine, which was classed as a 'hard' drug at the time of their longitudinal study. Also the significant reduction in the use of LSD found here, in comparison to the high levels found previously, show that it is simply what is popular or possibly just easy to access at the time of study that gets highlighted.

The process of normalisation can clearly be applied to cannabis, as the vast majority of participants have tried it and is routinely found as the most frequently used drug. This is stated in all of the studies on drug use among youth populations, with many abstainers accepting this drug specifically as acceptable. However as this dissertation has found, increasing use of cocaine and ecstasy suggests they are becoming normalised as well with almost half of the participants having tried cocaine and the majority of those classing themselves as occasional users. Yes this is still a minority using them regularly, and should possibly not be classed as being normalised, as Shiner and Newburn (1997) pointed out, but the stark jump from previous findings suggests this number could continue to rise. As discussed earlier self reporting of drug use has been found to depend on the stigma attached to the drug being used. Patton (2005) found cocaine and heroin to be the most inaccurately reported drugs, which may imply the numbers reported here are significantly below the truth, possibly placing cocaine especially near to the levels of cannabis. The stigma itself however may act as an agent that prohibits the process of normalisation being applied to cocaine and other strong drugs. This was indicated in the results with numerous participants having used cocaine and ecstasy regularly, classing themselves as occasional users. This could be due to the stigma associated not with trying the drug, but with using it regularly, and the potential negative impacts of admitting that regular use to themselves.

The picture of drug use has clearly changed, with 'hard' drugs, in this study now being accepted and included in the realm of 'soft' recreation. Is this an indication of all drug use becoming normalised? Probably not, this is simply evidence of fluctuations in drug trying patterns. To confirm the statement that 'recreational drug use is normalised among this student population' still brings up many difficult questions. The fact that the drugs that are being used recreationally and can clearly move between 'hard' and 'soft', with the possible exception of heroin, suggests that overall use is normalised within the current cultural standing. To say specific drugs have become normalised is difficult and too focused a concept to give, which may be found to differ from place to place depending on what is popular or easy to access. Moreover 'recreational' drug use at a specific point in time may be easier to handle. It is culturally and socially accepted by the majority of the population surrounding drug users (fellow students), but can possibly work to further 'demonise and pathologize youthful drug use' (Shildrick, 2002) as it could be used by those outside the

student/youth population, detrimentally against them. It therefore needs to be taken in context as it is a very wide concept.

The surrounding cultural and social accommodation of drug use is clearly the most valuable measure of normalisation, and when put along side the high trying rates, produces a strong argument in agreement. As long as drug use remains recreational and does not sway to the problematic it may be classed as normalised. This reflects the general consensus found in the responses of abstainers and ex-users, where it is acceptable as long as it doesn't turn into an addiction, or start affecting their lives and those around them detrimentally. This seems to be an obvious statement to make as it could be argued that this is the case with all indulgences in life, however this is clearly a more tender subject as the majority of drug use in the England and Wales is illegal.

There are still subcultures of heightened drug use that will not be accepted by society due to the stigma involved, however this study shows this to only be in relation to heroin, with LSD and solvents also falling into the least used drugs group. This could be due to the reported difficulty of access, (not in relation to solvents) or simply because they have less desirable effects.

The restrictions of time and funding limited this study to a cross-sectional snap-shot of students' recreational drug use. Ideally the study would be longitudinal to discover trends and the patterns of how different drugs come into the frame, with in-depth interviews about beliefs and opinions. Future research should focus more clearly on abstainers views of each drug specifically, as very few differentiated between them. This would then give a clearer picture of which drugs are accepted, in comparison to trying rates, and then the extent to which they are normalised could be seen. The use of student participants may be a factor influencing the higher levels of use found as they have little responsibility and are often associated with the clubbing scene. This could be minimised through the use of a control of matched participants in full-time employment, increasing external validity.

The vast increase in the use of dance drugs, especially cocaine has produced difficulties for policy makers, who once linked drugs to crime and personal tragedy, now find educated, employed young citizens, with otherwise conforming profiles to be admitting to occasional and regular use. As the Literature Review states most of the UK drugs policy has been based around the link between drug use and offending, however this study and many before have shown this is certainly not the case. As the

otherwise law-abiding adolescents of the 1990's become the adults of today, we should expect to see further acceptance of drug use in our everyday lives.

This loosening of public attitudes, plus ever stronger demands for some reviews in the drug laws in respect of cannabis possession and the informal 'sorting' of recreational drugs (Independent Inquiry 2000, cited in Manning), poses a challenge for drugs policy and strategy in the UK. This is not a legalisation debate, however the extent to which drugs are used recreationally by 'normal' people would suggest something should be done in relation to how we deal with possession and use, or it will lead to a net-widening, bringing these otherwise non-deviant drug users into the criminal justice system for an offence that is no longer seen by many as deviant. Cannabis has now been declassified so that personal possession is no longer an arrestable offence however the scale of normalisation suggests further demands will not go away.

In conclusion, this study found recreational drug use to be normalised among the student population in general, with high levels of use of many drugs. To state cocaine has become normalised is difficult as specific acceptance of its use was not discovered. Shiner and Newburn (1997) stated too much has been read into past survey data, calling it exaggerated and inaccurate, however this study has replicated Parker et al's findings, not only successfully, but to a higher extent. Overall the process of using drugs as a recreational activity is normalised among this specific population, where generalisation beyond it is difficult. The sensible use of drugs is unquestionably rife in our young-adult population, and does not seem to be dying down. It has had a clear and solid place in youth culture since the early 1990's ever fixing its position in our culture.

[“No drug, not even alcohol, causes the fundamental ills of society. If we're looking for the source of our troubles, we shouldn't test people for drugs, we should test them for stupidity, ignorance, greed and love of power.”](#)

[P. J. O'Rourke \(1987\)](#)

## Appendix

### Drug Use Questionnaire

This short questionnaire is looking at drug use patterns and beliefs among a student population, in order to discover whether or not drug use has become normalised in the minds of students. All information will be kept confidential and your identity anonymous. This questionnaire is voluntary and you have the right to withdraw or withhold any information. By filling in this questionnaire you are giving consent for your data to be analysed and used in an undergraduate dissertation looking at the normalisation of drug use. If you have any queries about how this data will be analysed or need any further information contact me at:

[Paul.d.murray@student.shu.ac.uk](mailto:Paul.d.murray@student.shu.ac.uk)

1. Age:

2. Sex:

Male

Female

3. Have you ever been in trouble with the police? Please tick

I have never been in trouble with the police

I have been given a 'slap on the wrist'

I have been cautioned by the police

I have been given a formal warning

I have been arrested

I have a criminal record

4. How easy would it be for you to buy these drugs? Please tick.

	Easy	Difficult	Impossible	Don't Know
Cannabis				
Amphetamines (speed)				
Cocaine				
Ecstasy (MDMA)				
Heroin				
LSD (Acid)				
Magic mushrooms				
Solvents (Glue)				
Tranquilisers				
Nitrates (poppers)				

Abstainers (Non-drug users) answer question 5 then move to question 15. Please tick where appropriate

Drug	5. Which have you ever been offered?	6. Which have you tried ever?	7. Age of first use (please state)	8. How recently have you used them? (please tick all appropriate boxes)				9. How often do you use them?			
				In last 5 years	In last year	In last month	In last week	Tried once	Ex user (no longer take)	Occasional user (e.g. Special occasions)	Regular user (monthly)
Cannabis											
Amphetamines (speed)											
Cocaine											
Ecstasy (MDMA)											
Heroin											
LSD (Acid)											
Magic Mushrooms											
Solvents (Glue)											
Tranquilisers											
Nitrates (Poppers)											

10. Which of the following best describe why you started taking illicit drugs? Tick as many as are relevant.

- Peer pressure
- Experimentation
- Excitement
- Depression
- Boredom
- Escape from reality
- Peers were doing it
- Cheap to buy
- Other (please specify) :

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11. Has your drug use changed since attending university? (e.g. has it increased or lead to harder drugs) Please give details

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12. Do you intend to stop using drugs after university? Please give details

Yes  No

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13. Do you, or have you ever seen your drug use as problematic? If 'Yes' please give details (e.g. it has affected your life at home/ education or have you stolen to pay for drugs)

Yes

No

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14. Have you ever purchased drugs in order to pass them on or distribute among friends? For example 'sorting'. Please tick.

Yes

No

15. Out of the following what best describes why you abstain / do not use certain drugs? Please give examples of type of drug where appropriate.

- Cost
- It is illegal
- Risk of arrest
- Risk to health
- Risk of 'bad trip'
- Risk of death
- Risk of becoming addicted
- Bad past experience
- Knowledge of a friend having a bad experience
- Risk of being ripped off
- Don't want to disappoint family/friends
- Other (Please specify)

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16. Have your parents have ever used illegal Drugs?

Yes

No

Don't Know

17. Do your parents talk openly about drug use?

Yes

No

18. If you use drugs do your parents know? Give details (e.g. got caught, you told them) and what was their reaction?

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**Abstainers**

19. Do you have close friends/ siblings who use drugs?

Yes

No

If yes does it bother you, or do you believe it is up to them? Please give details

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20. What are your opinions about drugs, for example are some acceptable or are all drugs wrong? give details

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To what extent do you agree with the following statements?

**1= strongly disagree 5= strongly agree**

21. All drugs are dangerous and lead to further drug use, ultimately ruining lives.

1           2           3           4           5

22. Drug use has changed since my parent's generation; they don't understand current patterns or frequency of drug use.

1           2           3           4           5

23. 'Sensible' recreational drug use is acceptable as long as it does not turn into an addiction.

1           2           3           4           5

24. Since being at university (or getting older) I have noticed much more drug use, and drugs are more available to me.

1           2           3           4           5

25. Drug use is just a recreational activity, like drinking alcohol.

1           2           3           4           5

26. Film and television have desensitised the seriousness of drug use.

1           2           3           4           5

27. I would class myself as being 'drug wise' and have considerable knowledge of the recreational drug scene.

1           2           3           4           5

END

Thank you for taking the time to fill in this questionnaire. If you feel that you need help with drugs or any information surrounding use: <http://www.talktofrank.com> can help, giving in-depth information and aid. Alternatively you can ring FRANK anytime and speak to a friendly adviser who's professionally trained to give you straight up, unbiased information about drugs on: 0800 77 66 00.

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