

# Exploring the Risks, Harms and Pleasures of Licit and Illicit Substance Use: A Study of Young People in A South-Yorkshire Town

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Doctor of Philosophy in Sociology

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## Abstract

This study explores the localised substance use perceptions, practices and experiences of a sample of socioeconomically disadvantaged young people in a South-Yorkshire town in England. The study investigates how young people assess and understand the risks, harms and pleasures of substance use, and how these understandings, as well as the broader dilemmas of contemporary life, shape substance use. The study examines the contexts, meanings, motivations and consequences of tobacco, alcohol, illegal drug and novel psychoactive substance use, capturing both established and emergent practices across the participants' leisure spaces.

Data was obtained through interviews, participant observations (in street-based leisure spaces), and a targeted survey across an underexplored and 'hard-to-reach' cohort of young people aged between 16 and 24. The participants' perceptions of risk, harm and pleasure were fluid and shaped by experience and exposure to substances, social and cultural norms, and access to trusted and valued knowledge sources. Risk was evaluated through a conceptualisation of the potential for experiencing harm. However, the participants were found to focus on immediate, acute, tangible, visible and social harms in their risk assessments, rather than potential chronic and long-term health harms. The substances and practices which were not perceived to be associated with such immediate issues were differentiated as less risky, irrespective of their potential for long-term harm. The participants appeared to hold potentially erroneous beliefs around their abilities to control and manage substance use, and to avoid negative and long-term harms. Such beliefs shaped substance use practices, the implementation and adherence to harm reduction strategies, and perceptions around how current and future substance use would be managed.

The participants' socioeconomic disadvantage, 'troubled' transitional routes and social situations resulted in many being financially, culturally and geographically excluded from 'adult' activities and spaces, with this shaping their leisure and substance use practices. The study highlights the enduring relationships between socioeconomic disadvantage, health inequality, and young people's substance use. Importantly, the findings undermine and unsettle dominant discourses which characterise disadvantaged and disengaged youth as 'reckless' and 'uninformed' substance users, as well as 'feckless' and 'workless' individuals.

## **Declarations**

I (Nicholas Woodrow) declare that this thesis is my own work, and has not been submitted in substantially in the same form for the award of a higher degree elsewhere.

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## Chapter One: Introduction

This study investigates the risks, harms and pleasures of young people's<sup>1</sup> licit and illicit substance use,<sup>2</sup> and looks at how the assessment and management of substance related risks, harms and pleasures shapes perceptions and practices. The study samples a group of socioeconomically disadvantaged<sup>3</sup> young people in a South-Yorkshire town, employing interviews, observations and surveys to explore their views and experiences.

This introductory chapter provides a discussion of the timely academic relevance of the study. The chapter begins by setting out the background context and the rationale for conducting the study. The principal aims and central research question of the study are then considered. Finally, there is an explanation of the structure of the study and an overview of the content of each chapter.

### 1.1 Context of the Study

Young people have a long and enduring association with substance use (Measham and Shiner, 2009). Young people's use of both illicit and licit substances is generally a contentious issue, one which is framed in discourses of risk and one which attracts much media, public, academic and political interest (Blackman, 2009, 2011; Hunt et al., 2007). There is a vast academic literature within the field of substance use and around young people's substance use, with this literature tending to be dichotomised into two broad areas: problematic use,<sup>4</sup> and recreational use.<sup>5</sup> Research around problematic use tends to be based in disciplines from criminology and medical research, focusing on epidemiology, and the pharmacological and adverse effects of substances (see Allen, 2008; Degenhardt and Hall, 2012; Fraser, 2017; MacLeod et al., 2004), with this research pathologizing users and

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<sup>1</sup> Different authors, services and organisations differ in their use and understandings of the terms 'child', 'adolescent', 'juvenile' and 'young person', and what age range defines each term. This study will define 'young people' as individuals between the ages of 16 and 24. This is done as much UK government documentation exploring young people and substance use uses this age range to denote 'young adults' (e.g., Home Office, 2017). This allows comparison to such data. 'Young people' and 'youth' will be used interchangeably throughout the thesis to avoid monotony.

<sup>2</sup> The term 'substance use' is used in this study to denote 'nicotine, alcohol, illegal drug and Novel Psychoactive Substances (NPS)' use.

<sup>3</sup> This term is used to represent young people who are experiencing economic inequality, disengagement and limited options for upward mobility.

<sup>4</sup> Problematic use can be understood as use which produces social, psychological, physical or legal issues. Problematic use is typically associated with regular or long-term use and injecting use practices. (See Seddon, 2011; Valentine and Fraser, 2008).

<sup>5</sup> Recreational use can be understood as an occasional and controlled use of specific substances in certain leisure settings (see Parker, 2005; Williams, 2013).

documenting the health-harms and problems of ‘excessive’ substance use (Moore, 1990; Van der Geest et al., 2009). Much of this literature explores the predictors (risk factors) around substance (ab)use, but this has promoted problematised and distorted perceptions of substance use and users. Alternatively, there has been a growing exploration of non-treatment populations and recreational users, typically those in the urban night-time economy (NTE) (see for example Järvinen and Ravn, 2011; Measham et al., 2001; Moore et al., 2013), with this research more generally being qualitative based and situated in disciplines of sociology and youth cultural studies (Blackman, 2004).

Whilst much has been written on young people’s substance use, there appears to be a focus on specific (accessible) consumers, locations and substances, e.g., educational institutions, treatment agencies looking at problematic users and typically the most ‘vulnerable’ individuals (Hammersley et al., 2003; Radcliffe and Stevens, 2008), and the more ‘spectacular’ spaces of the urban NTE in relation to dance club cultures looking at recreational users, and typically affluent and middle-class individuals (Haydock, 2016; Measham and Moore 2009; Measham et al., 2001). While these form only part of the complex youth substance use picture, they dominate research due to their ‘accessibility’ and ‘spectacular’ connotations drawing funding priorities. There is less focus and research on the ‘unspectacular’ substance use spaces and practices of young people whose use does not place them into the sensationalist and ‘problematic treatment’ category (e.g., problematic users, addicted users), and those who are disadvantaged and excluded from the ‘bright lights’ and commercialised venues of the NTE (Blackman, 2010; Chatterton and Hollands, 2003; Forsyth and Barnard, 2000; Hodkinson, 2015; Shildrick and MacDonald, 2006). This is accompanied with a dearth of research looking at the substance use practices of disadvantaged young people in small towns (Holloway et al., 2009; Valentine et al., 2007, 2008; Wilson and Donnemeyer, 2006), and in private leisure spaces (e.g., house parties (Ravn and Duff, 2015)) and the spaces young people (have to) make for themselves (Robinson, 2009). Whilst there has been a growing interest in users’ experiences and motivations, the nuances of many young people’s cultural lives have been obscured through a focus on ‘spectacular’ cohorts and spaces. More generally many assumptions have been made, but there has been insufficient exploration and acknowledgment of young people’s actual motivations and perspectives around substance use.

### **1.1.1 Youth and Risk**

Youth has typically been explored within two dominant sociological literatures, youth transitions and youth (sub)cultures (MacDonald et al., 2005). Youth has tended to be conceptualised as an ambiguous phase between childhood and adulthood (Henderson et al., 2007; Kehily, 2007; Kelly, 2001; Miles, 2000). Indeed, the terms ‘youth’ and ‘youth transitions’ are concepts used in sociology and youth studies to discuss the apparently increasing uncertain, extended, complex and individualised time-period young people, especially disadvantaged young people, are now required to negotiate before achieving the markers of ‘full adult’ status (e.g., secure employment, independent living, family life) (Furlong and Cartmel, 2009). Within much of the literature discussing youth, young people are, and have historically been, juxtaposed, ascribed and associated with various forms and levels of ‘risk’ and ‘uncertainty’ (Blackman, 2011; France, 2007, 2008; Kelly, 2003, 2006; Muncie, 2015). Young people are simultaneously portrayed as requiring support (e.g., being vulnerable and subject to risk, existing in an increasingly risky world) and as sources of difficulty (e.g., posing risk, engaging in risky practices), with this inadvertently problematising many young people and their practices. Young people’s practices have been a long-standing concern for wider society, especially the leisure activities of ‘disengaged’ young people which tend to be a salient focus of concern (France, 2007; 2008; Furlong and Cartmel, 2007; O’Gorman, 2014). Indeed, Blackman and Wilson (2014) argue that the substance use of young people in disadvantaged neighbourhoods has been juxtaposed with anti-social behaviour and ‘problematic’ use, with this culminating in negative perceptions around youth substance use practices being developed and disseminated. The preoccupation with risk and the ‘governance of risk’ (Rothstein, 2006) can be seen in risk theorising and risk terminology permeating many aspects of everyday life, noticeably around the management of young people. Despite the general concern regarding young people’s ‘risk’ taking, young people’s meanings and perspectives of risk, how they engage with, understand, experience and assess these risks, and how these perceptions and interpretations may differ from ‘expert’ accounts, have been typically neglected (Austen, 2009; Duff, 2003b; France, 2000; Hunt et al., 2010; Szmigin et al., 2011, also see Chapter Two).

### **1.1.2 Youth and Contemporary Substance Use**

Over the past few decades, new patterns and practices of substance use have emerged in response to social, cultural, economic and technological changes. Irrespective of these changes there have been concerns around young people’s perceptions of substance use and

quantities of use (Home Office, 2017; Measham, 2008). Recent data has highlighted how traditional tobacco smoking rates in young people are at their lowest rates in years (Fuller, 2015), but there has also been a considerable rise in the use of electronic cigarettes (e-cigarettes),<sup>6</sup> with there being little but growing data regarding e-cigarette use and perceptions of use, especially around young people's use (Measham et al., 2016). In relation to alcohol, despite the embeddedness of alcohol in British society (Plant and Plant, 2006), there appears to have been a general decrease in adolescent alcohol use over recent years (ONS, 2017a) with new and different patterns of use emerging (Aldridge et al., 2011; Blackman, 2017). While illicit drug use in Britain through the 1990s and early 2000s was seen to be rising, the general picture in the late 2000s and 2010s has been stabilisation, plateauing and decline (Home Office, 2017). However, while substance use appears to have declined and stabilised generally, there has been a polarisation of use within specific localities and groups, with young people and disadvantaged individuals being associated with higher and more problematic levels of substance use (Shiner, 2009; Public Health England, 2016a).<sup>7</sup> Indeed, substance use has continually been linked to various interconnected deprivations and structural disadvantages (e.g., socioeconomic class, poverty, unemployment, low educational attainment, poor housing), with an extensive list of individual, peer, family, and environmental 'risk' and 'protective' factors being associated with substance use (Anthony, 2008; Farrington et al., 2016; van den Bree and Pickworth, 2005; Weinberg, 2001).

There have also been significant changes in the British recreational drug use scene following 2008, with the emergence and growth in the use of a variety of 'novel psychoactive substances' (NPS),<sup>8</sup> commonly, colloquially and misleadingly referred to as 'legal highs' (Corazza et al, 2013; MacLeod et al., 2016; Measham et al., 2010).<sup>9</sup> The number of NPS being detected has risen tremendously over the last decade' the EMCDDA (2016a) notes over 560 substances currently being monitored, with nearly 100 new substances being reported to

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<sup>6</sup> These are handheld battery-operated devices which produce a nicotine imbued vapour which can be inhaled (Hardcastle et al., 2014).

<sup>7</sup> For example, tobacco smoking rates have fallen across society more generally, but use rates are higher in socioeconomically disadvantaged localities (Hiscock et al., 2012; NHS Digital, 2017; Peretti-Watel et al., 2009). Also, alcohol use for young people appears to be used in larger quantities but less frequently, but used in older and middle-aged cohorts more frequently but in lower quantities (ONS, 2017a).

<sup>8</sup> NPS are chemical or plant based substances which are designed to induce psychoactive states and replicate the effects of popular 'controlled drugs', but which avoided regulation due to their chemical design and their marketing (Blackman and Bradley, 2017; Newcombe, 2009; Ralphs et al., 2017).

<sup>9</sup>The term 'illegal high' may be more appropriate following the implementation of the Psychoactive Substances Act 2016. This Act made it an offence to produce or supply any 'psychoactive' substance; exemptions include nicotine, alcohol, caffeine and medicinal products. The Act was designed to prevent the trade of NPS (sales through shops and the internet). However, the definition of a 'psychoactive substance' is extremely contentious.

their early warning system in 2015. Assessing local and national prevalence rates of NPS is problematic for various reasons (see DrugScope, 2014; Shapiro, 2016; UNODC, 2014), with the variable chemical/street/slang/trade names making research challenging. However, the most popular (prevalent) types of NPS appear to be Synthetic Cannabinoid Receptor Agonists (SCRAs)<sup>10</sup> and cathinones (Global Drug Survey, 2016; UNODC, 2014). The limited available research has highlighted that nationally the use of NPS is relatively low and lower than ‘traditional drugs’<sup>11</sup> (Measham and Newcombe, 2016), but some targeted research has found use to vary considerably across the UK, as well as to be higher in specific populations (see Home Office, 2014; Pirona et al., 2017; Public Health England, 2014; Shapiro, 2016; Winstock et al., 2013). For example, clubbers have been found to be more likely to use stimulant-type NPS (Moore et al., 2013; Measham et al., 2011) and incarcerated, vulnerable and disadvantaged populations have been found to more likely use SCRAs (Blackman and Bradley, 2017; MacLeod et al., 2016; Ralphs et al., 2017). Much of the literature around NPS focuses upon legal, medical and policy issues (Seddon, 2014; Stevens and Measham, 2014). Fewer studies have attempted to explore the experience and motivations of NPS users (Chatwin et al., 2017). There is a lack of data concerning the perceptions of users and potential users, the motivations and experiences of users, the health and related needs arising from NPS use, the characteristics of NPS users and whether they comprise a new group of drug users or whether they are combining their use with other substances (Moore et al., 2013). What is concerning is the growing evidence base of short-term and long-term harms and the acute health problems that are associated with NPS use.<sup>12</sup>

## 1.2 Justification for the Study

Whilst much has been written on young people’s substance use, a shortcoming of this is that there has been a focus upon ‘sensationalist’ practices (e.g., injecting, addiction, ‘binge’ use, ‘clubbing’), and a tendency to recruit from ‘accessible’ sites and cohorts. There is little in-situ research of young people’s substance use away from mainstream commercialised spaces and

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<sup>10</sup> SCRAs (‘Spice’ or ‘Mamba’ as they are colloquially known) are usually smoking mixtures containing plant material and chemicals which are designed to replicate the effects of cannabis and its active ingredients (e.g. THC), but most are structurally different compounds and have variable (typically higher) ‘potency’ (Auwärter et al., 2009; Seely et al., 2011).

<sup>11</sup> ‘Traditional drugs’, ‘established drugs’ or ‘drugs’ are used in this thesis to describe illicit substances (e.g., cannabis, cocaine) controlled under the Misuse of Drugs Act 1971.

<sup>12</sup> These include: various physical and mental health issues, depression and physical and psychological dependency, overdose, hallucinations, anxiety, dissociation, somnolence, inhibited motor coordination, thought disorganisation, confusion, aggression, paranoid and suicidal thoughts, psychosis, seizures, tachycardia, panic attacks, and more commonly, nausea and vomiting (Benford and Caplan, 2011; Castellanos et al., 2011; Harris and Brown, 2012; Mir et al., 2011; Shapiro, 2016; Winstock and Barratt, 2013).

beyond a specific range of ‘official’ spaces (Townshend, 2013; Wilkinson, 2015). There has been a lack of focus on the practices and leisure spaces of ‘unspectacular’ young people (Hodkinson, 2015; Roberts, 2015) and of disadvantaged youth at leisure (Chatterton and Hollands, 2003), with this resulting in a ‘missed’ appreciation of some youth cultural forms. There is much presumed about legal drug, illegal drug and NPS use patterns and practices amongst ‘excluded’ and disadvantaged youth, arguably due to the difficulties in sampling such cohorts, with a lack of appreciation around young people’s practices and use of leisure space being argued to produce and subject young people to damaging criticism, stereotypes and stigmatisation.

Substance use practices have been noted to have distinct geographical and localised influence, with considerable difference in youth substance use between different regions being noted (see Duff, 2003b; Fast et al., 2009; Gourley, 2004; Measham et al., 2011; Shapiro, 2016; Shiner, 2009). Due to the ‘hidden’ nature of disadvantaged young people in the less ‘spectacular’ regions of Britain, the patterns of their substance use, as well as the nuances of localised practices and issues, tend to be missed by national prevalence measures (e.g., general population surveys). It is thus important to explore the substance use practices of disadvantaged and excluded youth, specifically in ‘missed’ localised contexts. The populations absent from research are also absent from consultation in policy creation, and harm reduction and educational development. This appears especially important in light of the changing nature of contemporary substance use markets, as there is little knowledge of how ‘missed’ and ‘excluded’ young people are responding to developments in the substance use market. In the context of changing economic and social circumstances, and the elongating of precarious transitions, it is important to pay close attention to emerging substance use practices and perceptions, especially as socioeconomic disadvantage is linked with problematic substance use practices and considerable harms and health risks (MacDonald and Marsh, 2002; Public Health England, 2016a; Seddon, 2006; Shapiro, 2016; Viner et al., 2012; Weinberg, 2001), and as disadvantaged youth are noted as having the ‘riskiest’ transitions to negotiate (Thompson et al., 2014) (also see Chapter Two).

There is a considerable body of knowledge associating young people and their practices with ‘risk’. However, there has been a neglect of exploration around how young people engage with, experience, understand and assess notions and meanings of risk and harms (Austen, 2009; Hunt et al., 2007), and a neglect of young people’s motivations, perspectives and

accounts. It appears important to engage with young people in their everyday leisure spaces in order to aid understanding of the nature of their experiences and practices. This can facilitate the meanings and motivations underpinning substance use, and the role of substances in young people's lives to be further explored and understood.

### **1.3 Aim and Scope of the Study**

The broad aim of the study is to explore how the young people in the field site understand, assess and manage the risks, harms and pleasures of substance (tobacco, alcohol, illegal drug and NPS) use. Using this aim the overarching research question was developed:

- What are the risks, harms and pleasures the young people in the field site identify in relation to substance (tobacco, alcohol, illegal drug and NPS) use, and how do the young people assess and manage these risks, harms and pleasures?

Two central objectives were developed to help answer this question, these being:

- To explore the contexts, meanings, motivations and consequences of substance use amongst young people in the proposed field site, and to assess how these shape substance use practices.
- To explore how young people negotiate contemporary transitions to adulthood and the broader dilemmas of life and 'growing up' in the proposed field site, and to assess how these experiences shape substance use practices.

There is a lack of research looking at the substance use perceptions and practices of young people in 'unspectacular' localities, 'hard-to-reach' individuals not in formal contact with youth services, and disadvantage and excluded youth. There has also been a tendency to neglect young people's own accounts regarding how they perceive and manage 'risk'. This appears odd considering the concerns around youth and risk. The evolving substance use market over recent years, and the links between socioeconomic disadvantage and harm further highlights a need to explore the 'missed' practices and perceptions of young people. These points provide aim and direction for this study. The study seeks to add to emerging bodies of knowledge regarding the experiences and substance use practices of socioeconomically disadvantaged youth. It is hoped the study will contribute to the development of a more holistic understanding of young people's risk perceptions and engagement, specifically the substance use perceptions and practices of young people

growing up in socioeconomically disadvantaged localities within contemporary times. It is also hoped this study will help contribute to the development of harm reduction, prevention and education strategies for young people, and provide context-specific data which can help local agencies built a more accurate picture of emerging and current issues.

The study discusses the substance use perceptions and practices of a group of disadvantaged young people, with an emphasis on the young people's conceptualisations of the risks, harms and pleasures associated with substance use. The study explores young people's understandings of risk, and how conceptualisations of risk, harm and pleasure, as well as wider conditions, shape substance use practices.

#### **1.4 Overview of the Study and Chapter Outline**

This chapter has noted the context of the study and outlined the study's aims. Following this introductory chapter, the background literature chapter reviews literature relevant to risk, youth transitions and youth substance use. The chapter begins with a discussion of risk theorising, before presenting youth transitional research and finally moving onto theorising around young people's substance use. Risk theorising can be used to help understand how risks, harms and pleasures are assessed and managed, and setting these assessments within the young people's transitions can provide a more holistic appreciation and understanding of young people's substance use practices.

Chapter Three details the study's research methods, and begins with the rationale for the methodological approach used in this study, highlighting the value of the approach in answering the aims and research question of the study. The chapter details how the method was undertaken in practice, how the participants were accessed and recruited, how the data was collected and analysed, as well as discussing the ethical issues and the most salient limitations of the study.

The data analysis chapters (Chapters Four, Five, and Six) present the findings of the study. Chapter Four looks at the participants' substance use practices and perceptions of smoking (tobacco and e-cigarette), alcohol, illicit drug and NPS use, and compares the use practices of the participants with larger-scale data and surveys. It is argued that the understandings and perceptions around the risks, harms and pleasures of substance use are malleable, and are shaped by social and cultural norms and values, with these understandings and perceptions shaping substance use practices. Risk was evaluated through a conceptualisation of the

potential for experiencing harms, with immediate, visible and acute harms being focused upon over chronic and long-term risks in the young people's assessments.

Chapter Five further looks at how the risks, harms and pleasures of substance use are assessed, formed, evaluated and managed, looking at how the participants discussed and presented their engagement in substance use, and how different knowledge sources shaped perceptions and practices. It is argued that the participants perceived an ability to control, manage and avoid potential risks and harms, with this shaping their substance use perceptions, assessments and practices. The participants' perceptions, conceptualisations and assessments of the risks, harms and pleasures of substances were shaped by their experience and exposure to substances, and access to trusted and valued substance use knowledge, within local, social and cultural contexts.

Chapter Six explores the participants' leisure spaces, and the leisure activities and substance use practices engaged in within such spaces, before looking at the negotiation and implications of their transitions to 'adulthood', and the role of substance use in their transitions. It is argued that the participants' socioeconomic disadvantage, 'troubled' transitional routes and social situations resulted in many being financially, culturally and geographically excluded from 'adult' leisure activities and spaces, with this shaping their leisure and substance use practices. Substance use was generally undertaken to facilitate social bonding and relaxation in response to the pressures and stresses of everyday life.

Chapter Seven comprises the discussion and conclusions of the study, and highlights the main findings and the relevance and implications of the findings. The chapter concludes by outlining the study's contributions, as well as noting suggestions for future research and policy. The study provides important contributions to emerging bodies of knowledge regarding the experiences and substance use practices of socioeconomically disadvantaged youth. The study highlights the enduring relationships between socioeconomic disadvantage, health inequality and young people's substance use. Importantly, the findings undermine and unsettle dominant and often presumed discourses which characterise young people as 'reckless' and 'uninformed' substance users, and 'feckless' and 'workless' individuals.

## Chapter Two: Literature Review

The chapter begins with a discussion of the literature around individualised and sociocultural risk theorising (Section 2.1) and looks at how risk perceptions are shaped and formed. The role of this theorising in understanding young people's substance use, and how substance use is perceived, assessed and managed is noted. Appreciating the meanings and assessments of risk, harm and pleasure from within their social and cultural contexts can help better understand young people's substance use perceptions and practices. The chapter then discusses youth transitional research (Section 2.2) which explores the issues affecting young people's negotiation of their transitions to adulthood. It is noted that young people's transitions have become elongated and precarious, with this shaping substance use and leisure practices in complex ways by simultaneously enabling and constraining practices. Following this, literature around youth substance use is presented (Section 2.3). This looks at subcultural theorising and the normalisation thesis, and the role of socioeconomic disadvantage upon substance use practices. Finally, the chapter concludes by summarising the most salient discussed points.

The review of the literature highlights the need and value of exploring young people's perceptions, understandings and assessments of substance use related risk, harms and pleasures, and importance of exploring young people's perspectives around how they are negotiating the broader dilemmas of growing up in contemporary times (e.g., their 'troubled' transitions to adulthood). The literature review highlights a tendency to pay less attention to the substance use perceptions and practices of socioeconomically disadvantaged, 'unspectacular' and marginalised youth cohorts. Further, it highlights a relative neglect of the effect of disadvantage and structural inequality upon the bounding of young people's experiences of substance use, notably, how they are experienced within specific leisure spaces (e.g., street-based spaces). This has culminated in a lack of knowledge around the perceptions and practices of disadvantaged and (sometimes) disengaged young people. It is argued that a more holistic understanding of young people's substance use practices and perceptions, and a greater understanding of how young people assess, engage with and manage the risks, harms and pleasures of substance use, can be gained by exploring the influence of individual, social and cultural factors upon risk assessments, and setting these within the wider structural contexts of young people's lives.

## 2.1 Risk Theorising

### 2.1.1 Individualised Risk Theorising

In the latter part of the twentieth century Western society has seen a considerable and intense period of social change. There has been a fragmentation of traditional institutional features (e.g., secure employment, state welfare principles), and a shifting of power (responsibility) away from the state downwards towards the individual (Bauman, 2011). It is argued that these changes have culminated in an instability in identity formation and uncertainty across the life course, with former certainties being undermined, and day-to-day life becoming marked by an increasing economic and ontological precariousness, and a general 'riskiness'. In contemporary life 'risk' has become a ubiquitous social issue. The term risk is applied to diverse areas, with various definitions and terms used interchangeably to describe risk (e.g., danger, hazard). Risk can be defined as the potential of an adverse consequence, and used to indicate harm or danger, sometimes in relation to future outcomes (Beck, 1992; Douglas, 1992; Lupton, 1999). Giddens (1990, 1991) speaks of the effects of 'high modernity' replacing traditional class systems, with a new set of uncertainties, opportunities and risks being perceived due to the greater access and awareness of 'risk' following the proliferation of scientific and 'expert' knowledge. While Beck (1992) suggests that the certainties associated with industrial society have eroded, with the unknown effects of scientific and technological advancements fostering a greater risk perception,<sup>13</sup> as well as individuals being disembedded from traditional ways of life and traditional structures of identity formation (e.g., class), resulting in uncertainty, risk and opportunities becoming increasingly felt at the individual and not collective level.<sup>14</sup>

Both Beck (1992) and Giddens (1991) suggest that society is experiencing uncertain conditions, ubiquitous risk and a greater amount of choice, worry and responsibility in everyday life, with quantifying and calculating the potential of risk, and the anticipation and negotiation of risk becoming major preoccupations of late modern life (Lupton, 1999). In this context, the prevention and minimisation of risk and harm is ever more salient. Contemporary society, termed by Beck (1992) as the 'Risk Society',<sup>15</sup> is argued to possess more agential requirements, with individuals being expected to be responsible managers in negotiating the risky and uncertain world (e.g., around avoiding and minimising risk and harm), as well as

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<sup>13</sup> Such 'manufactured uncertainties' following industrial society include, climate change and nuclear radioactivity (Beck 1992:22).

<sup>14</sup> Nevertheless, 'social class' remains a crucial component for identity formation (Savage, 2015).

<sup>15</sup> This term is used to describe the social conditions and general effects of risk and uncertainty on everyday life.

being responsible for their own futures, choices, ‘health’ and their own identities (Lupton, 1999). Beck (1992) terms this task ‘individualization’ and Giddens (1991) conceptualises it as the ‘project of the self’. The individual management and avoidance of risk has become a condition of contemporary society, with this being achieved through a process of reflexivity, with individuals being required to reflexively construct their identities and individual biographies themselves (Lawler, 2008). Individuals are now presented as being accountable for improving and adjusting the self, and ensuring progression within their lives (Beck 1992, 2007; Giddens 1991), irrespective of their capabilities and disadvantages. This process of ‘responsibilisation’ requires young people to manage their own projects and lives (Kelly, 2001, 2007), with young people who struggle to do this ‘appropriately’ or ‘effectively’, despite being socioeconomically disadvantaged or bound by structural forces, being stigmatised, and viewed and lambasted as failures (Blackman and Rogers, 2017).

Risk discourses are suggested to accentuate insecurity and increase notions of subjective responsibility and accountability, requiring the adoption of ‘expert’ knowledge to assess, understand, manage and avoid risk. ‘Expert’ knowledge is understood as knowledge from ‘official’ and often ‘scientific’ sources, with other sources of knowledge, typically those from unofficial and unscientific sources (‘lay’ knowledge), being presumed as inferior compared to ‘expert’ perspectives (Hunt et al., 2007; Lupton, 1999; Wynne, 1996).<sup>16</sup> Much health-related policies and discourses prioritise such ‘official’ and ‘expert’ knowledges (Duff, 2003b; Lupton, 1999). Giddens (1991) notes the importance of ‘trust’ in ‘expert’ knowledge systems during risk assessment. However, both Giddens and Beck acknowledge that society has access to many competing, contradictory and conflicting ‘expert’ knowledges which can be frequently revised and contradicted, with different knowledges increasingly being accessible in many ways through the advent and development of various technologies. This is suggested to produce uncertainty and a questioning of the validity of ‘expert’ opinion, scepticism and conditional belief in science and ‘expert’ opinions, as well as a fragility of trust in ‘experts’ (Farrugia and Fraser, 2016; Giddens, 1991). Giddens notes this can lead to doubt, confusion and ambivalence in one’s best course of action. This doubt may result in individuals seeking and relying on other forms of knowledge and alternative ‘lay’ knowledge bases (Duff, 2003b; Nutt, 2009b; Wynne, 1996). This has been noted in some youth drugs research with Shiner

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<sup>16</sup> The apparent realist position of Beck’s work produces a prioritisation of scientific ‘expert’ knowledge over all other forms of knowledge (Mythen and Walklate, 2006). Within a realist model ‘risks’ are understood to be pre-existing and objective phenomena that can be scientifically measured and calculated in terms of probability, with such measurement producing ‘expert’ and ‘scientific’ knowledge.

and Newburn (1997) suggesting that their sample of young people found official drugs education messages to be confusing, unhelpful and ‘forced’ onto young people, with this resulting in them relying more on ‘lay’, local and experiential sources. Also, a study by Farrugia and Fraser (2016) found deeply sceptical views around ‘official’ substance use knowledge in a group of young Australian men, with their experiences producing scepticism around the relevance, accuracy and motivations of such ‘official’ knowledge, and how it presents substance use and users. This suggests potential scepticism and the rejection of ‘expert’ knowledge sources for some young people.

### *Individualised Risk Theorising and Substance Use*

The premise of individualised risk theorising is that the assessment, negotiation and management of risk has become an individual task, one that involves an individualised process, informed by ‘expert’ knowledge, which is orientated around avoiding and minimising harm and risk. While the individualised risk perspective has value, it holds an overemphasised role of individual agency, and positions the assessment of risk in a vacuum due to a neglecting of the way risks are embedded and given meaning in their social and cultural contexts (see below, also Bryant and Ellard, 2015; Douglas, 1992; Henwood et al., 2010; Pilkington, 2007b; Williams, 2013). Indeed, Beck (1992) does not adequately appreciate the different ways that risk is experienced and perceived, and the varying influence upon these perceptions and experiences (Elliott, 2002).

The individualised risk perspective assumes that risk is experienced and assessed equally by all individuals irrespective of their social position, and that all individuals have a shared capability to manage risk. However, the applicability of individualised risk theorising to account for the experiences of all individuals and social groups has been questioned (Mythen and Walklate 2006). Risk does not appear to be distributed and perceived (individualised) equally, with structural impediments being noted as salient in bounding life chances (Curran, 2013; Goldthorpe, 2002; Hollingworth, 2015; Mythen, 2005). Opportunities, transitions and life chances still appear to be unequally distributed, with social mobility, educational attainment and unemployment being linked to structural determinants, especially class (see Furlong and Cartmel, 2007; MacDonald et al., 2005; Roberts, 2009; Threadgold and Nilan, 2009). While Beck (1992) does not allude to the end of inequalities, he fails to note that individualisation may facilitate the proliferation of class inequalities, exclusion and disadvantage, and that the more advantaged can buffer risks (Curran, 2013; Elliot, 2002). Indeed, it appears that many young people do not have the ability (‘purchasing power’) to

choose ‘correct’ practices and live ‘healthy lives’ as they are expected to do, with the most disadvantage being subsequently exposed to various issues and health inequalities. For example, over the past decade many front-line services designed to help disadvantaged individuals have been subject to considerable funding cuts (see Beatty and Fothergill, 2013; Clayton, 2015; 2016; O’Hara, 2014).

It is evident from the literature that there is a spatial concentration of risks, with disadvantaged social groups and individuals with low socioeconomic status (SES)<sup>17</sup> having higher exposure to the harms of inequality and social problems (e.g., disease), and harms of substance use (see Amos et al., 2011; Baum and Fisher, 2014; Bryant et al., 2011; Hiscock et al., 2012; NHS Digital, 2017; Pampel et al., 2010; Public Health England, 2016a, 2016b; Room, 2005; Ross and Mirowsky 2011; Rowlingson, 2011; Shaw et al., 2014; Stringhini et al. 2011, also see below (Section 2.3.2)).<sup>18</sup> It appears that risk gravitates around poverty and disadvantage (Mythen, 2005), with this shaping leisure and substance use practices, as well as lives more generally. Indeed, complex links appear to exist between inequality, risk and health outcomes. This challenges the ‘irrelevance’ of social and structural divisions upon life trajectories, and questions the individualisation of responsibility and capability around ‘managing health’.

Despite the personal management and maintaining of health becoming a salient feature of contemporary life and the responsibility of the individual, the suggestion that individuals attempt to avoid ‘risk’ to maintain good health, and the importance of ‘expert’ knowledges in informing ‘risk’ avoidance, can be argued to be undermined by the prevalence of drug and substance use over the past couple of decades (Home Office, 2017). ‘Expert’ knowledge and ‘official’ discourses frequently portray substance use as risky, harmful and dangerous due to their nefarious effects on health (e.g., culminating in addiction and disorder), and thus as being a threat to the ‘healthy body’. Therefore, it appears contradictory that in the increasingly risk-averse society, many young people are participating in certain substance use practices which have various negative connotations. This presents drug and substance users as ignorant, irrational and neglectful of ‘expert’ knowledge (Moore, 2010; O’Malley and

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<sup>17</sup> This useful summary term involves measures around education, employment, housing and income, and represents an individual’s position within society due to social and economic factors.

<sup>18</sup> Within the literature there is discussion around this ‘harm-paradox’, where disadvantaged substance users experience greater levels of related harm than more affluent populations, when consuming similar levels (Katikireddi et al., 2017; Public Health England, 2016a, 2016b). This is not fully understood, but is believed to be linked to different use patterns, the compounding effects of other risk factors, reverse causation, and differential access to health services.

Valverde, 2004), as having deficits in knowledge and being uninformed around the harmful consequences of substance use (Duff, 2003b), or being passive and vulnerable to pressure, influence and contamination (France, 2000; Hunt et al., 2010). From this perspective substance users are thought to require education and intervention to ‘correct’ their knowledge and ‘solve’ their issues, with the increasing of ‘expert’ knowledge being believed to motivate the modifying of behaviour and permit the self-management of health (Department of Health, 2010; Lupton, 2014). This ‘rational actor’ logic which drives much government policy presumes a rational behavioural change will occur if ‘correct’ knowledge is presented. However, such behavioural modification approaches have been noted to have limited effects (Alvaro et al., 2011; Baum and Fisher, 2014; Rhodes, 2009), although their use still endures. It cannot be simply assumed that young people are ignorant of ‘expert’ knowledge and discourses due to the general ubiquity of this knowledge (e.g., from school education, public health media campaigns). This suggests alternative influences and perspectives may act upon risk evaluation and assessment (see below), and that there is a disjunction between how risk is characterised ‘officially’ and by young people (Duff, 2003b; Farrugia and Fraser, 2016).

Young people undertaking ‘unnecessary’ risks and engaging in substance use are often presented as irrational, undisciplined and dangerous as they are not attempting to avoid and minimise ‘risk’ (Department of Health, 2010; France, 2007; Home Office, 2012; Lupton, 1999). Nevertheless, much literature counters the notion of young people as being ‘out-of-control’ and ‘irrational’ substance consumers (see for example Keane, 2009; Lindsay, 2009, 2010; Measham, 2004; Measham and Brain, 2005; Parker et al., 1998), with many young people being found to seek ‘moderate’ levels of substance use (Spencer, 2013), sometimes in the form of a ‘calculated hedonism’ (Szmigin et al., 2008) or a ‘controlled loss of control’ (Measham, 2002). Importantly, while the theme of disordered youth using substances has been critiqued, much of this research has been orientated around patrons of the NTE, and use in commercialised spaces (see also Chatterton and Hollands, 2003).

The presumption of youth and young people’s substance use being inherently risky (see Chapter One), has culminated in a preoccupation to prevent engagement with ‘risk’, but there has been a neglect of young people’s own perspectives on risk. While there have been extensive debates around the role and nature of risk in contemporary society, there have been few studies exploring the meanings that young people, especially disadvantaged young people, ascribe to risk in relation to substance use (see Duff, 2003b; France, 2000; Hunt et al., 2007; Lupton and Tulloch, 2002), and little exploration of how young people perceive,

experience and engage with notions of risks and harms in their local contexts (Spencer, 2013; Austen, 2009), as well as how their perceptions may differ from ‘official’ perspectives. Studies which have explored young people’s perspectives have produced illuminating findings. For example, Harrison et al. (2011) noted that young people do not relate to ‘expert’ notions of alcohol risks and thus disregard such knowledge, with this helping counter the perception of young people simply being ignorant and misinformed (see above). The lack of attention around the meanings young people give to ‘risk’ is intriguing, especially regarding the concern for young people’s risk engagement and substance use, and the focus upon individualised health promotional attitudes of young people.

### **2.1.2 Cultural Risk Assessment**

Differing from the individualised perspectives of risk outlined above, Douglas (1992) offers a sociocultural perspective of risk which examines the variations in meanings of risk in social and cultural contexts, and which highlights subjective and ‘lay’ meanings of risk, the hermeneutical dimensions of risk assessment, the importance of significant others (e.g., friends, family) in risk assessments, as well as the role of pleasure in ‘risky’ activities. Douglas (1986, 1992) questions the emphasis dominant individualised approaches place on ‘expert’ scientific knowledge, and suggests that these perspectives ignore the plurality of risk knowledges within everyday life, with this limiting an appreciation of the importance of the social and cultural understandings and meanings of risk (Austen, 2009; Elliot, 2002; Henwood et al., 2010; Lupton 1999; Lupton and Tulloch, 2002). Douglas (1992) places emphasis on culturally framed ‘lay’ knowledge, and the localised and subjective meaning of risk, with social and cultural influences, rather than purely individualistic judgements, shaping risk assessment.

The local cultures and social contexts that young people are embedded in shape risk perception and assessment, and consequently substance use practices (Duff, 2008; Farrugia, 2014). Indeed, research has highlighted how substance use practices differ across social contexts, as well as highlighting the diverse meanings associated with such practices (Duff, 2003b). The contexts in which young people use substances are useful in understanding the meanings and motivations of substance use (Moore and Miles, 2004). A study by Hunt et al. (2007) investigated the notions of risk and pleasure in a sample of young drug users frequenting ‘dance events’ in the USA. Hunt et al. highlighted the importance of the social context and of social groups in young people’s perceptions, noting how the pleasures of substance use were prioritised over potential risks through social influence. Indeed, the peer

group has been noted as an important source of risk knowledge, advice and support, shaping risk assessments and substance use practices (Becker, 1963; Denscombe, 2001; France, 2000; Lawy, 2002; Pilkington, 2007b; Sharland, 2006; Shiner and Newburn, 1997; Tulloch and Lupton, 2003), with observations of everyday encounters and the practices of proximate individuals being suggested to shape risk assessments due to the credibility such direct and personal experience provides (Mayock, 2005). As well as the facilitation of pleasure and influence from peers, the need to ‘fit in’ has also been noted to shape substance use practices and risk assessments (Spencer, 2013; Thing and Ottesen, 2013). This highlights the importance of social influences in substance use assessments. These conceptualisations differ from the concept of ‘peer pressure’ evident within the youth substance use literature (Hepworth et al., 2015; Pilkington, 2007a; Foster and Spencer, 2013) which is largely understood in negative terms, typically as an adverse social influence. It is such understandings which inform government policy and which are evident in government discourse, with this contributing to the framing of substance use as inherently ‘dangerous’.

Douglas (1992) is concerned with understanding how practices become defined as risky and harmful, and conversely why others do not. My study is exploring how such risk perceptions occur. The risk and pleasure perceptions of substances have been found to be based on various factors and not only the specific substance used, but the perceived effects of the substance and the specific context of use (Duff, 2008; Hunt et al., 2010; Zinberg, 1984), as well as wider social and cultural norms. This suggests that the perceptions around the risks, harms and pleasures of substance use have various influences. Some research has highlighted that ‘risk-taking’ can occur in knowledge of potential harms (Denscombe, 2001; Lupton and Tulloch, 2002), with such risk ‘trade-offs’ occurring for some young people (Mythen, 2004). Indeed, Tulloch and Lupton (2003) explored risk and risk taking in everyday life, and noted that while there was an awareness of risk, culturally specific perceptions impacted upon risk assessments. This suggests that ‘risks’ can be interpreted and perceived differently to how they are presented in official perspectives (Duff, 2008), and that ‘risk’ is not something that is always negative and avoided (Lyng, 2014; Reith, 2005). This again undermines the focus on educating ‘ignorant’ young people. It has been noted that young people demonstrate a lack of concern around ‘expertly’ defined health risks identified around substance use (Brown et al., 2013; Gamma et al., 2005; Heyman et al., 2013; Shewan et al., 2000). Thus, it is important to explore how young people perceive the risks, harms and pleasure of substance use, and how this differs from ‘expert’ perspectives. In much official discourse youth substance use is

presented as being negative, problematic and risk-orientated, but this neglects a consideration that substance use can, and may, be a pleasurable and accommodated aspect of leisure for some (see de Visser et al., 2015; Duff, 2008; Harrison et al., 2011; Holt and Treloar, 2008; Hunt et al., 2010; Measham et al., 2001; Moore, 2008; Parker et al., 1998; Spencer, 2013; Szmigin et al., 2008).

While there has been much useful exploration around the pleasures and pleasurable effects of substance use across sociology and youth studies (see Moore and Measham, 2012a), with various studies of young people's substance use highlighting the fun and pleasures of substance use (e.g., Ander et al., 2017; Hunt et al., 2007; Moore and Measham, 2008), there has been a wider tendency across drug policy, educational and health promotional discourse to focus on the health-related risks and harms of substances (Department of Health, 2010; Hunt and Evans, 2008). This obscures the complexity of young people's perspectives and understandings of risk, and neglects the value, role and importance of the pleasures of substance use (Duff, 2008; Harrison et al., 2011; Holt and Treloar, 2008; Measham, 2004; Moore, 2008; O'Malley and Valvervde, 2004; Ritter, 2014). When pleasure is 'officially' discussed, it is attached to notions of moderation and bounded in rational terms (e.g., 'sensible' use of socially sanctioned substances), and conceptualised in 'objectively functionalist' terms as a rational behaviour with an 'ends oriented' focus (e.g., relaxation, staying awake) (Duff, 2008; Moore, 2010). These are based on 'expert' perceptions of what appropriate 'pleasure' should involve. Conversely, pleasure based on the use of illegal substances is discussed as being impermissible, risky, dangerous and disordered (Haydock, 2014; Moore and Measham, 2012a; Race, 2009), and thus discussed while highlighting the 'inherent' dangers of (illicit) drugs. However, these perspectives and their focus upon 'risk', reveal little about the implicit and social pleasures experienced and discussed by young people (Christmas and Seymour, 2014; Haydock, 2016; Spencer, 2013), and the role such pleasures may have upon risk assessments. While there is growing attention around pleasure, this is often 'classed', 'gendered', 'ageist' and based on substance use in commercialised contexts (Haydock, 2014; Szmigin et al., 2011; Valentine and Fraser, 2008), with the pleasure associated with disadvantaged and excluded cohorts being neglected and suppressed, or presented as problematic, compulsive and pathological, and framed around 'escapism' (MacDonald and Marsh, 2002; MacLean, 2008; Parker et al., 1998; Shildrick, 2016; Valentine and Fraser, 2008). Therefore, it is important to further explore the relationships between disadvantage, (non)problematic substance use and perceived pleasure.

An important aspect of Douglas' work for this study is how risk boundaries are established to maintain norms and values through a binary strategy of inclusion and exclusion, where certain individuals ('others') are positioned to maintain and establish culturally imposed boundaries of control. Douglas (2003) notes that the association (labelling) of risk can act to exclude and marginalise (see also Becker, 1963). Douglas (2003) suggests that cultural boundaries are drawn using notions of purity and contamination, with the label of 'dirty' allowing divisions between social groups to be established and maintained. This is relevant to how substance use related risks and harms are understood, and particularly relevant to the stigma around addictive substance use and addicted bodies (see Radcliffe and Stevens, 2008; Harris, 2009). It has been noted that young people employ 'othering' discourses to both legitimise their own substance use practices, and to distance themselves from stigma (Goffman, 1968; Hathaway et al., 2011; Rødner, 2005; Sznitman, 2008). This can help explore how risk perceptions and substance use practices are built and framed by social and cultural forces, and how the 'other' is used to attribute risk and blame. Indeed, consumption practices (e.g., substances used, methods of consumption, locations of use) have been noted to act as important tools in distinction, stratification and cultural credibility, and thus key mechanisms in identity formation (Atkinson and Sumnall, 2016; de Visser and Smith, 2007; Hutton et al., 2016; Kolind, 2011; Miles, 2000; Skeggs, 2004; Thurnell-Read, 2013). Judgment is often made on 'inferior' and 'defective' individuals (Bauman, 2013) who consume 'incorrectly' (Measham and Brian, 2005). However, not all young people can, or wish to, create cultural identities, undertake specific leisure practices and consume in the same way, and thus not all young people have access to, and the ability to engage in 'expected' and desired consumption due to various disadvantages. Nevertheless, young people appear subject to judgment and stigma for their 'chosen' (available) practices.

The main argument of Douglas' work is that risk perceptions are socially and culturally determined, shaped and negotiated. This perspective contrasts with individualised risk perspectives and highlights that risk assessment is widely, and not just individually, influenced. This perspective can help understand young people's perceptions of, and engagement with, substance use despite the 'expertly' defined 'riskiness' of such practices, as risks are noted to be assessed using social and cultural knowledge which may differ from 'expert' perspectives. This approach forwards an appreciation of what young people themselves perceive as risks, and how pleasures and risks are assessed using alternative

knowledges, as well as helping to understand and explore the management of substance use practices around the use of cultural boundaries and ‘others’.

## 2.2 Youth Transitions

This section discusses research on young people’s transitions from childhood to adulthood, which contextualises and highlights the issues young people are having to negotiate in contemporary life. There is a focus on employment transitions, as these appear as significant barriers to further transitions.<sup>19</sup> This section also discusses research around youth transitions and substance use. It is noted that young people’s transitions have become extended and increasingly precarious, with disadvantaged young people having the most uncertain, risky and complex transitions to negotiate. The nature of these ‘troubled’ transitions is suggested to shape substance use and leisure engagement by simultaneously enabling and constraining practices and abilities.

### 2.2.1 Youth Transitions

Youth transitions can be understood as the routes taken by young people as they leave education and as they negotiate different labour markets, and housing and family-related experiences. It is noted that the social and economic shifts of recent times, and the accompanying alterations to industrial society through a restructuring of the labour market, have resulted in extended periods of semi-dependency for many young people (e.g., around domestic living arrangements, financial situations). To conceptualise the implications of these changes on youth transitions and the extension of the youth phase, researchers have spoken of ‘extended’, ‘non-linear’, ‘fractured’, ‘uncertain’, ‘risky’ and ‘individualised’ transitions (Furlong and Cartmel, 2007; Nayak, 2006; Roberts, 2013; Wood, 2017), which must be effectively ‘navigated’ (Furlong, 2009). It is suggested that the clearly-defined stages, descriptors and identities of the life course that previously existed (e.g., the progression from education to full-time ‘secure’ employment, achieving independent living and parenthood (Molgat, 2007))<sup>20</sup> have become more difficult to attain (Bryant and Ellard, 2015; MacDonald et al., 2001),<sup>21</sup> with this resulting in young people spending longer periods in a state of semi-dependency. While young people experiencing troublesome transitions is not a new

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<sup>19</sup> It is important to note how different transitions are interlinked, for example, employment issues can prevent the transition to independent living and parenthood due to financial constraints (Molgat, 2007).

<sup>20</sup> These transitional markers are important in conferring adult status.

<sup>21</sup> This is in part due to the nature of the labour market, the prolonging of education, and increasing difficulty in attaining affordable housing (Crowley & Cominetti, 2014; Rugg and Quilgars, 2015), as well as ‘completed’ transitions becoming less ‘stable’ and reversible.

phenomenon (Côté and Bynner, 2008), the social changes of late modern society are argued to have culminated in a qualitative shift in the nature and experiences of youth, with young people now perceiving their own biography and transition route as being unique, with experiences being felt at an individual and not collective level (Furlong and Cartmel, 2007). It appears that there are now unprecedented levels and varieties of ‘risk’ which young people are exposed to for extended periods (Hall et al., 2009). Young people in disadvantaged areas can be argued to be the most affected but potentially the least prepared to deal with such conditions.

### *The Labour Market*

The Great Recession following the 2008 financial crash, and the following implementation of the austerity programme by the 2010 Coalition government and the 2015 Conservative government has had a considerably negative impact upon the contemporary labour market (McDowell, 2014; Beatty and Fothergill, 2013), culminating in high levels of youth unemployment, especially in disadvantaged areas (Maguire et al., 2013). For example, the youth (16-24-year-olds) unemployment rate in 2017 was around 12.2%, while the general unemployment rate (for 16-year-olds and over) was around 4.9% (ONS, 2017b, c), however, a study by EY Foundation (2016) found youth unemployment rates to vary considerably by region, with the North-East of England having a youth unemployment rate of 18.3% and the East having a rate of 11.2% in 2015. It is not only the scale of unemployment but the nature of the available jobs which is problematic (see below). Youth unemployment issues are not simply a consequence of the recent economic recession, with the economic restructuring and deindustrialisation in the UK from the 1980s having significantly altered and deregulated the labour market (MacDonald et al., 2014a, 2014b). While there has been a rise in ‘service’ sector work coupled with an increase in female employment, this has been accompanied by precarious conditions for many young people through the de-standardisation of jobs, the declining of full time positions, and increasing of part time insecure, low-skilled and temporary jobs (Hardgrove et al., 2015; McDowell, 2014), as well as the elimination of work through technological advancements, and the dismantling of both organised labour and the welfare state. This has played a role in many young people now being unable to successfully transition into full-time employment like previous generations could (see Willis, 1977), with transitional journeys following education now involving different forms and stages of training schemes, further education, temporary contracted work, zero-hours contracted work, part-time work, unemployment, and (sometimes) full time and secure employment. Now

many realistically achievable jobs exist in the ‘gig economy’<sup>22</sup> and are ‘service jobs’ which are typically, casual, insecure, poorly paid, part-time and involve irregular and unpredictable hours (Fudge and Strauss, 2014; McDowell, 2009; Roberts, 2013; Standing, 2011).

The emergence of such precarious labour positions has been noted to have had various impacts on young people who live in areas that have historically relied on heavy industry. For example, now many young males who would have previously moved into localised industrial work are largely presented with service sector work. The restructuring of the labour market, and the decline in manual and labour jobs has resulted in young ‘working-class’ males being forced to redefine their masculinities and identities in different ways, with recent social change being equated with an attenuation and redundancy of such masculinity (McCormack and Anderson, 2010; McDowell, 2003).<sup>23</sup> Employment in many contemporary service jobs favours those embodying deferential qualities, and requires the involvement of ‘emotional labour’ (e.g., management of emotions, interaction with customers, and a self-presentation congruent with employer’s expectations). These requirements can be antithetical to normative working-class masculinity (Connell, 1995; Hardgrove et al., 2015; McDowell, 2014). Such issues have culminated in various training schemes and courses being devised which attempt to increase the ‘employability’ of young people (Simmons and Thompson, 2011).<sup>24</sup> This shift suggests that in some areas the class-gender roles may have inverted, where women who were previously deemed ‘unemployable’ can now be more desirable candidates than men.

### *NEET Youth and a ‘Culture of Worklessness’*

The number of young people existing in the uncertain and precarious labour market context has become a recent political concern. Evolving from the less politically correct term of ‘zero-status’ (Russell, 2013), the rubric of ‘NEET’ (Not in Education, Employment, or Training) has entered the political lexicon, and has subsequently been revised and redefined over time to define disengaged young people aged between 16 and 24 (Simmons and Thompson, 2011). Nationally the youth NEET rate rests around 12% (ONS, 2017b, c), with this rate falling over the past few years from around 17% in 2011 (ibid; Russell et al., 2014). However, disadvantaged areas have been noted to have higher rates of disengagement

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<sup>22</sup> This is a labour market characterised by ‘flexible’ employment arrangements and not permanent employment. Employment security and protections are sacrificed for ‘personal control’, but this appears to open workers to precarious employment situations and exploitation (Friedman, 2014).

<sup>23</sup> Working class masculinities often express strength, physicality, counter-school cultures, discourses of sexism and homophobia, and a predisposition towards violence and aggression (Messerschmidt, 1993).

<sup>24</sup> Or more prosaically attempt to change and create appropriate ‘attitudes’ and qualities (e.g., ‘good’ manners).

(Crowley and Cominetti, 2014). Young people can be removed from being NEET by attending a training scheme, educational course, or by being awarded a zero-hours contract, with such 'solutions' only involving a few hours commitment a week. Thus, while being defined as 'EET' (in Education, Employment or Training), realistically they may be making little progress in the labour market and may become stuck in a cycle of low pay, low security, low skill jobs, and unemployment (Shildrick et al., 2012a). While attempting to be neutral, NEET as a classification is an extremely ideologically loaded term (Furlong, 2006; Simmons et al., 2014), with young people who are unemployed being presented as living 'wasted lives' (Bauman, 2003). The creation of the rigid NEET categorisation tool has resulted in the homogenising of a variety of young people, defining them by something they are not rather than who they are (Finlay et al., 2010; Furlong, 2006; Yates and Payne, 2006). Many NEET young people possess extensive barriers which prevent engagement, with there being clear evidence between NEET status and various 'risk' factors and social exclusions, such as poor educational attainment, homelessness, mental health issues, offending histories and substance misuse (Maguire and Thompson, 2007; Russell, 2013; Simmons and Thompson, 2011). Despite such issues, the policy discourse around NEET youth holds, often in vitriolic ways, cultural and individualistic explanations for social exclusion, locating the responsibility for unemployment within the 'supply' (labour) side of the economy and the 'undeserving' and dysfunctional individual, rather than as deriving from the 'demand' (structural influences) side of the labour market and broader structural dysfunction of economic and labour market conditions (Fahmy, 2017; Shildrick and MacDonald, 2013). This views young people from a deficit perspective, and forwards an assumption that there is something problematic with NEET young people (Simmons et al., 2014).

Despite the precarious nature of the contemporary labour market, much UK government policy and media discourse denigrate and accuse the unemployed, typically the unemployed working-class, of possessing a 'culture of worklessness',<sup>25</sup> with this culture being transmitted within different generations and throughout neighbourhood contexts (Macmillan, 2011). Much research has found little consistent evidence of the presence of a culture of worklessness in the respect of individuals having values situated around no desire to work (MacDonald et al., 2014a). The literature supporting a culture of worklessness is often

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<sup>25</sup>This is defined as a learnt but voluntary preference for living on welfare benefits (MacDonald et al., 2014a, 2014b).

extremely cautious in the presentation of their findings.<sup>26</sup> The agential focus underpinning the ‘culture of worklessness’ thesis resonates with the concept of an ‘underclass’, where poverty and unemployment are rooted in individual behaviour and personal failure (Welshman, 2013). However, the aetiology of ‘worklessness’ appears to have a considerable structural foundation. Indeed, Roberts (2009:365) notes that issues of youth unemployment are not caused by a ‘poverty of ambition’, but by a paucity of ‘good’ jobs (e.g., jobs which are secure, full time and are well paid). While much government policy appears based on an assumption that social problems can be solved by conforming to middle-class norms (Lawler, 2005), Shildrick et al. (2012a) note that ‘neither work nor welfare’ can provide protection or escape from poverty, as the nature of the labour market keeps people in poverty through the production of precarious jobs. Shildrick et al. (2012a) investigated the employment situations for low-skilled low-qualified workers and those who were excluded from work, arguing that a ‘low-pay, no-pay cycle’ is experienced by such workers due to the structural problems of deindustrialised local labour markets. The sampling of both older and younger individuals by Shildrick et al. (2010) highlighted that such precarious working conditions are becoming the norm for many workers. Individuals from deprived areas appear at the greatest risk of becoming trapped in these cycles of low-paid insecure jobs, training and unemployment, and the issues that accompany them (MacDonald et al., 2014a, 2014b; Miller et al., 2014).

The UK government has focused on fostering inclusion in education and employment by using the rhetoric of ‘raising aspirations’ (Spohrer, 2011), with participation and engagement in the labour market been regarded as the method to facilitate social inclusion and mobility. A ‘lack of aspiration’, specifically amongst disengaged and disadvantaged young people, is assumed in much media, government and popular discourse, with such young people being constructed as both deficient and responsible for their situations. Structural positions and disadvantages are discussed as cultural and individual phenomena (e.g., attitudes, behaviours), with little appreciation of material conditions, social disadvantages, financial issues, service cuts and lack of service access (Roberts, 2009), as well as how class and attachment to place shape and influence spatial and social mobility (Allen and Hollingworth, 2013; Kintrea et al., 2015). This echoes the general shift around individual accountability and responsibility for outcomes (see above). There is an expansive negative and stigmatising discourse around disadvantaged young people (Shildrick, 2016), despite many issues being outside of their control. It has been highlighted that many marginalised young people, despite

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<sup>26</sup> Whereas popular media outlets are not so much.

precarious types of employment, have a strong desire to work (Simmons et al., 2014), but due to the deficits of the contemporary labour market, gaining stable employment is difficult. The experience of ‘churning’ between training schemes, employment and unemployment due to low pay and un-secure jobs, has been noted to be a considerable source of stress and frustration for many young people (Simmons and Thompson, 2011), with sporadic and negative labour market experiences, and associated stigma, having considerable psychological, health and economic consequences (Department for Work and Pensions, 2017; Russell et al., 2014; Simmons et al., 2014).<sup>27</sup>

### *Transitions and Structure*

There has been a recent political tendency to highlight agency and downplay the role of structure and disadvantage in youth transitions (Woodman, 2013). If through ‘individualization’, agency has superseded structure in youth transitions then transitions should differ between young people based on their individual abilities. However, there continues to be a general continuity in the timing and nature of transitions, with many disadvantaged young people experiencing similar transitions patterns (Cieslik and Pollock, 2002). This suggests that structural factors play a salient role. While transitions research has paid attention to disadvantaged youth, and highlighted the impact of structural barriers as well as concerns around ‘risky’ youth (Ball et al., 2000), this has occurred often without listening to young people’s voices (e.g., Furlong and Cartmel, 2007). Therefore, little is currently known about how young people understand, experience, engage with and negotiate such instability, ‘risk’ and disengagement. Furlong and Cartmel (1997; 2007) accept the concepts underpinning the arguments about individualisation where setbacks are perceived as individual failures, however, they suggest that life in late modernity exists around an ‘epistemological fallacy’, where structural features are neglected by young people and seen as being irrelevant in shaping their life chances (see also France and Haddon, 2014), but continue to have a considerable effect, and where there is an overzealous belief in agency and individual choice in biographical development (Arnett, 2015), but that individual choice is limited by structural position (see Evans, 2002, 2007; Rudd and Evans, 1998). Thus, traditional inequalities remain, but are experienced in an individualised form.

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<sup>27</sup> These include social, personal, physical and mental health problems, anxiety, stress, depression, low confidence, poor self-esteem and substance misuse (Butterworth, et al., 2011; Rowlingson, 2011; Shildrick et al., 2010, 2012b; Simmons et al., 2014; Tunstall et al., 2012; Wang, et al., 2011).

While the experiences of young people have changed over the past few decades, it is clear that life chances still appear to be highly structured and constrained by socioeconomic disadvantage. While it is acknowledged that life has become riskier, risk does not appear to be allocated evenly, with the most uncertain, risky and complex transitions appearing to be undertaken by the most disadvantaged young people.

### **2.2.2 Youth Substance Use and Transitions**

It has been suggested that the individualised uncertainty young people are exposed to in contemporary society, and specifically during their transitions to adulthood, may foster anxiety and insecurity, with this culminating in various stresses and pressures. Parker et al.'s (1998) study (see below) and the later studies following their cohort through their transitions into adulthood (e.g., Aldridge et al., 2011) have consistently noted the importance of 'time out' and engagement in leisure as a way to counter the pressures of everyday life. Similarly, Measham (2004) posits that legal and illicit substance use and the pursuit of pleasure are reactions to the pressures of late modern life, with substance use functioning as a method of relaxation and 'stress relief' (see also Leigh and Lee, 2008; Measham et al., 2001; Pampel et al., 2010; Young, 1971), while Moore and Miles (2004) suggest that drug use provides a stabilising force in individuals' lives, with drug use being used to counter-balance experienced uncertainties. The use of substances has also been noted as a method of attaining excitement and pleasure in response to the uncertain times of the contemporary world (Presdee, 2000). This highlights that substance use has specific functions for some individuals around helping them deal with the pressures and stresses of everyday life. Therefore, the conditions of negotiating contemporary transitions may expose young people to situations which are conducive to substance use.

The precarious transitions that young people must now navigate appear to be contributing to an extension of the time where young people exist in a state of semi-dependency (see above), with this providing increased time to be spent with peers in leisure contexts (Duff, 2003a, 2003b; Ritter and Chalmers, 2011). Substance use is noted to be an important part of youth cultural practice, one which facilitates bonding and socialisation with friends (Foster and Spencer, 2013; Parker and Williams, 2003; Winlow and Hall, 2009). Therefore, increased social leisure and non-working time may provide more 'time out' to experiment with substance use (Measham et al., 2001; Nagelhout et al., 2017). Shiner (2009) analysed quantitative data sets to explore the effects of transitions upon drug use, and suggested that drug use is more prevalent amongst individuals excluded from the labour market (e.g., the

unemployed) due to the freedom to engage in use, with this being influenced by such individuals having fewer formal commitments restraining their use. This resonates with the work of Young (1971) who noted that young people have the ‘freedom’ to engage in drug use and hedonistic practices due to not being restricted by ‘adult responsibilities’. Therefore, the lack of formal restraints or commitments may provide young people with time which is ‘commitment-free’ and which promotes experimentation, with this extending the period in which young people can use drugs (Williams and Parker, 2001). However, it is important not to extrapolate this ‘potential’ into a ‘presumed’ youth practice. There is a dominant presumption and government and media concern that young people’s substance use and other ‘undesirable’ leisure practices are underpinned by ‘unstructured leisure’ and extended ‘free time’ (Blackman, 2011).<sup>28</sup> This presumption is rightly critiqued by Blackman (2011), with there being a complex relationship between youth substance use prevalence, ‘free time’ and social class. Indeed, more affluent youth have greater access to the disposable income needed to purchase substances and access various spaces associated with substance use (e.g., commercialised NTE venues), with this shaping their substance use and leisure practices (see for example Moore and Measham, 2008). Whereas, socioeconomically disadvantaged young people can be financially excluded from such spaces and substance use practices (see below), with them having extended leisure time, but less funds to spend in this leisure time. Thus, substance use and leisure practices are bound by various issues in complex ways.

The achievement of ‘adult’ transitions and engagement in ‘adult’ roles and responsibilities, have been noted as signifiers of desistance from crime and substance use (Decorte, 2001; Laub and Sampson, 2003; Mayock, 2005; Shiner, 2009). This suggests a maturation out of drug use due to situational change (Measham and Shiner, 2009; Williams, 2013). However, substance use and transitions should not be portrayed as being linear processes. Indeed, it appears that desistance is more complex than simply achieving adult descriptors (e.g., entering employment, achieving independent living, parenthood), with substance use continuing into adulthood for some individuals (Moxon and Waters, 2017; Shiner, 2009; Williams, 2013). Thus, other influences must be appreciated alongside transitions. Research into desistance from criminal activity has highlighted that the quality of attachment and commitment to a role is important for facilitating change (Laub and Sampson, 2003). However, the nature of disadvantaged young people’s transitions suggests issues in achieving

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<sup>28</sup> This presumption often results in a drive to provide ‘diversionary activities’, bound free time and secure ‘engagement’ (e.g., from education, employment) to prevent engagement in ‘undesirable’ leisure practices.

stable and secure transitions, with this contributing to extended amounts of commitment free time, and thus potential extended opportunities for engagement in substance use. Thus, substance use and leisure practices can be affected by transitional issues, but in complex ways with transitional issues both enabling and constraining practices.

## **2.3 Youth Substance Use**

This section looks at past theorising of youth drug use and substance use to provide some background context to the study. The size and scope of the thesis limits the discussion, with the focus being on certain salient ideas. This section begins with a discussion of subcultural theorising which notes the importance of structural issues in youth substance use. It is noted how the significance of structural influences became contested over time and in response to the social and economic changes within society. After this the normalisation thesis is discussed, with this helping understand the position, perception and accommodation of young people's substance use. Following this, the relevance of socioeconomic disadvantage upon substance use practices is discussed, with studies which have explored disadvantaged youth and substance use being presented. It is argued that disadvantaged conditions and structural features remain important in substance use practices and leisure experiences.

### **2.3.1 Theorising Youth Substance Use**

A number of theoretical approaches around young people's substance use appear relevant to this study. Whilst previous theorising may not have full compatibility to contemporary contexts following recent social changes (see above), they are not being used as conceptual groundings, but as analytical vantage points from which aspects of current youth substance use practices can be understood. The relevance of past theorising has been more recently noted (see Measham and Shiner, 2009), and I am interested in the insights such theorising can provide for helping understand young people's substance use practices and perceptions, whilst not specifically exploring such theories in my study.

#### ***Subcultural Theorising***

Early sociological theories exploring the relationships between 'deviant' and 'normal' behaviour, such as Strain and Subcultural theories, moved away from dominant 'egocentric' models of the time to explore the social and cultural contexts of young people's lives (Blackman, 2005). Merton's (1938) work on strain theory noted how individuals desire money, status and power, however, due to their restricted resources (e.g., class position) they

cannot legitimately achieve such desires,<sup>29</sup> with deviance being a consequence of the perceived strain induced by unrealistic social and individual expectation. Cohen (1955) suggested that in conditions where young people were unable to achieve the goals valued by society, a situation of ‘status frustration’ would arise, leading to the rejection of ‘middle-class’ values, and the emergence of subcultures characterised by specific values, aesthetics and beliefs. Expanding on these ideas Cloward and Ohlin (1961) theorised the subculture as a ‘problem solving device’ which combatted the ‘status frustration’ of failed social, economic and cultural success, and structural issues (e.g., issues during the transition from youth to adulthood, boredom), with subcultures being comprised primarily of marginalised groups seeking ‘solutions’ attainable in their own milieus. The formation of subcultures built on values, beliefs, aesthetics and practices which contrast the accepted values of society (e.g., drug use, deviant behaviour, toughness) provide an important source of alternative status in society for individuals with impeded ‘mainstream’ opportunities. Looking at a British context Downes (1966) suggested that ‘status frustration’ was less of an issue, with working class young males disassociating themselves from middle-class values (e.g., educational achievement). For Downes ‘deviant’ practices were orientated around leisure pursuits, with these being driven by their lack of opportunities and money. Some of these ideas, specifically how impeded ‘mainstream’ opportunities shape leisure practices, appear to resonate with the precarious contexts many disadvantaged young people are currently experiencing.

An influential form of subcultural theorising developed in Britain in the 1970s from the Birmingham Centre for Contemporary Cultural Studies (CCCS), explored the relationships around class, structural features, media representations of young people, and the symbolic expressions of resistance to dominant values, norms and classes (see Hall and Jefferson, 1976; Hebdige, 1979; Willis, 1977). Pleasure was highlighted as a salient driver and function of substance use, and again (as above) drug use in subcultural contexts was noted as a solution to structural problems. This body of work importantly moved away from the popular orthodoxy of perceiving working class young people in a generally negative light and moved towards an attempt to represent youth cultures from an ‘inside’ perspective. However, the CCCS work was both conceptually and methodologically critiqued (Bennett, 1999; Miles,

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<sup>29</sup> Merton posits five adaptive strategies to such conditions: an acceptance of both the goals and the means (conformity); an acceptance of the goals, but rejection of the means (innovation); an acceptance of the means, but a realistic appraisal of the achievable goals (ritualism); an abandonment of both the goals and means (retreatism); or, an employment of political or social action to change both goals and means (rebellion). Drug users are typically presented as ‘retreatists’ from society, with them failing both the goals and means of society.

2000; Muggleton, 2000; Redhead, 1997), with the focus upon Caucasian, heterosexual and working-class males being criticised (Griffin, 2011; McRobbie, 2000). Within the late twentieth and early twenty-first century new theoretical approaches explaining youth substance use and intoxication have developed (Blackman, 2005; Measham and Shiner, 2009), with the social and economic changes of the latter part of the twentieth century resulting in the relevance of group and structural influences (e.g., class, gender, ethnicity) upon cultural identity becoming challenged and contested (Miles, 2000; Parker et al., 1998; Redhead, 1997). This ‘post-subcultural’ theorising moved away from the focus upon the relationship between class and leisure practices being based around structural inequalities, and suggested contemporary youth cultural groupings and identities as being more fluid, transient and fragmented entities with a greater emphasis on agency, choice, consumption and individual meaning in subcultural practice (see Bennett, 1999; Malbon, 1999; Miles 2000; Muggleton, 2000; Redhead, 1997; Thornton, 1996). This downplayed the importance of structural constraints and embedded inequalities and forwarded young people’s abilities to choose and move between available ‘lifestyles’. The emphasis on choice and agency at the expense of the continuing role of structure has been criticised (Blackman, 2005; Shildrick and MacDonald, 2006), with this downplaying the salience of class and other inequalities, and preventing an understanding of the ways in which social and structural divisions restrict cultural possibilities (Chatterton and Hollands, 2003; Blackman, 2004; Robinson, 2009).

The post-subcultural body of work has been argued to have produced a dominant and myopic focus upon the cultural and social aspects of ‘spectacular’ dance music cultures (Blackman, 2010; Shildrick and MacDonald, 2006:127), with this neglecting the leisure practices, cultural lives, identities and experiences of excluded, marginalised and economically disadvantaged youth absent from and not able to participate in such spaces.<sup>30</sup> Thus, the influence of class and structurally embedded inequalities on youth culture were neglected. The 2000s saw the return of a recognition of the role of structural constraints, and appreciation of social and material circumstances bounding youth experience and practices (Blackman, 2004; Chatterton and Hollands, 2003; Hollingworth and Williams, 2009; MacDonald et al. 2001; Nayak, 2003a, 2003b; Shildrick and MacDonald, 2006; Shiner and Measham, 2009), with the relevance of subculture, and subcultural theorisation, seeing a resurgence and revival in

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<sup>30</sup>This is due to a focus upon the most ‘spectacular’ contexts and aspects of youth, and the leisure spaces of affluent, white and middle-class youth. While this has been acknowledged to reflect mainstream NTE demographics (Moore and Measham, 2008), it nevertheless excludes a considerable amount of young people.

recent cultural and transitional debates (see Blackman, 2005; Gourley, 2004; Griffin, 2011; Hollingworth, 2015; MacDonald and Shildrick, 2007). However, there is still a considerable need for youth substance use research which appreciates socioeconomic disadvantage and structural inequality, specifically in ‘unspectacular’ localities, and which looks at excluded cohorts of young people (Hodkinson, 2015).

### *The Normalisation Thesis*

The normalisation thesis was developed across and beyond the 1990s to explain the changing nature of youth drug use in the UK (Parker et al., 1998). The thesis situated the then increasing rates of substance use within the broader context of social change in ‘post-modern’ society (Parker, 2005:206), specifically globalisation, the process of individualisation, and the increasingly risky and uncertain youth transitions (see above). The normalisation thesis was based on a longitudinal study which followed a group of ‘ordinary’ young people’s substance use practices during their transitions to adulthood (see Parker et al., 1998, 2002; Aldridge et al., 2011), with this cohort appearing actively engaged in ‘conventional’ transitions to adulthood. The thesis attempted to combine prevalence (lifetime and recent use) rates, and changing societal values and attitudes towards drug use, and is premised around five dimensions: access and availability; trying rates; use rates; the level of social accommodation; and the level of cultural accommodation (Parker et al., 2002).<sup>31</sup> It was argued using evidence for these dimensions that drug use (‘sensible’ recreational ‘soft drug’ use, and not excessive and regular ‘hard drug’ use) was being accommodated into wider society, with drug use being noted to have ‘*moved from the margins to the centre of youth culture*’ (Parker et al., 1998:152). Subcultural theory and the significance of social class and resistance were questioned in the normalisation thesis (ibid:26), with the apparent ubiquity and ‘cultural accommodation’ of drug use undermining the subcultural notion of drug use being a minority and deviant practice. Parker et al. (1998) discovered considerable levels of adolescent drug use,<sup>32</sup> drug accessibility, widespread willingness to experiment with drug use, and a social and cultural accommodation of drug use across gender, class and ethnicity

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<sup>31</sup> Parker (2005:213) suggested a further dimension, a recognition of non-problematic drug use in British drug policy, however, this dimension was withdrawn following the increased politicisation and criminalisation of UK drugs policy; for example, the 2009 re-classification of cannabis from class-C to class-B (Aldridge et al., 2011), and implementation of the Psychotic Substances Act 2016 suggests a move away from an acceptance of non-problematic use in policy.

<sup>32</sup> With around 8 in 10 young people having tried at least one drug by the age of 22 (Parker et al., 2002). However, it is important to note the distinction between drug ‘trying and ‘regular’ use, as data from the CSEW (Home Office, 2017) highlights much lower ‘regular’ use than ‘trying’ rates.

groupings, as well as from users and abstainers alike. This was used as evidence to suggest that drug use had become a 'normal' part of mainstream youth culture. Importantly, the normalisation thesis moved away from pathologising all drug users and use, but this did not permeate much popular 'mainstream' media which still pathologises much drug use and youth substance use. Also, the normalisation thesis and its findings are noted to have been used by the UK government to bolster prohibition efforts (see Blackman, 2007a), with this opposing the thesis' original aims. Drawing on, but not explicitly operationalizing, the individualisation of risk thesis (see above), the normalisation thesis forwards an agential and rational, cognitive cost-benefit analysis in understanding substance use, with structural factors having less influence over practices (Parker et al., 1998:154, 158). Essentially, young people were suggested to be agential rational actors who made reasoned choices about substance use and who assess a range of positive and negative factors, from health risks to pleasure, in making decisions about drug use (Williams and Parker, 2001).

The normalisation thesis has had support (Duff, 2003a; Hammersley et al., 2003; Newcombe, 2007; Pearson, 2001; Pennay and Moore, 2010), and critique (Blackman, 2007a; Measham and Shiner, 2009:502; Shildrick, 2002; Shiner, 2009; Shiner and Newburn, 1997; 1999), with it being suggested to be a conceptually 'untidy' concept, one that is expansive and over simplistic in its understanding of different drugs and users (Blackman, 2004, 2007a), and one that cannot account for all young people's use or all psychoactive substances. Some have questioned the exaggerated homogeneity of normalisation (Shiner and Newburn, 1997, 1999), indeed, Shiner and Newburn claim that both users and abstainers hold and display critical attitudes around drug use, with drug users being forced to use 'techniques of neutralisation' (Sykes and Matza, 1957) to appease negative feelings created by engagement in socially unacceptable (illicit) practices. Neutralisations are made to negotiate stigma (Goffman, 1968), whereas the normalisation thesis suggests such stigma has disappeared. Therefore, if young people are making neutralising statements they must hold views in line with the wider consensus of society that drug taking is wrong. As Parker et al. considered drug use to be normalised and already a part of youth culture, they neglected how drug taking became accommodated, condemned and managed within and across friendship, interpersonal relationships and within different levels of social space, and thus neglected that users may have to engage in 'micro-politics' to counter the 'stigma' that is ascribed to them and their practices more generally (see Pennay and Moore, 2010; Sznitman, 2008).

The normalisation thesis has also been critiqued for its overemphasis of the agential and considered assessment of risks, and its neglect of structural influence. It has been acknowledged that in the original thesis, agency and individualised rational consumer choice were over emphasised and privileged at the expense of the ‘irrational’ consumption forces, cravings, compulsions and the implicit pleasures of use (Aldridge et al., 2011:23). An important critique of the original thesis highlighted the continuing importance of structural and contextual factors in substance use practices. Both Shildrick (2002) and MacDonald and Marsh (2002) noted how social disadvantage was linked to substance use and problematic substance use, with this highlighting how traditional patterns of inequality (e.g., locality, disadvantaged and social exclusion) can bound and shape substance use practices for different groups. Shildrick (2002) suggest that the normalisation thesis should be amended as ‘differentiated normalisation’ to appreciate that different types of substances use may be normalised for different groups of people at different times. This ‘differentiated’ understanding furthers the concept of normalisation by appreciating the complexity and diversity of young people’s substance use, perceptions and practices (O’Gorman, 2016).

Despite the weaknesses of the normalisation thesis, work associated with the thesis highlights the importance of young people’s social positions and transitions, and the variable role, position and perception of substance use. A strength of the contemporary discussions around normalisation theorising is the appreciation of the contextual plasticity of perceptions, and how perceptions can change over time (Parker, 2005; Pennay and Measham, 2016; Williams, 2016). This can be seen with the potential denormalisation and attitude shift of cigarette smoking (Measham et al., 2016), suggesting that normalisation and accommodation is a continuous process which responds to social forces, and is not a definite ‘yes or no’ paradigm (Aldridge et al., 2011). This can help explore and understand young people’s changing substance use perceptions, and the position of drug use in youth culture.

### **2.3.2 Substance Use and Socioeconomic Disadvantage**

Nationally the majority of young people do not engage in problematic or even regular substance use (Home Office, 2017). Unproblematic, controlled and pleasure-orientated use, as well as temporary experimentation, are much more common than excessive or problematic use in adolescents of all socioeconomic backgrounds (Harris, 2013). This is important to remember. Indeed, only a small amount of young people, often with an unfortunate mix of risk and a dearth of protective factors, develop problematic use (Graves et al., 2005; Weinberg, 2001), despite a general assumption that drug use inevitably leads to abuse and

problematic use (Daley, 2016). It is clear that substance use is evident across many aspects of society and thus not only linked to disadvantage (Aldridge et al., 2011; Home Office, 2017).<sup>33</sup> However, locality, especially disadvantaged localities, have been found to shape involvement in and continuation of substance use practices, with marginalised youth and young people from lower economic classes being exposed to harmful outcomes (e.g., being more likely to be cautioned, arrested, etc.), ‘risky’ substance use practices, and being linked with the adoption and continuation of such practices into adulthood (Davidson, 2013; Jackson et al., 2012; MacDonald and Marsh, 2002; Measham, 2008; Public Health England, 2016a; Seddon, 2006; Viner et al., 2012; Wikstrom, 2012, also see Chapter One). This suggests that being disadvantaged and growing up in precarious conditions may impact one’s engagement in ‘risky’ practices. Emerging research has noted how economic recessions can have potential health consequences due to such contexts producing considerable psychological stresses (Catalano et al., 2011; van Hal, 2015), with this being noted to potentially facilitate an increase in substance use for those most affected by such conditions (Nagelhout et al., 2017). Therefore, it appears that substance use harms, as well as transitional issues (see above), can be exacerbated for disadvantaged, disengaged and socially excluded young people. Despite this, much UK government policy and discourse decontextualises individuals’ practices from their economic, social and structural antecedents, with this neglecting the role of structural factors in explaining substance use (Fraser and Moore, 2011; Paylor, 2009).

This study contributes to the literature base which explores the leisure and substance use practices of disadvantaged, excluded and difficult-to-reach youth. Studies which have explored these issues have produced illuminating and useful findings. MacDonald et al. (2005) undertook research with ‘socially excluded’ young adults in the North-East of England, looking at their transitions to adulthood and their leisure practices. Drawing on qualitative approaches involving interviews and participant observations, they noted how street-based leisure progressed to engagement in commercialised spaces as their participants aged and transitioned to adulthood, but that material poverty and inequality limited the leisure lives of many young people (see also Batchelor et al., 2017; Nayak, 2003a). Indeed, despite being excluded from ‘typical’ transitions (see above), disadvantaged young people can also be prevented from transitioning into participation in commercialised leisure spaces (e.g.,

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<sup>33</sup> While there is a focus upon socioeconomic issues here, it is important to note that gender and ethnicity also still appear important determinants in substance use (Home Office, 2017; Hunt et al., 2010). Indeed, women typically have lower substance use rates than men, and there is considerable variation between ethnic groups.

mainstream NTE venues) (Chatterton and Hollands, 2002), with this culminating in leisure engagement in street-based spaces for extended periods, as well as shaping substance use practices (see MacDonald and Shildrick, 2007). A study by Shildrick (2006) explored the experiences of a ‘working class’ cohort of young people in a disadvantaged area using interviews and participant observations, and noted how much of their leisure time was focused on street-based socialising, with substance use being an accepted and pleasurable part of their leisure activities (see also O’Gorman, 2016). This resonates with an ethnographic study by Robinson (2009) which explored young people’s leisure and the meanings of their social spaces, and which highlighted the social pleasure and importance of this ‘mundane’ space and activity. The role of locality and accessible space upon leisure and substance use practices, especially for marginalised young people, appears salient. Studies by Townshend (2013) and Foster and Heyman (2013) explored the public alcohol use of young people, noting how alcohol use in spaces away from commercialised premises was discussed as a pleasurable activity but was also associated with certain risks (e.g., violence, over-intoxication), suggesting specific risks and pleasures for those participating in substance use in such spaces (see also Forsyth and Barnard, 2000). Indeed, substance harms have been noted to be shaped by the physical and social spaces of substance use (Duff, 2003b; Rhodes, 2002). It appears that socioeconomic disadvantage plays an important role in shaping young people’s broader leisure and cultural experiences, as well as their exposure to and engagement in ‘risk’ practices. These relationships will be further explored in this study.

## 2.4 Summary

The individualised accounts of risk (Beck, Giddens) within the literature on young people’s lives (and specifically on their substance use) suggest that the assessment, negotiation, avoidance and management of risk have become an individualised task, one that is informed by ‘expert’ knowledge. However, this perspective neglects how ‘risk’ is perceived and experienced by young people, and how social, cultural and structural factors shape risk perceptions and experiences. This perspective problematically presents young people as being ignorant and negligent due to their engagement in ‘risky’ practices. More sociocultural approaches to risk assessment challenges this individualised and ‘expert’ knowledge based understanding. Instead the importance of appreciating ‘lay’ knowledge, social and cultural contexts, and subjective experience in risk and pleasure assessments is highlighted. The literature review highlighted that there can be differences in how the risk, harms and pleasures of substance use are characterised ‘officially’ and how they are perceived by young

people, with localised norms, cultures, social contexts and structural forces shaping perceptions and assessments, and consequently substance use practices. This helps appreciate why some practices are identified as 'risky' and why others are not.

Young people's transitions to adulthood in the UK have become increasingly elongated, individualised, risky and less linear, complicated by structural factors and power relations. The elongated nature of contemporary youth to adult transitions, combined with the insecurity of the labour market is creating a worrying context for a considerable number of young people, especially disadvantaged young people, who appear at the greatest risk of the negative effects of such transitions, and who appear at potential risk of becoming trapped in extremely precarious situations. Negotiating such situations may play a role in the apparent propensity to engage in 'risky' practices and engagement in substance use due to increased leisure time and non-working time shaping the practices that can be engaged with, and due to substance use helping deal with the pressures and stresses of everyday life. However, socioeconomic disadvantage shapes leisure practices and related substance use practices in various ways, and thus disadvantaged youth may have extended free time, but a lack of funds to spend on leisure practices. Thus, the nature of negotiating 'troubled' transitions and disadvantaged situations appears to shape substance use and leisure engagement by simultaneously enabling and constraining practices and abilities. It is important to explore the ways that economic and social conditions, and the range of transitional issues faced by young people, are engaged with and shape experiences, leisure and substance use practices, and life trajectories more generally. This is especially important regarding the continued impact socioeconomic disadvantage has upon substance use practices.

While there are considerable bodies of literature looking at young people's substance use and 'risk' engagement, the importance of exploring the perspectives and experiences of young people and their perceptions and assessments of risk, harms and pleasures of substance use is clear. Indeed, there is a focus upon 'presumed' rather than 'perceived' experiences which forwards negative and stigmatising discourses, especially towards disadvantaged and disengaged young people. Within the youth substance use literature there has been an emphasis upon more 'spectacular' and affluent cohorts and youth cultural forms at the expense of 'non-spectacular' youth groups with this neglecting the lives, experiences and practices of less advantaged young people, resulting in a lack of knowledge around the substance use perceptions and practices of disadvantaged and excluded youth in

‘unspectacular’ leisure localities (see Chapter One). The studies which have explored the perceptions and practices of the neglected and ‘hidden’ cohorts of young people have produced important insights. While there has been a more recent appreciation and consideration of structural forces from both youth transitions and youth culture literatures (Blackman, 2004; Furlong and Cartmel, 2007; Shildrick and MacDonald, 2006), there has been a more general neglect and overlooking of the role of disadvantage and structural inequality in bounding and determining social and cultural possibilities, and an overlooking of the social and economic contexts of young people’s lives, despite disadvantage being linked with the bounding of leisure activities and the fostering of harms. It also appears important to appreciate the influences of ‘expert’, ‘lay’ and other sources of knowledge on risk assessment, and to explore how this knowledge is assessed, accessed, valued and used, as different knowledge sources appear to have differential influences. Such exploration can provide a greater understanding around the perceptions and motivations of substance use, and may aid in developing effective and relevant harm reduction strategies.

As outlined in Chapter One, this study is attempting to answer the central research question, ‘What are the risks, harms and pleasures the young people in the field site identify in relation to substance (tobacco, alcohol, illegal drug and NPS) use, and how do the young people assess and manage these risks, harms and pleasures?’ The broad research question and objectives (see Chapter One) are addressed throughout the thesis and embedded in three substantive chapters which outline the key findings of the study. Chapter Four looks at the participants’ use and perceptions of tobacco, alcohol, illegal drug and NPS; Chapter Five explores how the participants assess and manage the ‘risks’ and pleasures of substance use; finally, Chapter Six explores the participants’ substance use in relation to their leisure spaces and transitions. The following chapter (Chapter Three) sets out the study’s research method and methodology which was used to explore the study’s central research question.

## Chapter Three: Methodology

### 3.1 Introduction

This chapter begins by providing an overview of the study and explaining the background context and rationale for the study's methodological approach. The research design and approach are presented, with the sample information, data collection methods, data analysis methods, ethical considerations and limitations of the methodological approach being discussed. The chapter discusses the advantages and issues of the study's methodological approach. The study employs three main methods of data collection: surveys with young people encountered during outreach work; participant observations of young people's leisure spaces and recorded conversations with young people in these spaces; and interviews with young people recruited from outreach work and the study's partners. It is argued that in relation to the research aims and questions, the methodological approach undertaken in this study provides a holistic understanding of the participants' substance use practices, and how the risks, harms and pleasures of their substance use are perceived, experienced and managed.

#### 3.1.1 Study Overview

Data was collected using three main methods: the Outreach Survey (a targeted survey of young people encountered during outreach work in three locations (the town centre, a poor rural area, a middle income area));<sup>34</sup> participant observation (observation of leisure practices in the spaces young people were known and found to be frequenting, and recorded conversations with young people in these spaces); and interviews (with young people recruited from: the study's partners (a Youth Offending Team (YOT)); and outreach work).

<b>YOT Clients (age 14-18)</b>	<b>Outreach Work (age 16-24)</b>
	Outreach Survey
	Participant Observation
Interviews	Interviews

Data collection commenced in April 2015 and ended in January 2016; the study's findings reflect the substance use perceptions and practices of this time. The study draws on 24 in-

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<sup>34</sup> These were selected in consultation with the study's partners to represent different socioeconomic localities. However, data collection predominantly focused upon the town centre following a shift in the study's partner's priorities (see below, Section 3.3.1).

depth interviews with 27 young people aged between 16 and 23,<sup>35</sup> around 120 hours of observations and informal conversations with young people, and 104 surveys of young people (68 male, 36 female) aged between 16 and 24.<sup>36</sup> Overall, the majority of the sample were male, with many completing education or beginning to seek employment. The majority of the sample were living at their parental homes. Due to the localised scope and the focus on ‘hard-to-reach’ young people, it is believed that the sample generated was robust enough to provide a valuable and rare insight into the perspective of a socioeconomic disadvantaged and ‘hard-to-reach’ population. The male dominance of this sample must be noted (see below), as this neglects the perspectives of young women in the area. It is important to note that the sample cannot be said to be representative of the general population or of young people across the wider data collection site; there were more disadvantaged (e.g., problematic substance users engaged in treatment services) and less disadvantaged (e.g., more affluent) young people that my study did not explore. However, the sample represents a specific level of disadvantage and focuses on a specific group of young people (those with a visible and often stigmatised and presumed problematic presence). This highlights a crucial aspect of my study, as the data provides timely insights into the practices of a typically ‘missed’ and relatively neglected sample of disadvantaged young people, and highlights how there are nuanced variations of disadvantage within and across disadvantaged localities (see below).

The illicit and clandestine nature of youth substance use often results in associated practices remaining covert, and thus absent from prevalence estimations and treatment data. This is further problematised by the majority of prevalence studies being large quantitative population studies which unintentionally omit ‘hidden’ and ‘hard-to-reach’ populations, as well as missing local variations and thus localised emerging trends. My study targeted an underexplored population, one which is typically missed, and which is rarely the focus of research. ‘Hard-to-reach’ groups can be defined as marginalised and socially excluded groups, overlooked and invisible groups, or those who are not willing and not engaging in services (Walker and Donaldson, 2011). Gaining access to ‘hard-to-reach’ young people is difficult for both services and researchers, as they are both difficult to define and engage with

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<sup>35</sup> 25 of these young people were males and 2 females, with 5 participants (all males) being recruited from the YOT, and 22 from outreach work. 7 of the participants were in education, 9 were NEET and 11 were ‘employed’ (5 in part-time work, and 6 described themselves as being in fulltime work) (see Appendix Four).

<sup>36</sup> The mean participant age was 17, with a range of 16-22. 103 (99%) defined their ethnicity as white British (echoing the field site’s ethnic makeup (see below)). 70 (67%) were in some form of education, 18 (17%) were in some form of employment or training (2 in fulltime employment, 10 in part-time/zero-hours contracts, 2 in an apprenticeship, 4 in a training scheme), and 16 (15%) were NEET.

(La Placa and Corlyon, 2014). Research with such young people is also compounded by issues around access, pre-development work to gain trust, participant volunteerism, recruitment procedures and various ethical issues (Matthews and Cramer, 2008; Mayock, 2000). These were challenges I had to overcome, but the existing relationships that I possessed from my previous professional YOT role helped me to address many of these issues.<sup>37</sup> For example, I saved considerable time by having access to several influential gatekeepers who in turn provided access to young people. Furthermore, my professional experience provided me with knowledge and experience of working with young people in challenging situations and around sensitive topics (e.g., substance use, being NEET).

### **3.1.2 Field Site Overview**

Located in South Yorkshire, ‘The Town’<sup>38</sup> is a large sized town with a traditional heritage rooted in working-class industries. It has a population of around 230,000, and its ethnic makeup is predominantly White-British (around 95% of the population). Previously reliant upon the coal mining industry, the socioeconomic and cultural changes of the past few decades have had a considerable impact upon the local labour market. While the number of jobs within The Town’s Borough have not changed considerably since 1999 (Beatty et al., 2011), the types of jobs appear to have altered significantly, being replaced with low skilled and low paid service sector jobs, echoing national trends.<sup>39</sup> The Town has higher than the national average levels of unemployment, extremely high levels of youth unemployment (higher than 25% (see Crowley and Cominetti, 2014)), and poor educational attainment when compared to the English, and Yorkshire average (ONS, 2016b). These issues have been further problematised following the austerity cuts to many national and local services, with data showing Northern localities to be disproportionately subject to the impacts of such issues (Adfam, 2016; Beatty and Fothergill, 2013; Clayton, 2015; 2016; Iacobucci, 2016; O’Hara, 2014; Townshend, 2013; Wylie, 2015). The Town’s Metropolitan Borough is generally a working-class area which experiences considerable levels of poverty and deprivation. The Town falls within the top 15% most deprived local authorities and has higher than average levels of child poverty (ONS, 2016b). Young people growing up in The Town are exposed to a range of interconnected deprivations, typically echoing those associated with growing up in lower-class and disadvantaged localities: poverty, high levels of unemployment; poor

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<sup>37</sup> Before undertaking this PhD I worked for three years in a youth offending team (YOT).

<sup>38</sup> In order to protect the participants involved in this study, the geographic location of the research has been anonymised and referred to throughout as ‘The Town’.

<sup>39</sup> The Town lost nearly 20,000 coal mining related jobs between the 1980s and 2000s (Beatty et al., 2011).

educational attainment; high crime rates; and poor health profiles (e.g., O’Gorman, 2016). In respect to the socioeconomic indicators and overall Index of Multiple Deprivation ranking The Town appears to be a ‘risky’ place for young people to grow up in, with many being exposed to severe, complex, multiple and compounding issues. These conditions of poverty, deprivation and social inequality are crucial in contextualising and understanding the sample of young people in my study, and their practices, abilities and experiences.

### **3.2 Research Strategy and Design**

Both quantitative and qualitative approaches were employed in this study, as both were believed to provide important insights which would help answer the study’s research question and aims. In a simplistic account, quantitative strategies tend to use numerical data, whereas qualitative strategies use data in the form of language, text and visual images (Bryman, 2008). Quantitative data is useful for exploring prevalence rates but provides ‘thin’, superficial and often reductionist accounts which struggle to understand the complexity of the social world and reveal meaning which underpins practices (Davies et al., 2011). Qualitative data provides rich but subjective data which permits greater understanding and insight into the complexity of social worlds (Boeri et al., 2009; Pilkington, 2007a, 2007b). I argued that taken together, these approaches can provide more comprehensive understandings of youth substance use practices (Bryman, 2008; Tashakkori and Teddlie, 2010).

The nature of the different methods bounded their effectiveness for answering the study’s research question and aims, and thus different proportions of qualitative and quantitative data are used throughout the thesis, depending on how well suited the data is in providing an answer to the study’s research question. The study predominantly utilises qualitative data, with this setting the findings in their contexts and permitting the social and cultural meanings of risks, harms and pleasures to be explored, while quantitative data is used to support and highlight specific points typically around the participants’ substance use rates. Chapter Four draws upon both qualitative and quantitative data to explore and provide an overview of the participants’ substance use practices. Chapters Five and Six predominantly employ qualitative data to explore the meanings and motivations of their substance use practices. Chapter Five explores how the participants assessed and managed the risks, harms and pleasures of substance use. While Chapter Six explores the participants’ experiences of leisure space and their negotiation of their transitions to adulthood. My approach of using different methods was justified on the basis that it allowed different and important data

around the participants' substance use perceptions and practices to be captured and explored. The limited data around the perspectives of substance related risks, harms and pleasure from disadvantaged cohorts, and the lack of knowledge around the substance use practices of 'hidden' young people in 'unspectacular' localities, highlighted the need and importance of capturing data around both use rates and motivations of use. Indeed, in order to explore substance related risks and harms it is important to understand the patterns and perceptions of substance use, and it is argued that the selected method facilitates such an understanding.

A cross-sectional design was suited to exploring the study's research question, as this allowed various cases, both qualitative and quantitative (including young people's practices and perceptions) to be investigated and measured across a single point of time (Davis et al., 2011). This ability to capture a snapshot of current perceptions and practices was deemed valuable regarding the speed of trends in youth culture (Measham et al., 2001; Muncie, 2015). Cross-sectional designs are useful at revealing population trends, as well as permitting the assessment of variation over different cases (Bryman, 2008). Thus, this design complemented the scope of the research and the data collection methods chosen. As cross-sectional designs only capture a snapshot of a particular point of time, they possess low internal validity and therefore only associations between variables can be made. However, the use of multiple methods is argued to produce themes that can further support such associations (Creswell, 2014; Davies et al., 2011).

### **3.3 Sample**

The sample can be described as a non-probability, convenience and purposive sample as it involved the targeting of specific individuals. This sampling method is useful for researching 'hard-to reach' populations (Kraska and Neuman, 2008:228). Sampling during the outreach work was largely opportunistic, and while this sampling approach cannot be said to produce representative samples, it is important to note that the sampling strategy was not designed to produce a representative sample from which wider inferences could be extrapolated, but was intended to capture the perceptions and practices of available and relevant young people. The cohort of young people the study was attempting to sample can be described as a 'hard-to-reach' group, with it being difficult to gain a representative sample of such groups due to their characteristics, demographics and size (Barratt et al., 2007). The difficulties accessing such a sample should not be underestimated, with considerable patience and persistence being required. Many young people can be apprehensive of official figures, and therefore

much time is needed to gain trust (Russell, 2005). Indeed, a researcher coming from the stance of an outsider can be initially met with distrust, with this contributing to an unwillingness to engage (Pearson, 2001). However, distrust is not the antithesis of trust but can be an initial barrier (Emmel et al., 2007). I initially spent time in the data collection spaces, familiarising myself with and getting to know the young people. Undertaking a period of sustained observation with young people has been noted to secure high levels of acceptance for future aspects of research (MacDonald and Marsh, 2005), with this familiarity helping counter 'outsider' status which can impact upon the validity of young people's 'natural' practices when being observed (Curtis, 2002). While empathy and credibility have been found to be important in generating trusting relationships when accessing hard-to-reach groups (see Elliott et al., 2002; Sixsmith et al., 2003; Walford, 2008), I add that simply being seen helps build trust, rapport and credibility through exposure and familiarity. The predevelopment phase I undertook, supplemented by my prior professional work in the area, appeared to generate levels of trust and familiarity which facilitated voluntary engagement, or at least willingness to participate (see below).

Young people were accessed during outreach work, or through the study's partners (see below for a discussion around arranging interviews with young people through the study's partners). During the outreach work, young people who met the inclusion criteria (aged between 16 and 24) were asked about participating in the study. The surveys were conducted initially, with recruitment for interview participation beginning a considerable amount of the surveys had been collected. Despite the potentially illegal nature of substance use there was little reluctance around participation, with the majority of young people being enthusiastic and willing to engage in all aspects of the research. If willing to participate in the survey the young people were sampled immediately. A small number of young people were unwilling to participate due to time commitments. Only one young person refused due to a fear of potential repercussions from discussing a potentially illicit topic. If willing to participate in an interview arrangements were made to meet at a local pub or cafe. Recruitment for interview participation during outreach work was met with enthusiasm, but this rarely culminated in actual participation due to a combination of factors (e.g., the uncertainty of the young people's lives, the forgetfulness and lack of commitment of the young people, and the difficulty in contacting and arranging meetings following initial interest). Accessing this group of young people was challenging, time-consuming and disappointing especially when

they failed to attend an arranged meeting. This was frustrating but not entirely unexpected as I was aware of the difficulties of engaging young people through my professional experience.

I initially aimed to arrange one interview during each outreach session, however, this approach proved ineffective with only some young people turning up to arranged meetings. I consequentially re-evaluated and altered my approach. I arranged to meet with a colleague I knew from my professional experience (a Police and Community Support Officer (PCSO)) who worked primarily in the town centre). She agreed to escort me around the town centre at different times to that of my outreach work, showing me the ‘hotspots’ that young people were frequenting, and using her local knowledge and established relationships to gain access to young people. This approach highlights the benefit of having and utilising local connections (Lofland and Lofland, 1984). I undertook several of these sessions and used the time to arrange multiple interviews with young people at staggered times for the following day; this way I felt I was more likely to retain some young people, and not waste time traveling for meetings where participants may not turn up. I adopted a similar practice used in focus group recruitment, with an over recruitment of participants being a pre-emptive move to avoid non-engagement (Umana-Taylor and Bamaca, 2004). I would try to arrange around six interviews, taking the young people’s contact numbers (if they had mobile phones), to remind them of the meeting. However, as many would not have phone-credit I still had to rely on participation without confirmation. Nevertheless, this approach proved much more effective.

I also responded to the difficulties of interview recruitment by utilising alternative methods of data collection. I wrote to the Lancaster University Ethics Committee to request an amendment to my ethics approval, in which I proposed to counter the issues of securing engagement by undertaking in-situ recorded interviews (informal conversations) with young people in their leisure spaces during outreach work. This was approved in June 2015 and allowed me to instantly capture data from young people who expressed willingness to engage in the research, but who were unwilling or unable to surrender their time to participate in a more formal meeting.

### **3.3.1 Issues in Access from the Study’s Partners**

In many studies, the details of access are not robustly documented or are lightly discussed. However, the issues involved in this process and the impact it had on the direction of my study, should not be neglected. The study was partnered by a YOT. YOTs are local authority

bodies which supervise and manage young people in the youth justice system in England and Wales. They are multi-disciplinary teams comprised of social service, probation, police, education and health workers. Contact with the study's partners was established through my professional experience of working in the YOT prior to conducting the research. I initiated contact with the YOT manager through e-mail, to which I was provided positive feedback regarding participation. I arranged a formal meeting with the YOT manager and one of my PhD supervisors where we discussed what was wanted and achievable from the study. Once agreed upon, the YOT manager signed a letter of support (January 2014). Contact was then suspended for around 12 months whilst I began my course and completed my initial academic commitments (e.g., gained ethical approval, designed and piloted my research tools). Contact was then re-established. I attended a follow-up meeting with the YOT manager and the manager of the Targeted Youth Support (TYS) Service (formally the Youth Service) to arrange and begin the data-collection process. During this meeting I re-outlined the proposal and was provided contacts to correspond with in order to recruit participants (YOT case managers, and TYS area workers in the selected data collection sites). I was granted permission to resume a previous professional role of outreach work in the town centre, from which I could begin data collection. However, problems were encountered as I began the data collection during a time of considerable funding cuts and service re-structure across both the YOT and TYS. This resulted in various changes of mid-level management, as well as service direction and targets. This affected the outreach work side of the study as engagement in outreach work in two of the three localities was ceased soon after I began data collection, following the TYS service moving (led unwillingly by funding cuts) in a 'new direction', but outreach work remained in the town centre as this was a priority due to various youth related issues (e.g., anti-social behaviour, substance use).

I was permitted to work relatively freely and independently with the organising of data collection left directly to myself. While this freedom was welcomed it was also accompanied with issues. Access to the YOT clients was to be gained through discussing recruitment with the YOT line managers, who would inform the client case managers, who would ask the clients if they desired to participate. However, this process was extremely slow and there were issues in the chain of communication. I requested to attend a team meeting to directly highlight my role and research, and to inform the case managers what they would be required to do to facilitate client participation (essentially ask the clients if they wanted to participate, then inform me). The case managers appeared willing to assist. I highlighted that it would be

easy for me to attend and take over one of their contracted sessions, providing the case managers with 'time off'. However, I was informed by the line managers that the interviews could not be used as contracted session time, and thus would have to be arranged and conducted separately. This knowledge appeared to alter the case managers' enthusiasm, as it would require them to undertake extra work to arrange the interviews. Therefore, I noted that I would be able to meet with young people following their meetings, knowing from experience that the young people would be difficult to engage with following their contracted sessions. I asked the YOT case managers to contact any clients they believed would engage in the research. The YOT clients who were aged 14-15 had an information letter delivered to their parents/guardians by their case managers (see Appendix One). This gave the parents/guardians the ability to 'opt-out' their son/daughter from the study before the young people had the option to 'opt-in'. The YOT clients aged 16 and older could self-consent and were presented with an information sheet by their case manager allowing them to 'opt-in' to the study (see Ethics section below for further discussion of this). Voluntary participation was deemed important for honest responses and motivated engagement.

The service re-structuring the YOT was going through presented several difficulties, with new mid-level managers being employed and work priorities shifting. This unfortunately resulted in one of the managers I had been effectively working with leaving. This manager was interested in my research and had arranged several interviews for me to participate in, when she left the momentum she brought fell away. This resulted in access having to be re-negotiated via the same time-consuming processes. Upon re-meeting with the case managers, many noted that they had no suitable clients with them assuming I was only interested in 'problematic' substance users, despite me highlighting I was interested in the opinions of all young people irrespective of their substance use histories. I attempted to negate this by approaching the case managers directly to arrange interviews. I resorted to 'turning up and pestering' the case managers for interviews. My presence may have made it more difficult for the case managers to refuse (as opposed to through e-mail requests which can be forgotten and neglected), as this resulted in securing some interviews. However, this approach was time-consuming and inefficient and after a few attempts I ceased engagement with the YOT, instead focusing on recruitment through outreach work.

Overall, negotiating access with the study's partners was not difficult with permission for access being granted extremely quickly, but the access provided did have various problems, with negotiation taking longer and being more difficult than expected. The study's partners in

this research were compliant and co-operative and did not implement barriers and obstacles which have been noted in previous studies (e.g., insisting on excessive ethical requirements (Sixsmith et al., 2003)). However, access to the YOT clients was limited by the efforts and willingness of the case managers, with their workloads, busy schedules and inability to see immediate benefit to participation resulting in unanticipated gatekeeping barriers and issues in obtaining the desired number of participants. Such issues added considerable time to the data collection period, but these issues had the benefit of forcing me to focus on sampling participants through outreach work, and thus I was required to engage with a group of young people typically absent from formal service engagement.

### **3.4 Data Collection Methods**

#### **3.4.1 Questionnaire**

A short and anonymous survey (the Outreach survey) which explored the participants' current and previous substance use practices was utilised in this study (see Appendix Two). This was particularly useful due to the lack of regional, local and national data around young people's substance use practices, and the nuances of localised issues. The survey was an exploratory 'targeted' survey, which provided contextual data and which helped explore the rates, practices and issues around the participants' substance use. Surveys have been utilised in many previous studies investigating drug use, and have been suggested to provide accurate snapshots of trends in drug use (Bellis et al., 2003; Hughes et al., 2009; Parker et al., 1998; Simpson et al., 2007). Surveys have also been successfully used to explore substance use in club and NTE contexts, and 'on the streets' of city centres, and thus the leisure spaces where use is occurring (Measham et al., 2011; Moore and Measham, 2012b). The Outreach survey covered basic socio-demographic questions, and questions around the use of tobacco, alcohol, illicit drugs and NPS. The list of substances was determined by national prevalence statistics and input from the study's partners, focusing on the presumed most popular contemporary substances; the participants were also able to self-volunteer other substances not present in the survey list. The breadth of NPS products resulted in the survey focusing on broad groups of NPS (SCRAs, stimulants, psychedelics) and not specific brand names (e.g., Black Mamba) or chemical names (e.g., Naphthalen-1-yl-(4-pentyloxynaphthalen-1-yl)methanone; 1-(5-fluoropentyl)-3-(1-naphthoyl)indole). This was deemed more practical than listing all known products (as well as requiring a chemistry degree to know which substances had been used).

Surveys were also selected as they are a relatively quick and cheap method, and can collate considerable amounts of data in a short period of time (Davies et al., 2011). The time taken to complete a questionnaire, and the complexity of a questionnaire, were important to consider in this study to avoid issues around response fatigue (where participants become distracted or frustrated if a questionnaire is too long and demanding) as this can affect the reliability and validity of the results (Aldridge et al., 2011; Bryman, 2008:217). Therefore, the surveys were designed to be efficient and focused while avoiding superfluous detail. The survey was pre-tested, piloted and revised before use, using colleagues and young people at a youth club to provide constructive criticism on wording, interpretation, structure, complexity, comprehension and speed (Heath et al., 2009; Robson, 2011). This piloting raised concerns that were not originally considered, specifically the fact that the young people were opposed to filling in the surveys in their leisure times. This feedback ensured the survey contained the necessary questions, was not too time intrusive, and led me to conduct the surveys as a structured interview where I asked the participants the questions and noted their answers instead of them completing the survey themselves. This approach also avoided the potential issue of embarrassment from participant illiteracy which I was aware of from my experience of working with disadvantaged and disengaged young people.

The surveys were equally targeted at all individuals who fitted the study's inclusion criteria. This was done to prevent sampling bias occurring (Bryman, 2008:168), and in attempt to obtain a more heterogeneous selection. In total, 113 young people were approached, and 9 declined participation. If a participant was deemed 'intoxicated' they were excluded from participation (see below). The Outreach surveys were undertaken with verbal consent (see Section 3.6 below for more detail). The young people were offered a small bag of sweets as an incentive for participation, with this use of food as a bargaining tool being noted to be an effective approach for securing participation (Blackman, 2007b). The questionnaires were administered by myself, with this resulting in an excellent response rate as I was able to reassure those who were unsure of participation. My familiarity with the design of the questionnaire allowed me to work through the survey quickly and effectively, whereas if undertaken independently some of the young people may have become confused and bored, resulting in them erroneously completing the surveys. This approach resulted in no issues of incomplete, defaced or unusable questionnaires or questionnaires which were completed by participants outside the target age-range. The issues of interviewer bias must be noted as I directly undertook the questionnaires with the young people. While this method could be

suggested to result in issues around response validity through the altering of responses due to the questionnaire not being private, it was found that this method was extremely effective in eliciting detail as the participants were able to have their queries instantly clarified. It must be noted that all the young people were given the option of completing a questionnaire themselves, but none chose this option. Indeed, several of the young people initially refused participation on the basis that they would have to 'do some writing', but were willing to engage when they realised this was not the case.

The survey was designed to be easy to understand by avoiding ambiguous and complex terms, lengthy questions and leading questions. The survey comprised entirely of 'closed' questions; these questions consist of a set of answers and participants are asked to select the answer which most closely relates to their views or practices. While closed ended questions provide data which is easy to obtain, record and analyse, such a method can result in bias where a respondent is forced to pick an answer which is not representative of their actual views or practices, as well as resulting in differing interpretations of questions. However, such issues were avoided through my approach, where the questions were read or shown if requested to participants, and clarification could be instantly provided. An advantage of this method over a self-completion questionnaire was that I had the ability to probe, prompt and clarify responses and collect additional data that was meaningful to the participant (Davis et al., 2011). Such data was recorded in field notes and used to inform future questioning in the interviews and informal conversations. 'Open-ended' questions would have provided richer detail. However, they are more difficult to answer and time-consuming to record and analyse. Also, the use of qualitative methods resulted in open-ended questions not being required.

The use of in-situ surveys can be argued to disrupt the participants' natural context, with this affecting the ecological validity of the findings (Davis et al., 2011). However, this was unavoidable as questionnaires were the most effective way to collate data around the rates of substance use. Also, the disruption to the participants' lives can be suggested to be negligible, as the questioning of their practices occurred during general interactions with youth workers, albeit in a less formalised way. Under-reporting rates have been ascribed to issues of confidentiality (Bryman, 2008), therefore anonymity was stressed to the participants in an attempt to strengthen the trustworthiness and credibility of the responses. A concern was the potential of responses being augmented due to the surveys often been undertaken in the presence of peers, with this resulting in the embellishment of the frequency and amount of substance(s) used (de Visser and Smith, 2007, also see below). While potential problems in

reliability and validity relating to questionnaires have been noted (Bryman, 2008) the survey, in emulation of Parker et al.'s (1998:46) survey, included the dummy drug 'semeron', which was designed to test reliability and over-reporting issues of the respondent's answers. No respondents reported using semeron (see Table 4.5), highlighting a level of trustworthiness in their responses.

### 3.4.2 Interview

In-depth semi-structured interviews were employed in this study (see Appendix Three). This method provided an insight into the participants' perceptions, opinions and experiences, as well as an exploration of the meanings which underpin their practices, with such a method being appropriate for investigating complex practices and perceptions (Gray, 2009). Semi-structured interviews provide flexibility to follow up on specific issues, and permit probes and prompts to expand on and clarify data. Indeed, a major benefit of the semi-structured interview method was the ability to expand upon the normative assumptions the participants would often make (e.g., they would use phrases such as, 'do you know what I mean?', to avoid detailed description). Semi-structured interviews also provide the participant with a level of control over conversation direction and over what is revealed and discussed (Bryman, 2008). This is important especially when discussing illicit and sensitive topics. The use of open-ended questions allowed the participants to interpret the questions, providing them the opportunity to answer the most relevant issues for them. However, a problem with this is that the participant can focus on specific topics, and thus neglect others. It is the researcher's role to guide the discussion back 'on track', and my experience of working with young people helped me to do this without making the participants feel uncomfortable, pressured, or their views unimportant. Previous studies have suggested that it is important to develop empathy and trust when exploring vulnerable groups and potentially illicit topics in order to produce valid responses (Elliott et al., 2002; Sixsmith et al., 2003; Walford, 2008). My previous work experience was believed to have facilitated the data collection and interview process through helping me to quickly build and develop a rapport with young people.

The initial part of the interview was designed to collect descriptive data and to allow the participants to familiarise themselves with the interview environment. I spent time discussing the purpose of the research before beginning the recording. This was to relax the participant and explain to them that the interview provided time where they could express ideas that they found important, and that it was not a tool for them to 'tell me what I wanted to hear'. The

participants were provided with an information sheet (see Appendix One) and verbally briefed around the nature of the research and their rights. I informed the participants that if they did not wish to divulge certain information they did not have to, and I explained to them not to talk about incriminating issues or issues I may feel compelled to disclose (see Ethics section below). However, none of the participants refused to answer a question. Following the introductory and basic socio-demographic questions, the interviews consisted of broad and open-ended questions. The interview questions were formulated using the literature review, however, the interview schedule was not static and new themes and avenues of interest gained from the Outreach survey and initial participant observations were incorporated into the interview schedule over the course of the data collection period. The interview schedule was formatted into logically progressing sections, which included: introductory questions; leisure activities; licit and illicit substance use; experiences, perceptions and motivations around substance use; and educational and occupational futures. ‘Open-ended’ questions were used to produce more in-depth and relevant responses, with probes and prompts being used to seek clarification. The semi-structure nature of the interviews allowed the same base questions to be provided to each participant, with this strengthening the interviews reliability while allowing flexibility to expand on and explore the participants’ opinions, perceptions and experiences. More structured interviews would have inhibited the exploration of new lines of inquiry, with this potentially missing emerging and novel practices.

The interviews were designed to last around one hour, with the interviews typically ranging from 40 minutes to 80 minutes, with three shorter interviews of 20-25 minutes occurring. Some of the interviewees found it easier than others to articulate and construct their narratives, with some being more ‘skilled’ and comfortable in telling their stories than others. Even with the skills and experience I had around working with challenging and hard-to-engage young people, and techniques of reframing questions to elicit a coherent response, some of the interviews were challenging. Some responses required further (and further) probing to reveal meaning; one YOT interview involved many non-verbal responses, as well as short snippet-style responses which required a great deal of prompting questions. The shorter interviews were typically with the YOT clients. I was aware that the YOT clients could become bored and disruptive during their contacted sessions, and as I was meeting them following these sessions I anticipated the interviews would be shorter, and attempted to counter this by avoiding the initial interview questions which were designed to familiarise the

participants with the interview environment, instead focusing on the more in-depth questions. This was justified due to the YOT clients being familiar with interview style environments.

Five interviews took place in the YOT, with these being conducted in private meeting rooms. One interview took place in a youth club in the area the participant was recruited from. The remainder of the interviews took place in local pubs and cafes within the town centre; these locations were selected due to their ease of access and their familiarity providing reassurance for the participants, as well as the fact they tended to be busier and noisier areas, resulting in less chance of being overheard. The majority of the participants appeared comfortable in discussing their experiences, with none refusing or declining to answer any questions. There were three paired interviews, with the participants being asked questions together in order to facilitate dialogue exchange during responses. While asking each participant separately may have produced richer data, this approach was deemed too time consuming. It could be argued that such joint interviews may have affected how questions were answered, but these interviews were undertaken with young people who were comfortable and familiar with each other, with this being believed to have helped elicit more honest responses. Indeed, the paired interviews flowed particularly well.

All interviewees received a gift (a small box of chocolate) for participation in the research. Russell (2013) noted that it was possible to gain the trust of young people over time and secure participation without incentives. However, it felt important to reimburse and compensate individuals who are willing to answer potentially intrusive questions. Young people's time should be taken seriously, and their participation should not be taken for granted (Heath et al., 2009). A gift for participation seems both fair and an appropriate way of encouraging participation. Hollway and Jefferson (2000) note that receiving remuneration for time invested from participation highlights a level of respect, and takes away some of the power imbalances between the researcher and the participant.

### **3.4.3 Participant Observation**

Observations are an extremely useful way of gathering data on people's practices in their local contexts. To more holistically explore and understand young people's substance use it appeared important to frequent, engage and interact with young people in their leisure spaces.

I used outreach work<sup>40</sup> to undertake observations and informal interviews. This approach provided access to the participants' social worlds that would not have been possible using purely semi-structured interviews or surveys. The participant observations were initially (briefly) spread across three sites, and were conducted in youth clubs, drop in sessions, and the spaces in which young people were found to be frequenting. However, due to funding cuts and redirection of services, outreach work was dropped from priorities and was only maintained in the town centre (see above). Approximately 120 hours of fieldwork were undertaken, with this being predominantly in the town centre. The field notes documented observations, personal reflections and conversations with young people, drugs workers, PCSOs and police officers. It must be acknowledged that these notes reflected my naturally subjective recollections of situations. My experience of outreach work and working with marginalised and disadvantaged young people prepared me for data collection 'on the streets', and provided me with much localised and relevant knowledge which enhanced the quality of the probes asked, and facilitated the flow of meaningful conversation as many local colloquialisms and slang were able to be understood without explanation. Nevertheless, due to the partial familiarity of the cultures I was observing through my professional experience, I actively questioned the 'taken for granted' practices I would have normally assumed I was aware of. This produced more disrupted but robust narratives.

The informal conversations captured during the outreach work explored how the young people interpreted and talked about their practices, and how they engaged with each other. The informal conversations were recorded if consent was provided. Before recording the informal conversations the young people were fully briefed and provided appropriate ethical protection. The participants were able to provide verbal consent with it being argued that it was more appropriate to digitally record spoken consent than to use written consent, as this may over-formalise what would simply be a short conversation, with this potentially inhibiting engagement and willingness to participate (see Briggs and Turner, 2011). Data from the non-recorded conversations were mentally noted and written up as soon as was practical. Initial anonymised notes would be written up on my mobile phone, with this being an unobtrusive method as most young people are familiar with mobile phones being used, allowing salient and mundane events to be detailed quickly after their occurrence. Several of

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<sup>40</sup> Outreach work from a youth work perspective involves joining young people in their familiar leisure spaces where they usually congregate. Such work targets 'hotspots', 'risky behaviours' and young people who are difficult to engage in mainstream provision.

the informal recordings involved group discussions. This initially seemed a good idea, but the issues of people talking over others, mumbling and standing too far away from the Dictaphone, culminated in it being difficult when transcribing such conversations. Nevertheless, this method allowed a capturing of the young people's group engagement and general interactions in natural conversation. While group discussion methods (e.g., focus groups) are noted to be inadvisable if researching and discussing 'sensitive issues', the participants were found to readily discuss personal and emotional topics, especially when in the presence of their friends, with the spontaneity of group discussions and the more relaxed and jovial atmosphere facilitating engagement and data collection (Krueger and Casey, 2000).<sup>41</sup> However, it must be acknowledged that the group discussions, and discussions when peers were present, produced more positive accounts of substances' effects (see also Lyons et al., 2015). Thus, while individuals may not always provide 'accurate' accounts in group contexts, the presence of other people during discussions can make people feel more comfortable and can provide reflexive insight into their views and experiences.

## 3.5 Data Analysis

### 3.5.1 Quantitative Analysis

The Outreach survey comprised entirely of closed questions. These have the advantage of being easy to code and analyse, as well as allowing comparability between respondents. The survey question responses were pre-coded in order to be quickly and efficiently inputted and quantified (Denscombe, 2010:166). All data from the completed questionnaires was entered into the quantitative data analysis software package SPSS, and was subject to univariate and bivariate analysis, with frequency count tables (data around the participants' perception and practices) being generated. As this study was looking at use rates and perceptions, and was not looking to infer causation between the variables, there was no need to undertake complex statistical analysis.

The data tables presented and discussed may not produce percentages within the rows and columns of the data tables that add up to 100%, as the figures are rounded up or down to the nearest percentage. It is important to note that the sample size and approach to sample selection produces several limits to the quantitative analysis and the ability to generalise from these findings (see Chapter Four: Section 4.4). The data is based on self-reported substance

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<sup>41</sup>It must be noted that what young people consider 'sensitive issues' may not mirror adults' conceptualisations.

use with no external validation. However, self-report measures have been found to be reasonably trustworthy and reliable (Parker et al., 1998), and there is little to suggest that the young people in this study were deceitful about their substance use (see above around the discussion of ‘semeron’ use).

### 3.5.2 Qualitative Analysis

Analysis of the qualitative data was managed using the qualitative data analysis package NVivo. The data was analysed using thematic analysis. All the interviews and informal conversations were recorded and transcribed by myself. This has been noted as useful way to familiarise and allow a more thorough understanding of collected data (Braun and Clarke, 2006). I did not adopt the vernacular language of the respondents in the transcriptions and I translated the quotations into standard English, editing the dialect where necessary to ensure meaning and clarity in the quotations. This aided understanding and reduced the time spent phonetically transcribing the speech. Previous research has noted that strong accents and local slang can lead to a loss of data during transcription (Newcombe, 2009), but my familiarity with the local context accounted for any issues. The transcripts and field notes were reviewed, read and re-read which allowed a ‘feel’ for their content to be obtained. They were then coded in NVivo using an ‘open coding’ technique, this allowing identification of recurring themes, ideas and patterns relating to the research question to be gained. The coding process involved selecting data extracts which expressed similar subject matters or theoretical standpoints (Bryman, 2008). This process generated a set of codes for each transcript, and once all the transcripts had been coded, the sets of codes were then compared and organised into broad themes. Many of the initial themes were driven by the interview schedule design, and others emerged through reading, coding and comparing the interview transcripts. Re-reading of the transcripts allowed me to confirm the themes, develop new themes, and to explore how these themes were interrelated. Therefore, there were different levels of themes within the data analysis. As the data was initially analysed during collection, it was possible to move between collection and emerging data, and thus possible to use the emerging themes to direct data collection (e.g., issues that had been neglected or only briefly covered previously could be further explored if deemed important). During the theme-building process similar and related themes were merged and standardised into overarching themes. Due to the sample size being manageable it was practical, albeit time-consuming, to read and re-read all the interview transcripts and field notes. This process of reading over, looking for and establishing patterns within and across the data, revealed excellent insights, as well as

gaps in the transcripts (e.g., around the amounts of substance typically used, amount spent on substance use, and how and where funding for use was obtained) typically caused by a lack of robust questioning on my part.

It is important to be aware of the potential of subjectivism in data analysis (Davis et al., 2011). The young people's accounts should be read as reconstructions of their experiences, which in turn is reconstructed in the data analysis process. I sought to continually scrutinise the coding and analysis of the data, as well as checking the participants' responses and intended meanings, with the data and transcripts being read in their entirety so that meaning and context were not lost. The very process of coding, sorting and breaking data down into manageable chunks, and positioning data, can distort and disrupt the complex narrative and rich detail of interviews and result in data losing its contextual grounding (Bryman, 2008). The researcher must balance the precarious task of presenting data in its natural form, whilst not removing data from the context in which it was created. Denscombe (2001), in his research of young people's smoking practices, notes that the social reality of young people can be captured and retained through data analysis if the analysis is supported by reviewing and returning to the words of the young people. Therefore, where practical I have referenced direct quotations and conversational extracts from the participants. I have had an 'editorial role' in the presentation of the participants' accounts, this can be accompanied with employing the most comprehensible quotes, and the selection of the most shocking, exciting and memorable events, with this having the potential to extrapolate findings which are not general or supported by the rest of the data (Ravn, 2012). However, I have sought to present a variety of accounts, from common, mundane and 'extreme' cases, as this highlights general and specific issues within the participants' narratives.

### **3.6 Ethics**

Ethics can be seen as the rules of conduct which must be adhered to in research. There are various and important ethical, practical and methodological issues to address when working with and researching disadvantaged and 'hard-to-reach' young people (Blackman 2007b; Valentine et al., 2001; Young and Barrett, 2001). Due to the focus of this study, ethical considerations were of paramount concern. The study was approved by the Lancaster University Research Ethics Committee and operated within the principles of the British Sociological Association's Statement of Ethics and along the requirements of the Data Protection Act (1998). The growing literature on ethical issues in research with young people

highlights the rights of young people, and the responsibility of the researcher to create an environment which enables choice in participation. My previous experience of working with young people has led me to believe that young people can be competent in making their own choices around participation if provided with the correct information. Choice was extremely important throughout this study and was provided throughout the research process, via, providing opportunities to ask questions, providing time for informed choice, and providing detailed information around options at each stage of the study.

Bryman (2008:118) notes several potential consequences of participating in research: invasion of privacy; a lack of informed consent; harm to participants; and deception. The concepts of informed consent, harm to participants and confidentiality will be discussed below, however, they are not mutually exclusive categories and involve considerable overlap.

### **3.6.1 Informed Consent**

Gaining adequate informed consent, especially in relation to research with young people around potentially illicit topics, is extremely important (Miller et al., 2004). Before any data collection the salient points of the study were highlighted, these included: the nature of the study; the role of the participant; confidentiality and anonymity; voluntary participation; and the right to withdraw from the study. Consent can depend upon a participant's understanding and memory of provided information (Alderson and Morrow, 2004; Gallagher et al., 2010). Chronological age cannot be used to infer a level of understanding, therefore, it is important to provide young people with information which is appropriate for their level of comprehension (David et al., 2001). The purpose and nature of the study were explained to the participants, both in writing via an information sheet (see Appendix One) and verbally in appropriate language prior to gaining informed consent. It should not be assumed that all young people hold competent levels of literacy (Heath et al., 2009), with disadvantaged young people being found to have poorer literacy levels (Morrisroe, 2014). Considerable time was spent verbally informing the young people of the nature of the study and of their rights and roles. Verbally articulating the information sheet in 'understandable and appropriate' language allowed me to feel confident that the research participants were fully informed and able to consent. I also produced consent forms with tick-boxes for easier comprehension. The participants were also encouraged to ask questions at any point of the research.

The young people recruited through the study's partners (the YOT) had an information letter delivered to their parents/guardians before participation (see Appendix One), this allowed

them to ‘opt-out’ of the study if they desired (see above). This approach can avoid participation being limited by a ‘lack of motivation’ around reading and returning consent forms. The process of obtaining parental consent via passive methods does raise ethical concerns, as letters can be misplaced or lost in the post. However, the letters were taken directly to the participants’ parents/guardians by their case managers during home visits. Only two young people were required to have parental approval, with this being granted without issue. In some cases, the services that young people are engaged with (e.g., schools) have been noted to hold power over young people, making it difficult for them to ‘opt out’ of participation (Denscombe and Aubrook, 1992; Heath et al., 2007), with this hidden pressure potentially affecting the trustworthiness of responses. Thus, it was deemed important in my study that the participants had the capacity for voluntary engagement at all stages. While it has been noted that young people may feel uncomfortable in ceasing participation during data collection due to feeling guilty from disappointing the researcher (Heath et al., 2009), such shyness was not evident from the young people in my study. The YOT clients were selective in their participation, with many simply refusing to participate if they did not desire to, and several informed me when they had ‘had enough’ of their interviews and wanted to leave. This, in some cases abrupt refusal to participate or continue participation, provided me with confidence that those who participated were not coerced into participation and were fully willing to engage.

In relation to the Outreach survey no names or signatures of identification were collected, this was done to guarantee the anonymity of the participants. The young people were informed of the nature of the survey, with assumed consent being gained through voluntary participation. Assumed consent guarantees the participants’ protection whilst assuring their willingness to partake in the research; survey research into substance use often employs such methods (see Bellis et al., 2003; Smith et al., 2011). Written consent was gained prior to any formal interviews,<sup>42</sup> while verbal consent was required for the recorded informal conversations. This consent highlighted that the participants understood the nature and purpose of the study, that they were voluntary agreeing to participate and that they had an opportunity to ask questions about the study. I provided information to the young people and then checked that this had been understood. Sudore et al. (2006) note this as ‘teaching then testing’. Any participant who did not demonstrate adequate understanding would have been excluded from the consent

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<sup>42</sup> The participants were asked to sign a consent form, with one copy being retained by myself (one by the study’s partners if applicable) and one by the participant.

process. The participants were told they could refuse to answer a question if they felt it was too personally intrusive, and were informed during the interview that if they wished to make comments ‘off the record’ such comments would not be transcribed later, but none did this. The participants were informed of their right to withdraw their consent by quoting a unique interview identifier (participation number). This right to withdraw was effective for up to two weeks following participation for the interviews. Withdrawal was only able to be undertaken during participation of the survey, as retrieval after completion would be impossible due to the anonymity of the process. Ideally there should be an interval between gaining ‘in principle’ consent and data collection, although this is not always possible in practice, and would not have been feasible for the survey in this study due to the nature of outreach work and the inconsistency of engagement from the young people.

Despite the effort and focus on safeguarding and ethical procedures by myself, the study’s partners and the university ethics committee, the young people in this study had little concern regarding any ethical issues or of their ethical protections. None of the participants put much effort into reading the information sheet, instead relying on a verbal description from myself. Similarly, no participant wished to sign and keep a copy of a consent form for themselves. My contact information was provided on a take-home information sheet in case the participants had any follow-up queries, but again no participant chose to take an information sheet. Finally, all participants were informed they could have a copy of the findings if they desired, as well as a copy of their interview transcripts, however all declined this, with one young person jokingly noting ‘*you can fuck off if you think I’m reading that*’ (Lester aged 17, following his interview).

Conducting research with young people during outreach work presented various issues. One such issue was the expected and inevitable engagement with intoxicated young people and young people who had recently used, or were currently using, substances (see Aldridge and Charles, 2008). This raises issues of the validity of consent, as intoxication may compromise informed consent (ibid; Moore and Measham, 2009). Intoxication can be understood as the effects following the use of one or more psychoactive substances, with this affecting cognition, judgement, perception and emotional state (Aldridge and Charles, 2008; Lane et al., 2004; Measham et al., 2001). However, intoxication is a subjective phenomenon that is not easy to quantify and can be different depending on the substance used, the mindset of the individual, and setting and context of use (Fraser and Moore, 2011; Zinberg, 1984). There is little guidance of conducting research with intoxicated participants. Research has tended to be

either ultra conservative and exclude intoxicated participants altogether, or employs a subjective screening tool and excludes those who are defined as being ‘too intoxicated’. Aldridge and Charles (2008) argued that avoiding research with intoxicated participants is not practical as it is extremely difficult to avoid intoxicated people, especially if conducting research in the spaces they are frequenting. Indeed, Blackman (2007b) highlights the value of engaging young people during their substance use sessions and in their leisure spaces. Despite the noted limitations of exclusion based upon visual/behavioural approaches (ibid), the young people who I deemed intoxicated were excluded from the data collection for their own ethical protections.

### **3.6.2 Harm to Participants**

It is important to ensure that no individuals are hurt or harmed by the research process or its findings. My study had a simple overt design. The participants were provided with an information sheet which presented an honest overview of the study. The information sheet did not delve into too explicit detail of the study in order to avoid over-complexity, and also to not contaminate the participants’ responses, resulting in them altering their answers to try to conform to the presumed ideological intent of the research (Bryman, 2008:443; Denscombe, 2010:144). Therefore, this refrained clarity was required to maintain some reliability within the participants’ responses and did not cause any harm to the participants.

The data collection did involve the discussion of sensitive and illicit topics. However, the data collection tools were designed to avoid unnecessary intrusions into the participants’ privacy and to avoid stigmatization. There was little anticipated risk of psychological harm as the research was looking at perceptions and experiences of substance use. My professional experience of working with young people provided an awareness of how to discuss topics without making young people feel embarrassed or uncomfortable, and an understanding of how to support young people if they became emotional. My professional experience also allowed me to appreciate that matters which are private to some, are not to others. Thus, I attempted to be as aware as possible for signs of discomfort. If any of the participants appeared to be in distress during the interview it would have been stopped and the participants would have been given time to recompose, but no participant appeared uncomfortable at any point. The participants were not debriefed following participation due to time infringements, however my contact details were provided to the participants in case they had any questions or issues regarding the research process (none appeared to do so (see above)), or if they decided to withdraw their data after participation (none chose to do so).

Each participant was provided a sheet with contact information for a variety of free and confidential services, but again none elected to take one of these.

In relation to the observational aspect of the research, directly observing young people as they naturally behave in their social spaces may have made them feel embarrassed. However, the outreach work I attended were established projects, and thus the individuals were accepting of being observed by myself and other youth workers, and were generally happy to talk about their issues and substance use in their social environments. I was accompanied during observations and field work by a youth worker and a PCSO, this allowed any issues that arose to be passed directly to them.

### **3.6.3 Confidentiality and Anonymity**

Substance use for young people can be an illegal act. A participant admitting to breaking the law during research could consequently face potential criminal repercussions (Denscombe, 2010:143). Therefore, as this study was questioning individuals on their substance use, guaranteeing participant anonymity and confidentiality where appropriate was noted to be extremely important in facilitating authentic, credible and insightful responses, and increasing the validity, reliability and trustworthiness of responses.

The use of questionnaires as a research tool allows participants to be anonymised relatively easily (Bryman, 2008:119). However, interviews require more robust protection. I conducted all data entry and interview transcriptions, and thus I was the only person who had access to this data. Once transcribed I erased the recordings. All research materials were encrypted, and securely stored on a password protected laptop, all paper based personal information (e.g., signed consent forms) were kept in a locked space. Identifying features or comments were removed or altered from the collected data. The interviews were numbered with no names being ascribed. When directly quoting an interview each quotation is identified by a pseudonym and the age of the young person (e.g., James aged 16) (see Appendix Four). Quotes from the informal interviews are presented using a pseudonym followed by their age (e.g., F aged 18). Participants were told not to refer to themselves or others by their full names. Indeed, some of the young people would actively ‘self-edit’ their stories to not incriminate themselves or their friends. This displayed a level of control in their narratives, with this contradicting the assumed power of researchers in qualitative data collection.

Prior to any data collection the participants were informed that their responses would remain confidential. However, when discussing potentially illicit topics with young people the

interviewer has a duty of care to reveal information that has been provided in confidence but which may put a young person at harm. Thus, there is a present issue of being required to break a participant's confidence to protect their welfare (e.g., if a child protection issue arose (Alderson and Morrow, 2004)). The caveat that confidentiality may be breached under specific circumstances was noted at the start of data collection. Any issues of disclosure around child safeguarding or other serious issues were to be followed in line with the disclosure and ethical obligations of the research and the study's partners, however, no such issues arose. Also, despite anonymity and confidentiality being prioritised during outreach work, confidentiality between respondents was not able to be assured, with group conversations not being guaranteed to stay within groups. Nevertheless, it can be assumed that their group discussions were not intended to be confidential at the friendship level.

### **3.7 Researcher Positionality and Reflexivity**

Many social science researchers refrain from considering the impact of their experiences on their work due to a fear of becoming 'unscientific' by failing to remove bias and subjectivity from the research process (Blackman, 2007b; McCorkel and Myers, 2003). However, it is difficult and perhaps foolish to write on this topic without considering my own youth, professional experience, background and experiences of growing up in the field site. It is important to acknowledge that while this helped elucidate the broader context of the everyday lives of the participants I was studying, it also shaped the research process in various ways. It is important to reflexively acknowledge and be aware of one's personal influence and identity over the research process, and how experiences and assumptions can shape data collection and analysis (Allen, 2004; Bourdieu, 1992; Hammersley and Atkinson, 2007; Hunt, 2010). One cannot be a 'blank slate' and thus the research process should occur with an 'open' and not an 'empty' mind (MacDonald, 2001). Age, gender, social class, personal connection and experience can all shape the research process (Lumsden, 2009; Mauthner and Doucet, 2003; Punch, 2012). Therefore, I acknowledge there is likely to be a personal impact in my research. My biographical position in terms of my social class and my role as a youth worker provided a personal relationship to the wider field site. Indeed, my study was motivated by the desire to challenge some of the more dominant discourses and presumptions around the practices of socioeconomically disadvantaged young people (see Blackman, 2011; France, 2007; MacDonald et al., 2014a), due to my personal and professional experiences providing alternative perspectives and insights. My perspectives influenced the design and execution of the study as I attempted to highlight the experiences and accounts of young people in their

leisure spaces. This may have also influenced the interpretation of the data. However, I made a conscious effort to neither idolise or vilify the young people, but to describe my interactions and the experiences and practices of the young people as they were, not as I would have liked them to be.

During the data collection I was accepted by many of the young people as being able to see from their perspectives due to my age (25), appearance, social class and my growing up in the research area defining me as 'alright' and not as judgmental or a 'posh wanker' as some adults (e.g., educational staff) were often perceived. In this sense, due to my personal and professional biography and my experience of growing up and working in the field site, I was viewed, and I felt in some respects, as a partial-insider. I held a partial-insider status due to my biography and sharing of similar characteristics (age, gender, ethnicity, class) providing me with a 'lived familiarity' and prior knowledge of the sample being researched (Hollands, 2003; Loxley and Seery, 2008; Merton 1972; Moore, 2003:152; Punch, 2012). Indeed, my age was undoubtedly an important tool as I was relatively close to the age of the research participants, with this providing empathy and a presumed level of shared understanding. My familiarities and similarities acted as a considerable advantage in the research process and provided me a level of connection and access which facilitated engagement (Blackman and Commane, 2012; Taylor, 2011). However, sharing similarities and a common ground should not be presumed as being sufficient for overcoming the difficulties in researching young people (Bennett, 2003; Gray, 2009; Whyte, 1943); the lack of female participants in my study alludes to this (see below). I was seen as being both similar and different (see also Back, 1993), with various power relations (e.g., gender, youth worker/researcher, insider/outsider positionality) interacting and mediating the research process.

My partial-insider status provided me with much localised and relevant knowledge which enhanced my understandings of the participants' accounts, improved the quality of the probes asked, and which facilitated the flow of meaningful conversation as many local colloquialisms and slang were able to be understood (Sanghera and Thapar-Bjokert, 2008). An issue of partial-insider research and having a pre-existing understanding of a topic/sample/locality is the neglecting of seeking detailed explanation from the participants (DeLyser, 2011; Taylor, 2011). This may have occurred during my data collection, however, I actively tried to question, explore and follow up on points rather than relying on presumed understandings through my existing knowledge. Despite this issue, the shared understandings I held with many of the participants greatly facilitated the research process. My position as an

insider/outsider shifted depending upon the participant and topics being discussed (Breen, 2007; Mercer, 2007). I had experience, knowledge, competence and understanding around specific topics, but less and little over others (e.g., NPS perceptions and practices) during which I would question and ask the participants to expand on the normative assumptions they would often make. A crucial aspect of the data collection and one linked to my insider/outsider status was that of the young people being interested in my background and my perspectives and experiences around substance use. The answers I provided to these questions (despite these typically being selective, filtered, often unrevealing and done in a joking way due to protecting my professional position) facilitated a level of connection, as they alluded to a shared level of experiences and attitudes (e.g., growing up in the same areas, engaging in similar leisure practices). This facilitated dialogue and disclosures through the sharing of commonalities in experiences. In a way, my 'openness' and lack of refusal to answer and engage with their questions separated me from professional roles, which are more oriented around exploring the young people's perspectives whilst retaining privacy, with this acting in a way to balance the power relationships between myself and the young people. My disclosures felt extremely useful in facilitating connection, developing rapport and facilitating reciprocation from the participants (see also Blackman, 2007b; Swatz, 2011), with the sharing of this 'guilty knowledge' (Blackman and Commane, 2012) developing a level of trust and connection. I felt that once the young people were aware I would not be judgmental regarding their substance use perceptions and practices, they were more willing to engage. Indeed, due to the participant's perceived stigmas around the use of substances in public spaces (see Chapter Six) and their active avoidance of association with problematic use (see Chapter Five), displaying a non-judgmental approach was extremely important in facilitating engagement with these young people.

I conducted my research whilst undertaking my professional role as an Outreach Youth Worker, therefore, throughout the data collection process I had to balance a dual role of youth worker and researcher. My role as a researcher was visible and overt as I introduced myself to young people encountered during outreach work as a youth worker and student researcher who needed their help for my study. I openly discussed the nature of the study and the ethical procedures, informing the young people I was interested in their leisure practices, substance use perspectives and lives more generally; this was generally responded to with interest and enthusiasm. I found the coexistence of the dual roles of researcher and youth worker to be manageable and generally non-intrusive as they held what I saw as congruent aims; to

observe, engage with and explore the perceptions, practices and experiences of young people. Both my youth work and research roles involved working at the intersections of complex issues around encouraging engagement, dealing with disclosures, managing confidentiality and maintaining the wellbeing of young people. Working with and researching disadvantaged young people can be emotionally challenging due to the troubled biographies of such young people. Managing such emotions in my research was a constant process (Burkitt, 2012). Indeed, my desire to help, support and advise the young people often formed a tension between my roles. While I collected the data as a researcher I also felt inclined to provide support as I would have done as a youth worker.

The outreach projects I attended were established projects and thus the roles and visible presence of professionals was developed in the field site. This allowed me and my research to blend in without disruption to the social setting. Due to the familiarity of professionals in their leisure spaces, as well as the positive (non-judgmental and supportive) interactions and relationships built with such professionals, the young people were generally accepting of being interacted with and were generally happy to talk about their issues and substance use in their social spaces with professionals. These relationships can take time to build up, and I was able to use these pre-existing relationships to facilitate engagement with a typically hard-to-reach sample of young people. Interactions and conversations were not always orientated around substance use, but involved more general conversation topics (e.g., family life, leisure activities). However, during the interactions, I took cues from the young people and also used opportunities to ask questions and direct conversation topics (see also Blackman, 2007b). Some of the young people would focus on substance use and self-volunteer information and stories they thought might be of interest to myself. Thus, my research and my presence shaped the discussions with young people and the nature and direction of these discussions, which may not have naturally occurred without my being there. Despite often transitioning into discussions around substance use, such conversation topics were not uncommon between youth workers and young people. As well as having some influence on conversation topics, my presence appeared to also shape substance use practices. The young people would not typically use substances in my presence or the presence of other professionals. For example, one young person noted he was going to smoke cannabis but ‘down-wind’ from myself to prevent the smoke being blown towards me, other young people would note they were ‘moving on’ or would wait until I moved on to initiate their substance use. However, the young people would not hide their substance use intentions from me or other youth workers,

and would prepare cannabis joints and reveal the (often small quantities of) alcohol they had. The ‘trust’ the young people held from their interactions with youth workers, and the lack of perceived consequences of police involvement (see Chapter Six for a further discussion) resulted in little fear that their illicit practices would have negative consequences. The participants’ perceptions around legality and acceptability shaped how they used and discussed substances, and subsequently how they were used and discussed during interactions with me as a researcher and youth worker.

Gaining access to ‘hard-to-reach’ young people is difficult for both services and researchers, as they are both difficult to define and engage with (La Placa and Corlyon, 2014). Engaging young people in their own leisure spaces can be uncomfortable and intimidating as you are attempting to speak to a group of individuals who may have no interest in talking to you (see also Alexander, 2000). Young people engrossed in their own activities can appear ignorant and abrasive. Fortunately, my experience of outreach work and working with marginalised and disadvantaged young people prepared me for data collection ‘on the streets’, and thus I was not nervous of engaging with challenging young people or approaching young people in their own spaces. My experience also removed the potential of ‘culture shock’ which is important when dealing with vulnerable and disadvantaged individuals. I believe it is important for a researcher to have some understanding of the samples and issues they are attempting to research prior to researching them. Such points are often not requested by ethics boards, but I believe are extremely important in ensuring non-judgmental interactions. A researcher must make their participants feel comfortable enough to share their personal feelings with. These can include issues which are embarrassing and traumatic, and if a young person speaks on an issue that makes the researcher display disgust or disbelief, this can facilitate feelings of distress and affect the data collection process and the participant. My personal and professional experience facilitated the research process by providing me with the knowledge around effectively and sensitively managing interactions with challenging and vulnerable young people.

### **3.8 Alternative Methodological Approaches**

Alternative research designs and data collection methods were considered for this study but were rejected due to practicality. Some are discussed below.

The study would have benefited from a longitudinal research design as this would have allowed young people’s substance use perceptions, practices and transitional issues to be

explored over time. This would have been relevant in assessing the change in patterns of both NPS and illicit substance use following the implementation of the Psychoactive Substances Act 2016 in May of that year which occurred several months after the completion of my data collection. A longitudinal design would have allowed substance use practices to be explored over a considerable time period, as well as in relation to the participants' transitions. However, this method would have been problematic in the PhD time frame, as well as potentially suffering from problems of attrition due to the nature of the sample.

While online recruitment and sampling techniques have been noted to be a useful and increasingly used methods to target 'hard-to-reach' cohorts (see Barratt et al., 2015; Ravn and Duff, 2015), such a method would not have been useful in my study. Indeed, the disadvantaged nature of the sample resulted in not all the young people having instant and unrestricted access to the internet and online technologies (see below), and thus this method may have further excluded an already over-looked population.

The use of focus groups was considered in this study due to the noted benefits they provide in research with young people (Heath et al., 2009), but their use was ultimately rejected due to practical and ethical issues. The guarantee of confidentiality cannot be made in focus groups due to the inability to control the actions of other group members, and thus disclosure breaches can occur despite prevention efforts (Heath et al., 2009). Also, some young people can dominate group discussions, preventing all participants from equal discussion, and others can disrupt the functioning of a group, and therefore responses may reflect peer norms and not individual views (Barbour, 2007). Focus groups are noted to be more efficient than interviews as many respondents can be questioned at the same time. However, focus groups would have been extremely difficult to organise and undertake due to issues in securing young people's engagement, and may have been difficult to manage due to the nature of the young people the study was sampling. While individual interviews provide a 'safe' environment to explore sensitive and illicit issues, the 'natural' contexts of focus groups can provide shared experiences, and the reassurance of peer support can reduce inhibitions (Bloor, 2001), with this providing a less intimidating environment which may facilitate greater disclosure. It has been suggested that group interviewing should be sought when interviewing young people, as group interviews can create a less imposing and more empowering and emotionally supportive environment than 'traditional' interviews (Eder and Fingerson, 2002). Nevertheless, the young people appeared comfortable, honest and open during the interviews. Also, the presence of peers may affect some people's willingness to

disclose information around sensitive and illicit topics; for example, SCRAAs were extremely stigmatised with participants distancing themselves from their use (see Chapter Four). Nevertheless, focus groups could have provided useful and different perspectives than the selected methods allowed, but the evident practical and ethical issues prevented this method's employment.

### **3.9 Limitations**

This section discusses and reflects on the most salient limitations of the study, and the challenges and issues that were encountered during the research.

There was no accessible sampling frame from which a group of young people could have been randomly accessed, therefore, the sample had to be obtained from within targeted settings. Consequently, access preceded sampling and my sample was one of convenience. A random sample may have been more desirable as this would have allowed generalisation to be inferred (Bryman, 2008). However, it would have been logistically and ethically difficult to undertake a random sample within this study. The chosen sampling methods (sometimes referred to as targeted sampling) were justified by the nature and aims of the study, as well as in respect to available time and resources. Due to the cross-sectional design of the study and potential biases in local and regional variations, combined with non-random sampling techniques, and relatively small sample sizes, the external validity of the data becomes non-existent (Denscombe, 2010). Nevertheless, this does not mean that the findings have no relevance. The findings have considerable value, with the strength of this data being derived from its contextual focus, with this allowing the social and cultural meaning of substance use practices and perceptions to be explored. The participants cannot be said to be representative of young people in the general population or across the wider field site, nevertheless, the insights from the participants provide illuminating findings around the perceptions and practices of young people who have a visible (and often presumed problematic) presence in street-based spaces. While the findings may not be generalisable, the themes and implications from my study are not unique and exclusive to the sample, and are more broadly representative, and echo more widely in other areas of socioeconomically disadvantaged youth. Thus, the findings may be indicative of and applicable to other youth samples in divergent but similar contexts. In light of the dearth of research involving disadvantaged samples of young people in 'hidden' and 'unspectacular' localities, and in respect to the various wider issues being experienced by such young people, it is argued that the study

presents an extremely valuable and timely exploratory insight into the practices and perceptions of such young people's substance use.

Controlling and accounting for diversity in gender, ethnicity and socioeconomic status during data collection was difficult. While the methodological approaches generated rich data, my sample was relatively small, ethnically homogenous and included more males than females, reflecting the populations from which they were drawn. While a larger sample has obvious benefits and may have led to slightly different findings, the sampling and recruitment strategy was not designed to produce a representative sample, but sought to explore the perceptions and practices within existing groups. Further, due to service funding cuts (see above) I was working across a relatively small geographical area and looking at a specific cohort of individuals within this area, therefore there was only a finite amount of young people able and willing to be sampled. The ethical exclusion of young people based on age (i.e., my inability to sample under 16-year-olds) limited and neglected the accounts of many present young people, and limited the sample sizes. If an ethically sound manner of obtaining this data could be found, it would be a useful addition to future studies. The experiences of young women in relation to drug and substance use is typically more absent in the literature (Measham, 2002), and unfortunately my study does not robustly counter this dearth.

Due to my previous professional role I was experienced in engaging with groups of young women during outreach work. However, it was difficult to recruit young women to take part in the interview aspects of the study, so my opportunistic sample was unintentionally biased towards young men. The researching of young women by male researchers has been noted to present difficulties and challenges, for example around the access and exclusion from female space, and the lack of sharing similarities, interests, connexions and credibility (see above) (see Back, 1993; Blackman, 1998, 2007b; O'Brien, 2009), with such issues contributing to the difficulty of securing female participation in my study. The young women were not unwilling to participate and not 'unable to talk' (Willis, 1977), indeed, many young women were spoken to, recruited and participated in different aspects of the research. However, the unilateral gender distribution in my sample appears to have been shaped by the recruitment methods, data collection sites and ethical constraints.<sup>43</sup> Many young women were present during the outreach work but such street-based leisure spaces in the town centre were more

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<sup>43</sup> For example, there is a dominance of males in YOT demographics (Youth Justice Board, 2016), and it is thus unsurprising that all the YOT sample were male.

typically inhabited by young males (also see Abbott-Chapman and Robertson, 2009b:246).<sup>44</sup> Also, many present young women tended to be younger (below 16 years old) and thus unable to participate due to ethical restrictions. The young women were more reticent in their willingness to participate in one-on-one interviews, although many were willing to participate in group interviews and discussions due to the presence of their friends. This hesitancy may have been influenced by local and topical concerns around the time of the data collection, as there was much press coverage around the sexual exploitation of young women in a neighbouring town (see Jay, 2014), with this potentially shaping the young women's willingness to participate in the interviews alone. These issues also had some impact upon my roles as a youth worker and researcher as it changed the dynamics, feel and practices around interacting with young women and groups of young women as a male, with this resulting in a greater awareness and caution around protecting myself and others during my professional work (also see Back, 1993). Despite expressing a willingness to participate in group interviews, such interviews were difficult to arrange due to various issues (see above), and thus arranged meetings with groups of young women often did not materialise. Another important issue was the gendered expectations around substance use (see Chapter Four). Many of the young women were more cautious than the young men in discussing their substance use and were more concerned around presenting themselves as engaging in acceptable and controlled use, or not engaging in problematic, uncontrolled and inappropriate use (see Chapter Five). Thus, the difficulty of female recruitment may have been less an issue of willingness to talk to me as a male researcher, and more to do with talking to me as a male researcher of 'drugs', due to a perceived potential threat of stigmatisation. Upon reflection, the dissemination and simplification of my research being around substance use practices (despite my attempts to highlight I was interested in all perspectives and not only those of substance users), may have inhibited female participation due to wider gender concerns around substance use and identity management (see Holloway et al., 2009; Hutton et al., 2013, 2016; Measham, 2002; Plant and Plant, 2006). A more nuanced approach around the scope of research may have facilitated greater female involvement. It is important to acknowledge that different themes may have arisen if there was a more gender-balanced sample.

The recruitment of participants for interviews was a challenging aspect of the study, with this impacting upon the number of interview participants. It was difficult to recruit through the

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<sup>44</sup> This gendered pattern of space was supported by anecdotal observations from my professional experience.

study's partners (see above), and while the young people encountered during outreach work expressed interest in participating, they would often not attend interview appointments. The problems encountered during data collection forced me to adapt my approach. The issues in accessing the YOT clients resulted in me focusing on a less accessible cohort of young people (hence a more under-researched cohort, producing more novel research). While, the issues in arranging interviews resulted in me undertaking recorded informal conversations with young people in their leisure spaces, with this providing unique insights and another perspective to help answer the study's research question. Therefore, while these issues initially presented as limitations, in practice I was able to overcome them, with this arguably culminating in the development of approaches which focused and improved the study.

Participant engagement during data collection was also an issue, as some participants were easier to engage with than others, with the more 'challenging' young people producing narratives and accounts with less detailed data. The interviews which lasted the longest involved those who held the strongest views about, and greatest experience around, substance use, with this potentially biasing the overall view. The YOT clients I interviewed were the most difficult to engage with, and thus tended to produce the shortest interviews. This may have been due to my inability to engage in any pre-development work with the YOT clients, the fact that I had to interview the YOT clients following their 'challenging' contracted sessions with their case managers, or simply due to their capricious temperament and abilities. There was also a more 'formal' feel to the YOT client interviews which may have influenced upon the flow of the interviews.

While the young people appeared candid in their discussions of their substance use, issues of validity and honest responses go beyond intentional (dis)honest reporting. Actual recall of substance use practices can be problematic simply due to memory issues and biases (Bellis et al., 2009; ONS, 2017a). Also, young people's initial substance use can be sporadic and experimental, rather than consistent and sequential (Fuller, 2015). It must also be appreciated that responses may be conscious efforts to create biographies which represent how people would like to present themselves (this is particularly relevant in regard to the active avoidance of 'problematic', 'addicted' and 'uncontrolled' use noted by the participants (see below)), or may be a regurgitation of what the participants think the researcher wants to hear. MacDonald and Marsh (2005) take a pragmatic approach to this issue and simply accept that some narratives are constructed to promote both self-identity and self-justification. The participants may have been worried about disclosing knowledge (especially in the YOT), and

this may have affected willingness to speak both honestly and in-depth. Some of the young people may have exaggerated and embellished their accounts to try and impress (this appeared evident during outreach work and during the informal conversations when data collection occurred in the presence of peers), or to present themselves as more responsible users. The methodological approach used in this study allowed me to explore such issues and the validity of the participants' statements through both being informed of and witnessing their practices. While many of the young people spoke of planning their use around their commitments to minimise any potential issues, this was often found to be contradicted at different points in their accounts and narratives. It was found that despite specific practices being stated, various factors, such as peer encouragement and low-level intoxication driving a desire for further intoxication, could undermine this control (see Chapter Five). Indeed, the young people's actual adherence to their stated practices was challenged and frequently contradicted later in conversations, later in further conversations and through observations.

### **3.10 Summary**

This chapter began by discussing the field site of the study, 'The Town', and then described the study's research design and discussed the nature of the sample and how the sample was accessed. The data collection tools were then presented. Data was collected using three main methods: surveys (with young people encounter during outreach work); participant observation (observation of leisure practices in spaces young people were known to be frequenting, and recorded conversations with young people in these spaces); and interviews (with YOT clients and young people recruited from outreach work). The data analysis involved simple quantitative analysis and thematic analysis of the qualitative data. There was a discussion of the ethical issues and considerations of the study, as these were of considerable importance. Some alternative methods were then presented, alongside a discussion of why they were rejected. Finally, the most salient limitations of the study were discussed. It is argued that in relation to the research aims and the study's central research question, the methodological approach undertaken in this study provides a holistic understanding of the young people substance use practices, and how risks, harms and pleasures of substance use are perceived, experienced and managed.

Chapters Four, Five and Six present the study's research findings of the data generated from the application of the study's methodological approach discussed in this chapter. It is not claimed that these findings are representative of all young people, or even young people in

the field site. It is suggested that these findings provide important insights, which can help understand similar young people's perceptions and practices, and which can help inform policy, practice and educational approaches. The following chapter (Chapter Four) begins exploring the participants' substance use perceptions and practices.

## Chapter Four: Substance Use Practices

This chapter explores the participants' smoking (tobacco and e-cigarette), alcohol, illicit drug and NPS use perceptions and practices. I argue that the understandings and perceptions around the risks, harms and pleasures of substance use are shaped by experience and exposure to social and cultural norms and values, with these perceptions and understandings shaping substance use practices. This chapter draws on both the qualitative (interview and informal conversation) data and the quantitative survey data, with this allowing the participants' use practices and use rates to be presented and discussed, as well as permitting exploration of the perceptions and meanings of substance use, and the implications these have upon practices. Whilst the male dominated gender distribution of the sample must be acknowledged and appreciated, the data nevertheless provides extremely valuable insights into the substance use practices of a typically under-researched sample of young people.

Over the past few decades there have been various shifts in youth substance use patterns at the population level within the UK (see Chapter One), with apparent general falls in tobacco smoking rates (Fuller, 2015), alcohol use (ONS, 2017a), and a stabilisation across illicit drug groups (Home Office, 2017). Recent years have also seen the development of electronic cigarettes (e-cigarettes) and the practice of 'vaping', and the emergence of new and 'novel psychoactive substances' (NPS). However, due to the relative novelty of NPS and e-cigarette products there is limited data exploring young people's engagement with these substances, and little knowledge around motivations for use, experiences of use, health effects, and the associated perceptions around the risks, harms and pleasures of use (Chatwin et al., 2017; Home Office, 2017; Measham et al., 2016). While there appears to have been general changes in use rates at the national level, localised and regional variations have been alluded to, with a suggested enduring association of socioeconomic disadvantage, substance use practices and health inequalities (for example Amos et al., 2011; Karriker-Jaffe, 2011; Pampel et al., 2010). Indeed, there appears to have been a polarisation of use trends in specific social groups and localities, with low socioeconomic status (SES), disadvantage and exclusion still being linked to higher levels and more problematic levels of substance use (MacLeod et al., 2016; Public Health England, 2016b; Shiner, 2009). Much previous research around young people's substance use practices has been situated within the urban night-time economy (NTE), exploring the practices of typically affluent and 'middle-class' youth (see for example Measham and Moore, 2009), with less attention paid to the substance use practices of young people excluded (culturally, geographically, economically) from such

spaces. This chapter explores the legal and illegal drug and NPS use patterns, perceptions and practices of a sample of disadvantage, ‘hidden’ and ‘excluded’ young people in a typically underexplored and ‘unspectacular’ locality, with this allowing new and neglected perspectives to be assessed. I argue that localised issues around disadvantage continue to shape substance use perceptions and practices, with specific substance use practices being associated with disadvantaged cohorts (e.g., tobacco smoking), suggesting the continuation and embeddedness of socioeconomic disadvantage, substance use practices and health issues.

This chapter addresses the study’s central research question by exploring how the participants identified and assessed the risks, harms and pleasures of different substances. I argue that the understandings and perceptions around the risks, harms and pleasures of substance use are not static and set but instead respond to social and cultural norms and values, with these understandings and perceptions shaping substance use practices. Risk was evaluated by the participants through a conceptualising of the potential for experiencing harms, with immediate, tangible, visible and acute harms being more prominent and easier to conceptualise in the young peoples’ assessment and evaluation of risks than chronic and long-term harms. The substances that did not present such harms, or were not perceived as presenting such harms, were differentiated as less risky, irrespective of their potential for long-term harm. Perceptions of risks, harms and pleasures were drawn around perceived product strength, effects, and the ability to control and manage these effects, with these perceptions being informed by experience and the exposure to different sources of knowledge within the young people’s social and cultural contexts.

The chapter begins by looking at the participants’ tobacco smoking and e-cigarette practices (Section 4.1), and their perceptions of the related effects and harms, exploring how these shaped use rates. The embeddedness of tobacco smoking and association with positive effects promoted use, with a discussion of associated harms being almost absent or neglected in the participants’ accounts. Interestingly, confused knowledge around the safety, risks and harms of e-cigarettes impacted upon them being perceived as potentially harmful, with this deterring use beyond experimentation. An overview of the participants’ alcohol use is then presented (Section 4.2) looking at how the cultural ubiquity of alcohol, as well as the expectation and pleasure around drinking, shaped and often promoted use, and affected how the risks and harms around alcohol were perceived and managed. The participants’ use of illicit drugs and NPS, as well as a discussion of their polysubstance use, is then presented (Section 4.3). There

is a discussion of NPS (typically SCRAs) use and experimentation, and exploration into the perceptions towards, and emerging stigma around, SCRAs, noting how young people are drawing on the changing position of SCRAs from a recreational substance to a problematic substance, and how this has affected substance use practices. Finally, there is a comparison of the data from this study to various other data and national surveys exploring youth substance use (Section 4.4), allowing for an exploration of how my sample's substance use compares to wider population trends. It generally appears that the participants in this study are more substance experienced than the general youth population.

#### **4.1 Smoking, Tobacco and E-cigarette Use**

This section will look at the samples tobacco smoking and e-cigarette use practices and perceptions. It appears that the social accommodation of tobacco smoking evident from the participants facilitated the high levels of tobacco use, and that price, perceptions around the lack of foreseeable risk and harms, and the perceived pleasures of use all shaped smoking practices. The novelty of e-cigarettes resulted in experimentation of use, but this did not culminate in high levels of continued use or use becoming more prevalent than traditional tobacco smoking. There was a perceived uncertainty around the potential risk and harms of e-cigarette use, apparently driven by the confused and often contradictory messages disseminated regarding their safety, with this resulting in a general perception that e-cigarette use is more dangerous than traditional smoking. The young people's perceptions and consequently their practices were shaped by their personal experiences and the wider (local, 'lay', 'expert') knowledge they had access to.

##### **4.1.1 Tobacco Use**

A considerable proportion of the interviewed participants, as well as many of the young people encountered during outreach work, smoked tobacco in some form (cigarettes, rolling tobacco). The data from the Outreach survey shows that 68% of the young people surveyed smoked either daily (31%) or non-daily (37%), with only 28% reporting not smoking (Table 4.1). The majority of the daily smokers (63%) tended to smoke up to 10 cigarettes per-day (Table 4.2), often citing a lack of disposable income inhibiting further use, while 25% reported smoking between 16-20 cigarettes a day. Such considerable use rates possess various short-term, and potentially considerable long-term harms (Prabhat, 2009; Hiscock et al, 2012). However, it must be noted that the majority of the young people who smoked rarely discussed the potential for long-term consequences, both in terms of smoking (see below) and more generally in regard to substance use harms (see Chapter Five), typically

discussing short-term ‘manageable’ issues, e.g., effects upon cardiovascular fitness, and more immediate, but potentially less likely ‘sensationalist’ acute harms, e.g., exploding e-cigarettes (see below). There was a prioritisation of the positive and pleasurable effects in the participants’ accounts, with those who smoked highlighting the perceived social benefits, pleasures and effects around stress relief, as well as noting how smoking helped manage self-image, e.g., looking ‘cool’, feeling mature. This highlights the voluntaristic aspects and the perceived benefits experienced from smoking (see also Denscombe, 2001), with this undermining the influence of external forces and narrative of personal pathology which have dominated much theorising around the aetiology of smoking. Tobacco smoking was a socially accommodated activity for many of the young people, and appeared to be a practice which facilitated social bonding. Such perceptions and associated effects shaped and encouraged use within the sample.

**Table 4.1: Self-Reported Smoking Rates (Percentages, n=104)**

<b>Smoke Daily</b>	31% (n.32)
<b>Smoke Non-Daily</b>	37% (n.38)
<b>Do Not Smoke</b>	28% (n.29)
<b>Vape/E-cigarette</b>	5% (n.5)

**Table 4.2: How many cigarettes smoked per-day?  
(Percentages, n=32)**

<b>1-5</b>	19% (n.6)
<b>6-10</b>	44% (n.14)
<b>11-15</b>	6% (n.2)
<b>16-20</b>	25% (n.8)
<b>20+</b>	6% (n.2)

It was noted during the Outreach survey, observations and interviews that a considerable proportion of the young people reported using ‘roll-up’ cigarettes, as opposed to pre-made cigarettes. This was primarily due to the reduced cost in relation to bought cigarettes, and a perceived ‘value for money’ benefit.<sup>45</sup> This resonates with the wider research around smoking practices and disadvantage (see Gilmore et al., 2015; NHS Digital, 2017). Some participants noted that they bought imported and ‘inferior’ rolling tobacco (from ‘dodgy’

<sup>45</sup>A pack of 20 shop-bought cigarettes can range from £7.50 to £11.00, with a 30g pouch of rolling tobacco costing around £10.00. However, ‘illicit’ cigarettes and tobacco were noted to be cheaper than shop-bought products (see below).

people).<sup>46</sup> This was cheaper but not perceived as high quality, highlighting how the ‘need’ for nicotine and cost interacted, with affordability being a present concern in the young people’s tobacco use. When cigarettes were bought from a shop the cheapest brand was often purchased. However, the expense of branded cigarettes, which have increased considerably over the past few decades (see NHS Digital, 2017) would often act as a deterrent, resulting in the young people accessing cigarettes from alternate avenues, typically: buying, borrowing and sometimes stealing cigarettes from parents and friends; sharing cigarettes; and using cheaper products, e.g., rolling tobacco, ‘imported’ and ‘counterfeit’ illicit cigarettes.<sup>47</sup> Such practices echo the broader literature around disadvantaged youth and smoking (see for example Jha and Chaloupka, 2000; Townsend et al., 1994) and highlights that tobacco use remains an ongoing practice for the most disadvantaged, and that the price of continued use of legal products can promote the use of alternative and often illicit markets (see for example Stead et al., 2013). Therefore, it appears that in response to price fluctuations smoking practices can be maintained, with tobacco products and access being modified.

Some participants suggested that using rolling-tobacco had health benefits over traditional cigarettes (see also Connor et al., 2007; Devlin et al., 2003), with these perceptions being based around rolling tobacco being ‘pure’ and ‘natural’, and not mixed with any chemicals. This resonates with the findings of McDaniel and Malone (2007) and echoes the ‘naturalness bias’ around perceptions of food product safety (Li and Chapman, 2012),

*‘they do say that rolling-backer is more pure with the tobacco in it’* (Alfie aged 19),

*‘if you’re going to smoke you might as well smoke backer<sup>48</sup> because it’s better for you’* (Scott aged 19).

Such perceptions appeared evident within the young people’s social contexts and were disseminated across social groups by peers, with these perceptions typically having a basis in ‘scientific new stories’ often found online (see Chapter Five for a further discussion around the participants’ access to and use of ‘scientific’ news and knowledge). Access to, and trust in, different sources of knowledge shaped perceptions around risks, harms and pleasures, with this consequently affecting substance use practices (see Chapter Five for a further

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<sup>46</sup> The term ‘dodgy’ was used to colloquially described people who handled sold, stolen or contraband products.

<sup>47</sup> It has been noted that counterfeit tobacco may contain higher concentrations of toxins than (the already extremely harmful) regulated tobacco (see Stephens et al., 2005), suggesting the use of such products may have a higher potential harm.

<sup>48</sup> This is a colloquial term for ‘rolling tobacco’.

discussion of the importance of trust in knowledge sources). What is important here is that in perceiving rolling tobacco to be less harmful than ‘traditional’ tobacco products, the young people did not reflect on the extent of the harmfulness of rolling tobacco use, erroneously equating its presumed lower risk with safety.

It is important to explore and understand the substance use perceptions and practices of young people in neglected and ‘unspectacular’ localities, as this can help effectively respond to localised issues by developing local profiles of need. For example, smoking rates across the UK are generally falling (Fuller, 2015), but it is known that younger ages of smoking initiation are associated with becoming a regular smoker when older (ASH, 2017). Thus, the considerable rates of smoking and the attitudes around smoking evident in my study suggests the potential development of long-term smoking practices for the sample, and thus highlights the need for intervention to prevent the development of potential long-term health issues. This alludes to the enduring participation of disadvantaged individuals in smoking practices (see also Health and Social Care Information Centre, 2015; Hiscock et al., 2012), and the continuation of the embeddedness of health inequalities and SES in specific localities.

#### **4.1.2 E-cigarette Use**

Only a small number of the participants reported predominantly using an e-cigarette, with the Outreach survey similarly noting only 5% primarily using an e-cigarette (Table 4.1). However, several participants reported experimenting with and occasional use of e-cigarettes, but this did not culminate in continued use. E-cigarettes were suggested by some to be a product to aid smoking cessation. However, there was scepticism around the efficacy of e-cigarettes, with a suggestion of them being an un-useful smoking cessation tool due to their continued delivery of nicotine. The participants often suggested e-cigarettes acted as a temporary substitute for smoking, or a transfer of ‘addiction’, with users reportedly easily relapsing back into tobacco use. Interestingly, the young people conceptualised nicotine as ‘addictive’, but the way they evaluated this was divergent to how they evaluated the addiction potential and effects of other substances (see Chapter Five for more detail around how addiction was conceptualised in relation to different substances), with ‘addiction’ to nicotine being perceived as less serious and more controllable and manageable, and thus not a salient concern in the young people’s accounts. E-cigarettes were noted to be temperamental products and suggested to break frequently. This was extrapolated as a potential risk of e-cigarette use based on the dissemination of peer stories regarding e-cigarettes exploding (see below), with the reliance on batteries and in-plug charging being criticised. These issues

resulted in e-cigarettes being perceived as unreliable in facilitating smoking cessation as users would often have to revert to using traditional cigarettes,

*‘they run on batteries so when that runs out you’re like, crap’* (Dennis aged 19), *‘yeah that’s a problem with them, if you’re out all day you can’t charge it up, so you end up going back to cigs’* (Howard aged 17).

However, both Howard and Dennis reported using e-cigarettes to considerably cut-down their tobacco smoking, with both valuing the lower cost of e-cigarettes compared to tobacco. The price of smoking with e-cigarettes, compared to tobacco, was suggested to be lower by some young people, however, the initial ‘start-up’ cost of desirable e-cigarette products was noted to be off-putting.<sup>49</sup> Indeed, while various e-cigarette products exist in a range of prices, the most desirable ones were often not affordable, thus while all levels of consumers may be catered for, not all products were attainable, culturally valued and desired.

Several participants reported trying an e-cigarette but not liking them, with this being due to them possessing a different sensation, feeling and taste to traditional cigarettes. Despite containing nicotine some young people reported finding little benefit or effect from e-cigarette use, noting that they still desired the ‘stronger’ effects of traditional cigarettes. This perceived difference in strength was noted as a deterrence to using e-cigarettes, with some young people noting it can take longer to experience the same effect(s) from an e-cigarette as it can from a traditional cigarette. However, ‘stronger’ versions of e-cigarette liquids were available which were presented by some as being comparable to traditional smoking, with these being preferable. The differing perception of strength of e-cigarette products was noted to result in difficulty in use to counter stress as compared to tobacco use,

*‘you can feel like the stress coming on so you have a cig and like one cig like sorts you out and you know it’s enough, but like with e-cig you don’t know’* (Walter aged 17).

The continued association of tobacco with ‘stress relief’ resonates with the wider literature around SES and tobacco use (see for example Pampel et al., 2010; Peretti-Watel et al., 2009). It is important to note the disjuncture between the physiological effects of tobacco/nicotine and perceived effects upon psychological ‘stress’, as the scientific evidence suggests that

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<sup>49</sup> For example, ‘starter’ e-cigarette kits range from around £15.00 to over £200, with e-liquid refills starting from £1.00 depending on the brand, flavouring and strength.

nicotine has negligible and contradictory effects on stress relief (Choi et al., 2015).<sup>50</sup> Nevertheless, several of the participants reported smoking and engaging in other forms of substance use in response to experiencing and dealing with ‘stress’ and wider issues within their lives (see Chapter Six). The participants perceived an evident effect of tobacco smoking, and e-cigarette in a reduced capacity, upon stress relief, suggesting a continued use of smoking to deal with perceived stress, and a continued belief in the efficacy of smoking to ameliorate perceived stress.

### *Fashion and Flavouring*

Several of the participants reported that they believed e-cigarettes to be generally more popular than traditional smoking, with this desirability being influenced by their aesthetic designs, novelty, adjustable ‘power’,<sup>51</sup> e-liquid flavourings and various product effects of e-cigarette products,

*‘[e-cigarettes] look better, like people think they look cool with all lights and stuff on’*  
(Anthony aged 18).

Some of the participants noted how individuals would ‘show off’ using their e-cigarettes effects. For example, some e-cigarette products were able to produce large clouds of thick and dense vapour, with such products being seen as entertaining to use. It was also suggested that some young people would use features of e-cigarettes to highlight their ability to ‘handle’ the use of ‘strong’ products,

*‘you can have settings on them now, like strength and volts and that, and people show off how much they can take and stuff’* (Frank aged 23).

Despite the stated popularity of e-cigarettes, the vast majority of young people were still found to be using traditional smoking methods, or at least citing traditional smoking methods as their primary smoking practice. It was suggested by some participants that e-cigarettes may attract people into smoking, with several citing stories about people who had begun smoking e-cigarettes without smoking tobacco beforehand to support their beliefs. This study found some level of experimentation with e-cigarettes both occurring from experienced and inexperienced tobacco users (as was noted by Hughes et al., 2015, see also ASH, 2016a; de Lacy et al., 2017), nevertheless, all the regular users of e-cigarettes appeared to be

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<sup>50</sup> Nicotine is a stimulant-type substance which increases heart rate and blood pressure (Mishra et al., 2015).

<sup>51</sup> For example, some e-cigarettes have a ‘variable voltage’ setting to alter the products ‘power’.

‘experienced’ tobacco users. The experimentation with e-cigarettes typically occurred in unplanned situations, with curiosity and availability interacting, resulting in infrequent and low-level use. Experimentation typically occurred in social contexts, highlighting how use was often socially orientated and involved a shared experience; this echoes the broader literature on initial substance use (see for example Becker, 1963). Occasional experimentation with e-cigarettes was not associated with ‘risk’ due to the infrequency of use and the participants’ perceived ability to control use. For many, the experimentation with e-cigarettes had little to do with experiencing the effects of nicotine and was typically based around novelty and trying appealing flavours. Experimentation typically did not result in continued use which resonates with the findings of Measham et al. (2016) and Miech et al. (2016). The designs and flavourings of e-cigarettes were commented on by many of the young people as influencing experimentation. This appeal being based on product design, aesthetics, branding and imagery echoes the marketing of ‘alcopops’ in the 1990s and early 2000s which was aimed at young adults through the production of bright coloured liquors, and playful product names and product design (see Brain, 2000; Measham, 2004). Some of the participants suggested that the development of e-cigarette flavours was used to attract younger people, women and non-smokers into e-cigarette use by making use ‘fun’. This was viewed with disdain by some,

*‘I think it’s fucking stupid me, personally...if you want to smoke you want to smoke a cig don’t you, not sweets, do you know what I mean’* (Ben aged 19),

*‘all young people think they’re mint if they got an e-cig which is like champagne flavoured or something’* (James aged 16).

While several participants suggested that e-cigarettes were becoming ‘fashionable items’, echoing Measham et al.’s (2016) point about e-cigarettes being a commodity of consumer desire, there was an evident scepticism regarding the safety of e-cigarette use within the sample, highlighting that not all young people desired and valued e-cigarettes. Such perceptions around risks and harms shaped the participants’ use of e-cigarettes.

### ***Associated Health Issues***

The findings of my study suggest that novelty and flavouring play a role in young people’s experimentation with e-cigarette products, but localised perceptions also appear to have a considerable influence on use. The participants were uncertain around the potential risks and

harms of e-cigarette use, with a general perception that e-cigarettes were as, or more, dangerous than traditional smoking,

*‘it’s just same as smoking, but with worse chemicals in it’* (Adam aged 21).

It has been noted that the public’s harm perceptions of e-cigarettes are inaccurate, with a growing perception of harm and a belief that e-cigarettes are equally as harmful as smoking (ASH, 2016a, 2016b; Bauld, 2017). While there is a growing scientific evidence base highlighting the ‘safety’ of e-cigarettes, with them appearing considerably less harmful than combustible tobacco products (potentially up to 95% less harmful, see McNeill et al., 2015; Royal College of Physicians, 2016), such knowledge does not appear to reach or be valued by the young people. Many of the participants’ risk and harm perceptions, and views around e-cigarettes appeared to be informed by seeing, reading and being informed of news articles which were often disseminated across social network sites (SNS) and social media platforms (see Chapter Five for a more detailed discussion), as well as opinions being formed on independent ‘research’ which typically involved looking on the internet,

*‘I think they’re fucking terrible and, I’ve done quite a bit of research into them and they’re bad for you, they are worse for you than any cigarette’* (Scott aged 19),

*‘they just think that it’s safer and everything, but if you actually read into it, it’s a lot safer to smoke, than it is for an e-cig if you know what I mean, like you know cigs and what they can do’* (Alfie aged 19),

*‘apparently it’s been proven that it’s not safer than smoking, so I don’t know’* (Gemma aged 17).

There is considerable contradiction, confusion and disagreement in the scientific community in regard to the harms and safety of e-cigarette products (see Goniewicz et al., 2014; Knapton, 2016; Longo et al., 2016; Pisinger and Døssing, 2014; Polosa, and Caponnetto, 2016), with this confusion around e-cigarette safety and relative risk being reflected within public forums (Farsalinos and Polosa, 2014; Hardcastle et al., 2014; McNeill et al., 2015; Measham et al., 2016). There have been various media ‘scare stories’ confusing this subject, often based on bad science or poorly extrapolated findings from tenuous conclusions. Some of the participants spoke of seeing news stories about e-cigarettes exploding due to them having too much power and being filled with oil, while others noted e-cigarettes putting ‘strain’ on people’s lungs with this resulting in their lungs collapsing. Such issues

undermined the perceived safety of e-cigarettes. This highlights how many of the young people were focusing on immediate and acute risks, as well as tangible physical ‘dangers’ and issues of e-cigarettes, presenting these as being greater than the harms of tobacco cigarettes, so for example, there was no mention of cigarette fires or burns as a potential harm of cigarette use. However, some participants suggested that e-cigarettes were safer than traditional smoking, with this perception being shaped by the participants not witnessing or hearing of a negative reaction from people using them, as well as the ‘purer’ chemical composition of e-cigarette products, specifically the lower amounts of known chemicals in e-cigarettes compared to traditional cigarettes. Nevertheless, for others there was risk in the uncertainty of e-cigarettes contents,

*‘you don’t even know what’s in it, and you know there’s nicotine in it, but there’s other chemicals that you don’t even know too, new chemicals’* (Alfie aged 19).

Thus, while the chemical ‘purity’ of e-cigarettes was an ode to their safety for some, for others the ‘new’ chemicals in e-cigarette products were used as a caveat for uncertainty. Known (presumed) ingredients were considered both safe and dangerous,

*‘you’re practically smoking oil aren’t you...disgusting, I think they could kill you more than cigs’* (Todd aged 19),

*‘It’s like only water vapour that’s going into your lungs basically, that’s fine’* (Anthony aged 18),

*it’s filling your lungs with water vapour...it’s going to going to drowned you, I think they should be banned mate’* (Scott aged 19),

*‘I saw something on YouTube, and it showed that it can drown your lungs because it’s water vapour, so I stopped using an e-cig’* (Gemma aged 17).

Here valued knowledge appeared to be drawn from a source (YouTube) which may not have been based on ‘objective scientific knowledge’, with this potentially shaping inaccurate views. Such adverse perceptions (e.g., water in lungs, poisoning from the ingestion of oil) have been found in previous research (Hardcastle et al., 2014; Yang et al., 2014), suggesting similar messages are being widely disseminated and accommodated by young people. It was the speed of harm which was highlighted to be an important influence in perceptions of riskiness, with the risk of instant injury appearing to be a more salient issue than the potential

for long-term health repercussions, as such long-term risks were generally perceived to be manageable and avoidable (see Chapter Five for a more detailed discussion),

*‘they can cause a lot of fucking lung disease and kill you, and whereas with smoking it can happen over a couple of year, like at least ten year, but with e-cigs it can happen much quicker and you can’t stop it’* (Scott aged 19).

The young people appeared to evaluate risk by conceptualising the potential for experiencing adverse effects and harms. Risk was typically understood in terms of acute harms, and not chronic long-term harms. This suggests that within the young people’s assessment and evaluation of risk, acute risks were easier to understand, or were at least more salient in the young people’s conceptualisations. These evaluations appeared to be informed by accessible knowledge within social and cultural contexts (see Chapter Five) shaping substance use practices. Despite some studies suggesting that as many as half of young people believe e-cigarettes to be ‘safer’ than traditional cigarettes (see for example Pepper and Brewer, 2014), and while they may be ‘safer’ products (see Public Health England, 2015), there was a general uncertainty from the participants in my study around the potential risk and harms of e-cigarette use, with a perception that e-cigarettes were more dangerous than traditional smoking. This suggests that confused and potentially erroneous perceptions around risks and harms, alongside embedded beliefs, may have negative and inhibitory impacts upon the engagement in potentially safer practices.

## **4.2 Alcohol Use**

This section looks at the participants’ alcohol use. It is noted that the cultural acceptability of alcohol and the perception of alcohol being a pleasurable substance shaped both initial and continued use. Perceptions of the risks and harms of alcohol were downgraded due to a perceived ability to control, manage and avoid negative effects and consequences.

Previous research has suggested that the most common age of first alcoholic drink is 12-13, usually with a parent during a special occasion (Newburn and Shiner, 2001; Thurnell-Read, 2015; Valentine et al., 2010). For the participants in my study, initial alcohol use was reported to occur around 10 years old, typically with family members. The young people in my study noted an acceptability of alcohol based on its abundant accommodation, with

substance use perceptions and practices (risk assessments) being noted to be initially shaped by family relationships (see Velleman et al., 2005),<sup>52</sup>

*‘I’d not heard any bad things about alcohol, and my parents drink it, and they never told me not to, whereas smoking, I had it clear set, don’t do it’* (Amy aged 20 (non-smoker)).

Echoing the wider literature (see for example Sanchez et al., 2011), it was apparent that family-centred alcohol use became replaced by social-centred use during the mid-teenage years, with peer influence being a salient force shaping and constraining use (see also Chapter Five). Social and peer alcohol use was typically reported to occur for the participants around the age of fifteen, with use occurring with small groups of friends in accessible leisure spaces (e.g., parks, the streets, a friend’s house (see Chapter Six for a discussion around substance use spaces)). Reasons for trying alcohol were based around witnessing use and the perception that use would be pleasurable, with alcohol being considered a ‘cool’ and desirable substance. It is generally noted in both ‘official and ‘lay’ discourse that the misuse of alcohol can produce various short- and long-term harms (Nutt et al., 2010). However, most of the participants seemed to be aware of the short-term consequences of alcohol use (e.g., hangovers), and less aware, or less concerned, by the long-term consequences. Again, this lack of concern appeared due to a belief in ability to control and manage use and potential consequences (see Chapter Five for more detail).

The majority of the Outreach survey sample reported using alcohol (86%), with only a few reporting not drinking; 4% have stopped drinking, 10% have never tried (Table 4.3). The data notes that most (65%) engaged in use ‘a few times a month’ (39%) or less (27%) (Table 4.4).

**Table 4.3: Self-Reported Alcohol Use [Do you drink alcohol?] (percentages, n=104)**

<b>Yes</b>	86% (n.90)
<b>No; Have Stopped</b>	4% (n.4)
<b>No; Never Tried</b>	10% (n.10)

<sup>52</sup> Many of the participants noted a parental acceptance and tolerance around ‘sensible’ and ‘controlled’ alcohol use, but a disapproval around ‘drugs’.

**Table 4.4: Self-Reported Frequency of Alcohol Use (percentages, n=90)**

<b>Everyday</b>	4% (n.4)
<b>A Few Times a Week</b>	23% (n.21)
<b>Once a Week</b>	7% (n.6)
<b>A Few Times a Month</b>	39% (n.35)
<b>Less than a few Times a Month</b>	27% (n.24)

Many of those who reported using ‘a few times a week’ (23%) or ‘everyday’ (4%) spoke of participating in ‘low’ levels of use (e.g., socially sharing available alcohol). This highlights how the prominent focus on youth ‘binge’ drinking may hide the issue of frequent low-level drinking (Haydock, 2014). Alcohol use typically accompanied socialisation, with alcohol often being spoken of as an important and often expected component of socialisation,

*‘I think it’d be unnatural not to drink if we all went out somewhere and didn’t drink, I’d feel as though we were maybe not making the most of what we were doing, I think we’d have a better time if we were drinking then if we weren’t drinking’* (William aged 19).

While ‘heavy’ drinking has been noted to be a practice of younger groups (Goddard and Green, 2008; ONS, 2017a), the young people in my sample appeared to more typically engage in infrequent and lower levels of alcohol use, with this appearing to be shaped by financial issues. Also, while higher levels of use were noted, these were constrained by access to ‘appropriate’ spaces (see Chapter Six for a discussion around ‘desirable’ and ‘accessible’ substance use spaces, and how these shaped use practices). My study highlights how wider disadvantages and exclusions can impact upon use practices, and that the young people were not using alcohol in the ways young people are often presumed to.

### 4.3 Drug and NPS Use

This section looks at the participants’ illicit drug and NPS use perceptions and practices, as well as their ‘polysubstance’<sup>53</sup> and ‘polydrug’<sup>54</sup> use. It appears that the young people’s perceptions of the risks, harms and pleasures of substances, and their substance use practices, were shaped and altered by their exposure to social and cultural norms and values. This is particularly evident in relation to NPS perceptions and use rates, with NPS (specifically

<sup>53</sup> This is defined as the use of at least one drug/NPS and alcohol in the same use session.

<sup>54</sup> This is defined as the use of two or more drugs/NPS in the same use session.

SCRAs) perceptions and use patterns going through a period of considerable change, from use to stigmatisation and avoidance.

#### 4.3.1 Drug Use

Over half of the Outreach survey sample (55%) reported trying an illegal drug in their lifetime (Table 4.5). The majority of drug use was comprised of cannabis use. Lifetime use rates were highest for cannabis (53%), skunk (30%),<sup>55</sup> mephedrone (30%), ketamine (18%), cocaine (17%) and MDMA (15%). There was lower reported lifetime use of speed (4%), benzodiazepines (4%), and steroids (1%), as well as no reported use of GHB/GBL, heroin, or the ‘dummy drug’ semeron (highlighting a level of reliability and trustworthiness in the data).

The Outreach survey found only a small difference in the proportion of the young males (56%) and young females (53%) who had tried a drug (Table 4.6), suggesting similar levels of experimentation between genders. This gender divide was found to be more pronounced in the interviews and informal conversations around current and ‘regular’ use, with the young males being more likely to ‘regularly’ use drugs. Self-control and social control appeared to be salient features in the gendering of substance use, with the young women’s use being found to be subject to greater social control than the young men’s use. In discussing her and her friend’s reasons for abstaining from drug use, Amy uses the term ‘*nice women*’ as a positioning tool,

*‘in my mind it’s [drug use] not something that you should do, and we’re all nice women too’*  
(Amy aged 20).

The young women were more likely to discuss intoxication with connotations of shame and guilt, whereas the young men typically found such issues humorous, and promoted such stories (see Chapter Five for a further discussion around this). It appears that women engaging in some forms of substance use are still labelled or are perceived to be unfeminine, and that when women excessively (mis)use substances (e.g., use similar levels to men) they can be judged with severe opprobrium, and can be demonised and pathologised due to their ‘failure’ in adhering to normative gender expectations (Holloway et al., 2009; Hutton et al., 2013, 2016; Measham, 2002; Plant and Plant, 2006). Therefore, while some research has suggested a narrowing of drug use levels between gender as well as other divisions, e.g.,

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<sup>55</sup> ‘Cannabis’ and ‘Skunk’ were subjectively differentiated using experiential knowledge based on their perceived strength of effects, regardless and often ignorant of production methods, with ‘skunk’ being used by the participants as a generic term for potent (‘strong’) cannabis (see Potter and Chatwin, 2012).

ethnicity, class and age, over the past few decades (Parker et al., 1998), it appears that gender remains important in experimentation developing into more occasional use practices (see Aldridge et al., 2011; Measham et al., 2011).

**Table 4.5: Self-reported Drug lifetime, past year, past month, past week and use today frequency. (percentages, n=104)**

	<b>Lifetime</b>	<b>Past Year</b>	<b>Past month</b>	<b>Past Week</b>	<b>Today</b>
<b>Any Drug</b>	55% (n.57)				
<b>Cannabis</b>	53% (n.55)	27% (n.28)	22% (n.23)	12% (n.12)	5% (n.5)
<b>Skunk</b>	30% (n.31)	14% (n.15)	12% (n.12)	9% (n.9)	4% (n.4)
<b>Cocaine</b>	17% (n.18)	7% (n.7)	6% (n.6)	6% (n.6)	0%
<b>Ecstasy</b>	13% (n.13)	7% (n.7)	5% (n.5)	1% (n.1)	0%
<b>MDMA</b>	16% (n.17)	7% (n.7)	7% (n.7)	4% (n.4)	0%
<b>Mephedrone</b>	30% (n.31)	15% (n.16)	7% (n.7)	7% (n.7)	0%
<b>Ketamine</b>	18% (n.19)	15% (n.16)	4% (n.4)	0%	0%
<b>Speed</b>	4% (n.4)	2% (n.2)	1% (n.1)	1% (n.1)	0%
<b>Benzodiazepines</b>	4% (n.4)	2% (n.2)	0%	0%	0%
<b>Steroids</b>	1% (n.1)	0%	0%	0%	0%
<b>GHB/GBL</b>	0%	0%	0%	0%	0%
<b>Heroin</b>	0%	0%	0%	0%	0%
<b>Semeron</b>	0%	0%	0%	0%	0%

**Table 4.6: Gender and Drug Use for Male (percentages, n=68) and Female (percentages n=36)**

	<b>Male</b>	<b>Female</b>
<b>Tried</b>	56% (n.38)	53% (n.19)
<b>Not Tired</b>	44% (n.30)	47% (n.17)

When the participants distinguished between the risks of different substances they often created a hierarchy of substances based on perceived effects, and personal and cultural acceptability. The young people's practices and substances of preference tended to reflect the social and cultural perceptions they were exposed to, as well as reflecting wider perceptions of substances (see Nutt et al., 2007). The most used substances, especially cannabis, were typically accompanied with high levels of cultural acceptability with this producing perceptions which encouraged or at least did not deter use. Indeed, most of the participants' drug use and drug experimentation involved cannabis, with cannabis being reported as the most popular substance in some of the participants' social groups,<sup>56</sup> and even more popular

<sup>56</sup> This is perhaps unsurprising as cannabis is widely regarded as the most used illicit drug in the UK (Home Office, 2017).

than alcohol use for some. Interestingly, many cannabis users (the majority of which also reported using alcohol) were keen to highlight how they perceived cannabis to be ‘safer’ than alcohol, with this being based on the perceived health and social consequences of these substances.

The traditional ‘hard’ drugs (e.g., heroin and crack-cocaine) had extremely low use levels across the sample, with no reported use of crack-cocaine and only two young people I encountered reported ever using heroin. These substances were accompanied with negative cultural perceptions and stigmatisation, and were lambasted as addictive and dangerous by all the participants. Therefore, while it has been suggested that entering the ‘realm of illegal drug use’ can decrease the stigmatisation around the use of ‘hard’ drugs, with this potentially resulting in the use of ‘harder’ drugs due to a softening of perspectives (Palamar et al., 2012),<sup>57</sup> the findings of my study highlight how the constructions of ‘hard’ drugs remain embedded irrespective of the experience of ‘soft’ drug use. These distinctions appear maintained by the participants as they are used to position themselves and their substance use as acceptable and controlled (see Chapter Five). Interestingly, the majority of participants discussed NPS (specifically SCRAs) as being ‘hard’ drugs and extremely dangerous, equating them as having comparable, and in some cases higher harm potential than heroin and crack-cocaine (see below) echoing the perceptions of Ralphs et al.’s (2017) sample.<sup>58</sup>

Generally, the participants’ rankings of the perceived risks and harms of substances reflected their use levels, with perceived safety often being underpinned by a history of personal experience. This suggests an important point, that rankings and perceptions of substances were based on experience, be that personal or acquired, with the participants tending to position the substances they currently use, previously used or have pleasurable experience of, as ‘safer’ substances. In contrast the substances they have little or no experience of, or substances with negative experiences, were positioned as more dangerous (see Chapter Five for a further discussion around how experience and exposure shaped perceptions of risk, harm and pleasure).

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<sup>57</sup> A suggestion that resonates with the ‘Gateway Theory’ of substance use (see Kandel et al., 1992).

<sup>58</sup> There has been disagreement around the ‘dangerousness’ of NPS, with official statistics regarding deaths from NPS being argued to be overstated (see King and Nutt, 2014:952). Nevertheless, the emerging data on the acute and chronic health problems that are associated with SCRAs suggest they possesses considerable and comparable harm to other ‘hard’ drugs (Abdulrahim and Bowden-Jones, 2015, see also Footnote 12).

### 4.3.2 NPS Use<sup>59</sup>

The findings presented in this section add to the emerging knowledge base around the prevalence, patterns and motivations of NPS use, by providing insight into the perceptions and practices of NPS use from a sample of socioeconomically disadvantaged young people.

The predominant NPS used by the participants was SCRAs. 32% of the Outreach survey sample reported use of an NPS, with all triers of NPS reporting trying SCRAs (Table 4.7). Around 10% of the sample reported using a NPS stimulant (powder or pill), and 3% reporting using a psychedelic NPS. Interestingly, there was no reported use of ‘other’ NPS such as nitrous oxide (‘laughing gas’), which has been previously noted to have high prevalence in youth substance use repertoires, for example 38.6% in the 2014 Global Drug Survey (see Kaar et al., 2016). This highlights how some ‘national’ cultural trends can vary in specific localities.

**Table 4.7: Self-reported NPS lifetime, past year, past month, past week and use today frequency. (percentages, n=104)**

	<b>Tried</b>	<b>Last Year</b>	<b>Last Month</b>	<b>Last Week</b>	<b>Today</b>
<b>Any NPS</b>	32% (n.33)				
<b>Cannabinoids Type NPS</b>	32% (n.33)	28% (n.29)	18% (n.19)	12% (n.12)	2% (n.2)
<b>Stimulant Type NPS</b>	10% (n.10)	7% (n.7)	3% (n.3)	0%	0%
<b>Psychedelic Type NPS</b>	3% (n.3)	2% (n.2)	0%	0%	0%

Many of the young people referred to NPS as ‘Legal Highs’, or ‘legals’, but these were generally understood as terms representing SCRAs products, and not a wider term for the variety of different types of NPS. The lack of discussion of other forms of NPS echoes both the low use rates found in this sample and nationally (see below; Home Office, 2017). The young people also adopted the term ‘mamba’, following local ubiquity of the SCRAs product ‘Black Mamba’, and less occasionally ‘spice’, as generic terms to describe and refer to all SCRAs products. The use of generalised terms to refer to a variety of SCRAs substances which have been noted to have variable pharmacological potencies (see Auwärter et al., 2009; Seely et al., 2011), highlights how the young people were assessing these substances generically, while appearing unconcerned or unaware of the specific chemical identities of individual substances. This resonates with the findings of Measham et al. (2011) who

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<sup>59</sup> It is important to highlight that the presented data was collected between April 2015 and January 2016, before the implementation of the Psychoactive Substances Act (PSA) 2016 in May 2016 and thus the banning of NPS sales (see Footnote 9).

discovered patrons of the NTE in the North-West of England were referring to ‘unidentified white powders’ or generic NPS stimulants as ‘Bubble’.

Purity (in comparison to ‘traditional’ drugs), price, availability, legality and peer influence have been frequently cited as motivations for NPS use in previous research (Brandt et al., 2010; Global Drug Survey, 2016; Hammersley, 2010; MacLeod et al., 2016; Measham et al., 2010). In my study the use of SCRAs was found to involve a variety of factors, including strength, price, accessibility, legality and a preference of effects, and often a combination of these factors. While several of the young people reported trying SCRAs, and had experimented with SCRAs, many did not enjoy the effects or stopped using due to wider stigmatisation (see below) and thus did not use beyond initial experimentation. The Outreach survey data showed that the self-reported current users of NPS noted various reasons for their use of NPS over ‘traditional’ drugs, including: ‘easier to access’ (33%); ‘legal to buy’ (33%); and ‘higher quality’ (22%) (Table 4.8). Thus, SCRAs had a clear and distinctive appeal around their potency, accessibility and affordability.

**Table 4.8: Self-Reported Reasons for NPS use over ‘Traditional Drug’ use (percentages, n=18)**

<b>Better Availability</b>	6% (n.1)
<b>Higher Quality</b>	22% (n.4)
<b>Legal to Buy</b>	33% (n.6)
<b>Cheaper</b>	6% (n.1)
<b>Easier to Access</b>	33% (n.6)

While the Outreach survey only allowed the most prominent reasons for their actions to be noted, the interviews and informal conversations permitted other salient drivers to be discussed. Indeed, data from the interviews and observations, unlike the Outreach survey, found price to be an important factor in use, with some of the participants noting trying and using SCRAs due to their lower price as compared to cannabis and skunk. Despite Todd being concerned about trying SCRAs due to an awareness of potential negative effects, the price and perceived longer lasting psychoactive effects he had been informed of influenced his use, with SCRAs being seen as a better ‘value for money high’. This reiterates an important overarching point throughout the thesis around the relationship between social class, inequality, health, pleasure and substance use, where despite the knowledge of negative issues and potential harms, substances were used due to availability, affordability and the desire for pleasure. Another valued feature around cost was that as SCRAs were sold at

Headshops they were sold at a more accurate weight, and thus were a more accurately valued product,

*‘weed you can be weighed up at 0.8 gram for one gram and stuff, but when you go to Smokies [Headshop] you get exactly weight you’ve paid for’* (Alfie aged 19).

The role of accessibility was noted to be an important factor. For example, Scott and Walter both noted that their initial use of SCRAAs was driven by the fact that they could not access, or wait to access, ‘good quality’ cannabis. This echoes a broader point of how disruptions in local markets and availability, and thus the (unintended) impact of policing, can affect substance use practices in complex ways. Legality was also noted as a motivator, with this allowing use without repercussion. Indeed, one young person described SCRAAs as being ‘safer’ than cannabis. However, this ‘safer’ was defined in terms of avoidance of criminal repercussions, typically police ‘hassle’ and confiscation (see Chapter Six) even with knowledge of potential health effects,

*‘people smoke mamba because it's not going get them in trouble, it's just a shame that it fucks you up’* (Dan aged 18).

However, generally, legal status appeared to be only a partial motivator (as also noted by MacLeod et al., 2016), with legality being noted as a proxy for accessibility, and valued in terms of the accessibility the ‘legal’ status provided. Interestingly, while legality was not found to be a prominent motivator for use, the language of legality did shape how SCRAAs were discussed, with products being referred to as ‘legals’ (see above).

For many SCRAAs users, enjoyment of effects appeared to be downgraded, with access being prioritised as a main driver of use. Reasons for continued SCRAAs use overlapped with the reasons for initial use (e.g., ease of access, cost), as well as the stated development of compulsive use (see below). Most SCRAAs users stated that they would move to ‘established’ drugs if SCRAAs became illegal and more difficult to access in contrast to the perceived convenience of a Headshop. This was supported in the Outreach survey with 67% of the current NPS users noting they would revert to traditional substances if NPS became illegal (Table 4.9). Several of the SCRAAs users and triers reported returning to using ‘traditional’ drugs due to the emerging stigma associated with SCRAAs (see below), as well as them preferring the effects of ‘traditional’ substances. This preference for ‘traditional’ drugs echoes research by Matthews et al. (2016) who noted how their Australian sample of young

people perceived ‘traditional’ drugs (they focused upon cocaine and ecstasy) more favourably, in terms of pleasures and lower harms, than their analogous NPS. Only a small number of young people reported fully adopting SCRA over cannabis, with this echoing wider research (see Winstock and Barratt, 2013). The data presented here suggests that SCRA were being used as a temporary substitute for cannabis.

**Table 4.9: If NPS Became Illegal (percentages, n=18)**

<b>Continue to Use</b>	28% (n.5)
<b>Use ‘Established’ Drugs</b>	72% (n.13)

The branding and imagery of SCRA were commented on by the young people, with SCRA products appearing to be deliberately evocative and imbued with symbolism and connotations of strength and potency. The dissemination of these stronger effects was noted to entice young people into experimentation. This perceived increased strength was preferred by some, specifically those who had become accustomed to the effects of cannabis. However, several of the young people noted that the strength of SCRA made them ‘addictive’ products,

*‘[it’s] very addictive, like as soon as I recovered from my first joint of it I was at Smokies [Headshop] buying a fiver deal, every day, like I had a job and I was losing it’ (Alfie aged 19).*

It was suggested by some that SCRA users ‘rattle’<sup>60</sup> when they cease use, with this withdrawal period being described similarly to the stereotypical effects of heroin withdrawal,

*‘it gives you the sweats and it gives you the cold shivers and that...it’s more like an opiate that you smoke’ (Scott aged 19),*

*‘worst thing about getting off it was like the five days of utter goddam like come down, it was probably like coming off heroin, I had to lock myself in my room, I was shaking, I had to stay away from everyone for like five days, I was shaking, angry, job lot’ (Alfie aged 19).*

SCRA were ascribed with similar addiction potential, effects and dangers to heroin and other ‘hard’ drugs (see below). This echoes recent work around the development of dependency from SCRA use (see Newman et al., 2016). What is interesting is how these young people

<sup>60</sup> A colloquial term used to describe the feeling addicted users (typically heroin users) perceive when they experience withdrawal or are unable to access a substance.

viewed the ‘risk’ of addiction around SCRA and ability to manage this addiction as qualitatively different to an addiction to, and harms of, nicotine and tobacco. The young people’s notions of ‘addiction’, and around the risks and harms of a substance, were extremely important in shaping their substance use perceptions and practices (see Chapter Five).

### *The Stigma of Spice*

Within the field site SCRA were suggested to be one of the most popularly used substance at one point in time (around early to mid 2015), but their use and popularity reduced as knowledge around their apparent health harms and a social stigma around their use grew. Crucially this reduction in SCRA use occurred before the implementation of the Psychoactive Substances Act in May 2016 and the banning of NPS use and sales. Therefore, the legal status of NPS had a limited effect in determining SCRA use, as the popularity and use of SCRA were diminishing due to associated social stigmas despite SCRA being ostensibly ‘legal’. This alteration of use perceptions and practices highlights the ability and speed of change in social and cultural accommodation, and resonates with the ‘plasticity’ of normalisation (see Chapter Two, Parker et al., 2002). It appeared that SCRA were met with an initial stage of excitement and curiosity due to them being ‘legal’, affordable and accessible. However, the momentum of this excitement and curiosity began to wane following a growing awareness of the potential adverse effects of SCRA use, through witnessing and being informed of issues.<sup>61</sup> While SCRA were used by several young people as a ‘recreational’ drug, there was a growing perception of older and aging populations of ‘problematic’ drug users adopting SCRA within the field site. This juxtaposition of SCRA use with ‘addiction’, ‘problematic’ use and stigmatised users appeared to contribute to the cultural malaise around SCRA, with many of the young people actively avoiding association with SCRA substances, users and practices. This culminated in changing perceptions of use and consequently changing use practices. This highlights how local variations in substance use trends can change over time (see Agar, 2003; Agar and Reisinger, 2001), with cultural and social perceptions as well as an individual’s own perceptions of risk and harm shaping use practices. Bilgri (2016) explored SCRA perceptions across online drug forums and noted three distinct phases in the online discourse: an enthusiastic phase (embracing and praising); an ambivalence phase (growing scepticism); and a reject phase (dis-use based on

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<sup>61</sup>Therefore, while the Outreach survey noted moderate use rates of SCRA use and experimentation (see Table 4.7), the static measure gained in the Outreach survey should be appreciated alongside the qualitative data which highlights how evolving cultural evaluations reduced SCRA use and experimentation.

growing negative views). These phases resonate with what was witnessed during my study, where the ‘buzz’ initially created by SCRAs influenced and tempted young people into use, but this became contested over time, and altered through experience and informed knowledge. My study highlights an important point in how personal, social and cultural perceptions can be shaped by an influx of negative perceptions and stories, but these do not have to necessarily outnumber, but simply outweigh positive accounts (see Chapter Five for a discussion around how different knowledge sources were assessed, and how this shaped perceptions and practices).

The use of SCRAs was lambasted and spoken of disparagingly by the majority of the participants, with several young people noting how current and ex-users of SCRAs acted as advocates of abstinence, attempting to dissuade people, especially younger people, from use, *‘like all older mamba users tell everybody to stay away from mamba or get off it because it’s not good’* (Todd aged 19),

*‘if I was sat here now sucking a mamba bong with you and one of lads walked in I’d get a crack for it, they do not want you to do it because they know what it does to you’* (Ben aged 19).

Some young people reported being reprimanded by peers if they expressed a desire to use SCRAs. This highlights how peer influence, often referred to as ‘peer pressure’ in much youth and substance use literature (see Chapter Five), not only acts to drive substance use as is so often presented, but also acts to deter and regulate the use of substances, for example the associated stigma and localised beliefs around substances and substance users were used to discourage specific practices. This has occurred in relation to heroin (see for example Parker et al., 1998) and was occurring in my study in relation to SCRAs. Therefore, the participants’ substance use practices were not orientated around achieving hedonistic intoxication at any cost, like young people are often presumed to act (Blackman, 2011; France, 2007; Moore and Measham, 2012a), with their practices being bound by maintaining social and cultural credibility. Nevertheless, curiosity, which was manifested through witnessing pleasure, and related to SCRAs’ ‘forbidden’ nature, drove initial use for some,

*‘A few of lads I’m knocking about with now used to use it and always go on about how bad it is, so like no one’ll use it for grief they’ll get, like one of them used to be really bad on it so he’s right against it now, but we, me and my mate, wanted to try some and we always say to*

*each other let's get some, let's try it, but were just joking because it's like a drug all smack-heads use. But I think we both wanted to try it but daren't say, so we just used to joke about it, but like being serious too'* (Lester aged 17).

Lester spoke of a concern of being ostracised from his peers for breaking their 'rules' around SCRA use. Nevertheless, Lester noted how he and his friend used humour to test each other's intended desire to try SCRA before they spontaneously bought some from an individual dealing outside of a local Headshop. Lester reported that this 'dealer' informed them how to use and how much to use but that they neglected that advice, potentially due to a confidence in abilities to control use (see Chapter Five), and used all the substance they were given in one go. Lester did not account for the strength of the product and reported not enjoying the effects. This lack of knowledge and unawareness of potential strength was noted by other participants, highlighting how uninformed young people may equate the dosing amount of SCRA to that of cannabis, and thus may potentially experience considerable harms. This highlights the need for accurate and trusted harm reduction knowledge to be accessible to young people to prevent such issues. Several young people reported that their experience of SCRA use was not enjoyable, with the effects being similar to cannabis but more intense,<sup>62</sup> as well as being variable, unpredictable and difficult to control, with these issues deterring use. This echoes the findings of MacLeod et al. (2016) who noted the effects of SCRA deterred use for some of their sample.

*'[SCRA] tasted different to weed, then it was like, fucking hell, it hits you and it proper strong...it gets you pumping, gets your heart going and make you feel like you're away, or going to explode or something daft'* (Oliver aged 18),

*'tried it once, had two draws and was fucked, was just writ-off, absolutely obliterated'* (Ben aged 19).

The awareness of the nefarious effects of (the then 'legal') SCRA resulted in many young people advocating the use of cannabis over SCRA, and noting that cannabis, or '*proper weed*' (Anthony aged 18) should be legalised due to it being a 'safe(r)' product. This view even occurred from some young people with little or no direct SCRA experience.

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<sup>62</sup> This appears due to the active chemicals in SCRA impacting more fully on cannabinoid receptors in the brain and central nervous system, with this being noted to produce intense and negative experiences (Newcombe and Christensen, 2016 cited in Blackman and Bradley, 2017; van Amsterdam et al., 2015).

*'Fucking legalise weed and illegalise mamba, how many problems is that going to save, I don't even smoke weed no more so I'm not bias, but it's just common sense, how many people get hospitalised off weed worldwide maybe like two a year, compared to how many people in [The Town] have had a mambulance<sup>63</sup> phoned on them, unrealistic amounts'* (Ben aged 19).

Despite the initial acceptance and valued nature of SCRAAs, many young people became reluctant and opposed to using SCRAAs due to the presumed, apparent and associated harms and dangers of use. These dangers were discussed in relation to both physical and health harms from the strength and potency of SCRAAs, as well as social and class-related harms around association with addiction and an inferior and negative 'other' (Goffman, 1968) (see below). Many young people spoke of the nefarious effects of SCRAAs despite never engaging in use, with this knowledge being witnessed, observed and informed by others,

*'it's all over news, it's [SCRAAs] killed more people ever then heroin has killed people, it's a bad drug'* (Adam aged 21),

*'I don't think it'd be for me, from what I've seen it seems like a proper drug'* (Darren aged 16).

The framing of SCRAAs as a '*proper drug*' highlights how dichotomies of 'recreational' and 'problematic', and also risk, harm and pleasure, are drawn upon and based around perceived product effects. The effects of SCRAAs were commented on as being socially embarrassing (e.g., loss of bodily controls), with knowledge of these effects deterring use,

*'the people who've told me about have said it's different [to cannabis]...you see a lot of people who don't know what they're doing and who can't stand up and stuff like that. And I don't want to be like that, like it's not a good reputation to have is it really'* (Jacob aged 16),

*'it's disgusting, walking about off your head looking like a fucking idiot'* (Olivia aged 17).

The effects of SCRAAs on physical appearance were commented on by the young people, with use being noted to result in people looking '*pale white...disgusting*' (Frank aged 23) and looking like '*zombies*' (Dennis aged 19, Alfie aged 19).<sup>64</sup> This highlights how SCRAAs users were 'dehumanised' in order to be positioned away from (Brook and Stringer, 2005). The

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<sup>63</sup> This was a colloquial term incorporating the slang term for SCRAAs (mamba) and ambulance.

<sup>64</sup> The 'spice zombie' has more recently been used in popular media discourses when discussing SCRAAs users.

participants suggested that it was possible to tell which people used SCRA based on their appearance, with many young people drawing comparisons with the appearance of SCRA users (mamba-heads) and heroin (smack-heads) and crack-cocaine (crack-heads) users.

### The 'Mamba-Head'

*'Look at a smack-head and look at a mamba-head and they look totally the same'* (Todd aged 19).

The participants employed the term 'mamba-head' to vilify SCRA users. The way the term 'mamba-head' was used, the meanings it imbued, and the image it was used to convey, parallels the connotations of the class-based 'junkie' and 'smack-head' figures. These being: the association of addiction developing after initial use; becoming a thief to support further use; use resulting in poor personal hygiene (physical appearance, smell, aesthetics); and, a perception of both the drug and the user being 'dirty' (see Faupel and Klockars, 1987; MacDonald and Marsh, 2002; Radcliffe and Stevens, 2008). Indeed, both SCRA products and SCRA users were frequently vilified and described as being 'dirty',

*'it's just that mainly that the people who you see doing it are just like, you wouldn't like want to be like them, and it's like, I don't know, it's quite dirty'* (Owen aged 16),

*'it's a fucking horrible substance man, it's dirty'* (Ben aged 19),

*'dirty drug for dirty people'* (Joseph aged 20).

This clean-dirty binary discussed in relation to SCRA is an evident and enduring dichotomy within the drug addiction and drug injecting literature (see for example Harris, 2009; Parkin, 2013). This resonates with the participants' use of product purity to infer safety (see above), with stigmatised substances appearing as sources of contamination to an individual's body. The young people's accounts suggested that risk perceptions, and subsequently use practices, were shaped by perceptions of product 'purity' and ambiguity. Douglas (2003) argued that constructing phenomenon in contemptuous ways (e.g. as 'dirty') is done to establish and maintain distinction. This distinction was evident in the 'othering' of SCRA users,

*'you've got all them mamba-heads sat about, like we just smoke a bit weed, some of us don't even use drugs, we just come out and have a good time, they've got nothing to do, no life, nothing'* (Sophia aged 17).

The ‘mamba-heads’ were established as the ‘other’ (see Chapter Two) and were ascribed their own space and identity. Many of the young people compared themselves against this marker in order to position themselves and their practices more favourably. Referring to other people as a ‘mamba-head’ inferred considerable social stigma and was actively defended against. The social and cultural perceptions of SCRAs underpinned many people’s reasons for avoiding use, and also resulted in avoiding certain locations and association with certain individuals and groups in order to evade associated stigma,

*‘no we don’t knock about with people who use that, those smoking legals’, [me] why not?, ‘It like puts a bad thing on us, like if someone comes over and they might think that we’re smoking it too, we don’t want to be linked to that...we don’t associate with smack-heads that’s why we stay away from mamba’ (Todd aged 19).*

The use of the term ‘we’ in this quote highlights the grouping, othering and positioning the young people participated in to distance themselves from association with undesirable people and practices. Indeed, SCRAs were described and ‘othered’ by some as a ‘chavy’<sup>65</sup> drug, with this ascribing negative connotations towards both the substance and its users. Such labels have meanings and consequences (see Becker, 1963; Douglas, 2003). Indeed, this labelling positioned SCRAs as a substance that ‘normal’ drug takers would not use.

The term ‘mamba-head’ was used interchangeably with the terms ‘smack-head’ and ‘crack-head’ to describe addicted users. This highlights novel permutations of the old ‘junkie’ figure (Boeri, 2004) in relation to SCRAs, and also highlights the continuing stigmatisation of heroin and crack-cocaine. Several young people commented on the visible features of SCRAs (ab)use, specifically the image, smell and appearance of SCRAs users, with this being accompanied with judgement, stigma and social avoidance. This evident stigmatisation highlights how SCRAs have become an ultra-stigmatised substance, and are becoming demonised as the ‘new heroin’ (see Ralphs et al., 2017), with SCRA users ‘wearing’ their addiction through the physical effects on their bodies. Again, this highlights how the young people assessed the risks and harms of a substance in terms of tangible and visible effects, using these as markers of addiction and symbols of problematic and uncontrolled use. However, an issue in evaluating harm based on visible effects is that young people may not

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<sup>65</sup> ‘Chav’ is a vernacular term describing various negative aesthetic and stylistic consumption patterns, and is associated with tastelessness, indiscretion, and out-of-control (erroneous/inappropriate) use practices and appearance (see Adams and Raisborough, 2011; Lawler, 2005; Skeggs, 2004).

perceive their substance use as being problematic if it is not having tangible and physical effects, with the young people perceiving their use as risk- and harm-free due to them not developing ‘traditional’ problematic use symptoms.

### 4.3.3 Polysubstance and Polydrug Use

Polysubstance use (the use of alcohol and at least one illicit or NPS substance used in the same use session), and to a much lesser extent polydrug use (the use of at least two illicit or NPS substances used in the same use session), was found to be an evident, if occasional, practice in some of the participants’ repertoires. This reiterates what has been noted in research on young people’s substance use (Akbar et al., 2011; Boeri et al., 2008; Home Office, 2015; Hunt et al., 2009; Lightowlers and Sumnall, 2014; Newcombe, 2009), but surprisingly the importance of this issue in terms of potential harm has often been neglected. The Outreach survey suggested that 65% of the young people who reported trying a drug, reported previously mixing alcohol and a drug in the same session. Polysubstance use involving NPS was considerably lower (15% of those who had ever tried an NPS), potentially due to the generally lower use of NPS. There was no reported use of polydrug use (Table 4.10). The lack of polydrug use found in my sample sits in contrast to the findings of research looking at patrons of the NTE and more general population surveys (Measham and Moore, 2009; Measham et al., 2010; Home Office, 2017). This highlights a crucial point in that not all young people are participating in such practices. Indeed, the financial disadvantages of the young people in my study, as well as their perceptions of what constituted appropriate substance use practices in their available spaces and how different substances were perceived in relation to leisure space (e.g., ‘party drugs’, see Chapter Six for a further discussion), shaped their practices around polydrug and polysubstance use. It is important to acknowledge the most common form of ‘polysubstance’ use found in this research, but one rarely discussed by the participants, was the use of cannabis and tobacco. This practice is often ignored within the wider literature (see Pirona et al., 2015)<sup>66</sup> and thus the synergistic effect of cannabis and tobacco use upon health is often neglected.

**Table 4.10: Polysubstance use with drug (n=57) and NPS (n=33), and Polydrug use (n=57) (percentages)**

<b>Alcohol and any Drug</b>	65% (n.37)
<b>Alcohol and any NPS</b>	15% (n.5)
<b>Polydrug Use</b>	0%

<sup>66</sup> And was neglected by myself during the design of the Outreach Survey.

Polysubstance use appeared to be an occasional and ‘unspectacular’ practice for some of the participants. However, the simultaneous and concurrent use of substances questions a risk-harm assessment of individual substances, as it may be the accumulated risks which are being perceived opposed to an assessment of each individual substance independently. This accumulation of risks challenges the value of only appreciating the harms of a substance in isolation to other substances (see Nutt et al.’s (2010) work around the substance harm index), as the severity of harms may be potentiated by synergistic use. This is important in respect of the samples use of cannabis with tobacco, and their lack of regard for the potential long-term health risks of tobacco (see above) and substance use in general. Combining alcohol with either cocaine or cannabis were the most discussed forms of polysubstance use, echoing the most popular combinations found in previous research (see for example Parker et al., 2002), with such use potentially being facilitated through the inhibition lowering effects of alcohol and the accessibility of cannabis and cocaine,

*‘we might have a few drinks and get started and that, and then it’ll be like ‘so we getting a gram of coke or what?’ (Liam aged 17).*

Several of the participants noted that certain forms of polysubstance use could be extremely pleasurable, if undertaken correctly. Indeed, many of the participants who engaged in polysubstance use were selective in their practices, typically only engaging in certain ‘tried and tested’ or recommended combinations, as peers and previous experience had informed them that adverse consequences could follow erroneous use,

*‘I’ve learnt how to handle it [consuming alcohol and cannabis], I’m alright with it now, I can do it fine now’ (Walter aged 17).*

Experience was used to control use, with the monitoring of internal functioning (also see Chapter Five), typically the ‘rhythm’ of the heart, being used as an ‘indicator’ for potential emerging problems,

*‘like you’ve got your speed, MDMA, cocaine which makes your heart go mad, then if you take like cannabis or alcohol or ketamine it slows your heart down, that’s what causes problems’ (Dennis aged 19).*

The participants who engaged in polysubstance use cited two main reasons: to compliment the effects of other drugs; and to intensify pleasure. However, for some, polysubstance use

was more functional with use not only being used to maximise pleasure, but to counter and ameliorate undesirable effects. Todd reported using cocaine to counter the intoxicating effects of alcohol, this has been previously noted to be a practice of young people (Home Office, 2015), while, Lester reported using cannabis to counter the effects of alcohol, as he noted alcohol made him ‘angry’ while cannabis calmed him down. While such use was undertaken as a ‘harm reduction technique’, polysubstance use can be extremely risky in terms of potential adverse health effects (see Lightowlers and Sumnall, 2014; Pennings et al., 2002). Nevertheless, this knowledge of how different substance effects can be combined and were compatible with each other highlights an informed understanding, and contradicts the presumption that young people who use substances are ignorant consumers.

#### **4.4 Comparison of Substance Use to the National Picture**

While my study focuses on young people’s substance use from a predominantly qualitative perspective, it is useful to situate the participants’ practices in the broader context of young people’s substance use nationally. This section will compare substance use from the Outreach survey sample to national survey statistics, specifically, the most recent Crime Survey for England and Wales (CSEW) 2016/17 (Home Office, 2017). It is noted that the young people in my study appear to be more drug experienced than the general youth population, as well as more experienced NPS (typically SCRAAs) and tobacco users, but they have lower levels of alcohol use than found in the general youth population.

It is important to acknowledge here that the targeted and exploratory nature of the Outreach survey, and the uneven gender distribution of my sample, limits the transferability, generalisability and representativeness of the survey findings (see Chapter Three). Nevertheless, the findings can still provide useful insights as long as these limitations are considered. The sample falls into the 16-24 year age bracket used to denote ‘young adults’ within the CSEW, providing a useful comparison. However, while surveys such as the CSEW provide data using representative samples, these surveys tend to be retrospective and thus can miss emerging substance trends. Also, a considerable limitation of household, school based and even large-scale online population surveys (e.g., the Global Drug Survey, 2016) is that they have issues in sampling the type of young people targeted in my study (e.g., socioeconomically disadvantaged and socially disengaged young people), and thus they can underrepresent the substance use practices of marginalised groups. Therefore, such surveys are not reliable indicators of substance use across all aspects of society. In contrast, studies which focus specifically on young people, such as my study and its targeted survey, tend to

find (perhaps not surprisingly) higher levels of use than general population studies. Other issues of importance to consider are that different studies differ in their methodological approaches, inclusion and exclusion criteria, framing of questions, and the ages of their sample. Therefore, comparisons, while informative, must be viewed with caution.

#### **4.4.1 Tobacco and Alcohol**

The Opinions and Lifestyle Survey 2014 (Health and Social Care Information Centre, 2016) noted that smoking rates for young people aged 16-24 were 23%. This represents a general decline in tobacco smoking rates over the past few decades. However, the data from the Outreach survey shows considerably higher rates of smoking, with 67% of the sample reporting smoking either daily (31%) or non-daily (36%) (Table 4.1). This adds to the continued association between SES and smoking practices (see above). My study highlights, as does the national survey data (see ASH, 2016a, 2016b), that the regular use of e-cigarettes amongst young people is low and is generally confined to ‘experienced’ tobacco users (e.g., those who currently smoke or have previously smoked). This adds to the questioning of the assertion that e-cigarettes are acting as a gateway to smoking, or a mechanism which is re-normalising smoking, both of which have been cited as public health concerns (McKeganey et al., 2016; Vasiljevic et al., 2016).

While youth alcohol use continues to be an issue for society, recent prevalence rates have indicated a potential social shift by highlighting a decrease in adolescent alcohol use over the past few years.<sup>67</sup> Data from the Office for National Statistics (ONS, 2017a) suggests that around 50% of young people aged 16-24 drank alcohol in the previous week, while data from the Outreach survey shows that 34% of the young people reported drinking ‘once a week or more’ (Table 4.4). This suggests a lower frequency of reported alcohol use in my sample than the national data suggests. My findings support the general declining trend in youth alcohol frequency, but this must be appreciated within the wider context of the polarisation between young people and adults’ alcohol use practices, where young people are less likely to have used alcohol in the previous week than adults, but young drinkers have been noted to consume larger amounts of alcohol in their use sessions than adults (Goddard and Green, 2008; ONS, 2016a, 2017a). Despite this trend, my sample typically engaged in lower levels and quantities of alcohol use, with this appearing to be a consequence of their exclusion from

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<sup>67</sup> In 2012 43% of young people (aged 11-15) reported drinking at least once. This contains a downwards trend since 2003 when 61% responded to the same question (Fuller and Hawkins, 2014).

typical drinking spaces (e.g., the NTE, private spaces) and their limited disposable incomes (see Chapter Six for a more detailed discussion of this).

#### 4.4.2 Drug and NPS

Data from the Outreach survey highlights that the participants had higher rates of both drug and NPS use than those in the same age bracket in the general population. Over half of the sample (55%) reported trying an illegal drug in their life time. This figure is higher than the findings of the 2016/17 CSEW (Home Office, 2017) which noted 35.7% of young adults (16-24 years old) having ever used an illicit drug. The data from the 2016/17 CSEW showed that 16.4% of 16-24-year-olds had used cannabis in the past year, compared to 27% of the sample in the Outreach survey. The Outreach survey also shows higher rates of past year ecstasy (7% to 4.3%) and cocaine (7% to 4.8%) use rates compared to the 2016/17 CSEW (Home Office, 2017). Thus, the respondents in the Outreach survey appear to be more ‘drug experienced’ than those in the general population. Drug use was similar to that of the CSEW in terms of rank ordering of drug popularity, in that lifetime use is highest for cannabis, cocaine and MDMA, with cannabis (and its variants e.g., ‘skunk’) being the most commonly used drug. Therefore, the participants’ use patterns echoed wider cultural perspectives, implying some level of external validity to the Outreach survey’s findings.

Around 32% of the Outreach survey sample reported lifetime use of an NPS. This figure is considerably higher than the findings of the 2016/17 CSEW (Home Office, 2017) which found that 4.2% of young adults aged 16-24 had used an NPS in their lifetime (5.3% males, 3.1% females), while the Flash Eurobarometer survey, based on 13,000 randomly selected young people (aged 15-24) across the EU, noted that the lifetime prevalence for NPS use to be 8% (European Commission, 2014). While cathinones and SCRAs have been noted to be extremely popular types of NPS both nationally and internationally (Global Drug Survey, 2016; UNODC, 2014), in my study SCRAs were found to be the most used NPS, with extremely low levels of cathinones and other NPS use in the sample. The findings of my study echo existing research in regard to finding high levels of SCRAs use within vulnerable and socially disadvantaged cohorts (see Blackman and Bradley, 2017; MacLeod et al., 2016). For example, MacLeod et al. (2016) focused on a variety of vulnerable youth populations (young people affected by addiction, homelessness, mental health issues), and found 59% of their sample had used NPS, with 41% using SCRAs (the most popular NPS in their sample). This highlights how NPS and SCRAs use may represent a prevalent practice of disadvantaged localities and vulnerable cohorts, and suggests the need for targeted

intervention in disadvantaged localities to counter the potential harms and impacts of such practices. My study resonates with broader national trends which highlight a polarisation of substance use practices, with a rise in the use of ‘traditional’ drugs (MDMA, cocaine) for more affluent cohorts (Home Office, 2015), and where disadvantaged, vulnerable and socially excluded groups of young people can be pushed towards NPS and ‘hard’ drugs, and thus experience harmful outcomes in their substance use practices (ACMD, 2006; Reuter and Stevens, 2007; Seddon, 2006).

All the users of NPS in my study reported previously trying an illegal drug; this is higher than found in previous studies which have noted around 90% of NPS users had used other illicit drugs (see Newcombe, 2009; Stephenson and Richardson, 2014). This dispels a major concern around NPS (‘legal highs’) regarding that their label of ‘legality’ would promote use through inferring safety, and that their ease of access would attract a cohort of new and novice users (Home Office, 2014). It appears that within my sample, NPS were not attracting novice users and were not acting as drugs of initiation, with NPS confined to existing drug users and being temporarily added to existing substance use repertoires. This echoes what was found by Moore et al. (2013) in relation to how mephedrone was added to existing polydrug repertoires for young people frequenting the NTE in the North-West of England.

### *Drug and NPS Access*

The Outreach survey found comparable rates of access to drugs compared to the 2016/17 CSEW (Home Office, 2017). The 2016/17 CSEW found that access to drugs for young adults (16-24 year olds) comprised of 49% from ‘friends’ and 22% from a (known (12%) or unknown (10%)) ‘dealer’, compared to the Outreach survey which found 77% from ‘friends’ and 21% from a ‘dealer’ (Table 4.11). This highlights considerable levels of ‘informal’ dealing occurring for the participants in my study. In terms of access to NPS, the 2016/17 CSEW (Home Office, 2017) found 14% of young adults accessed their NPS from a ‘shop’,<sup>68</sup> while 43% accessed through a friend, and 10% through a (known (7%) or unknown (3%)) ‘dealer’, while the Outreach survey discovered 58% accessed through a Headshop, 39% through a friend, and 3% accessed through a dealer (Table 4.11). Importantly, while the Outreach survey found access to NPS primarily occurred through a Headshop, upon further discussion much of this access was noted to have occurred through social dealing networks,

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<sup>68</sup> Down from 39% in the 2014/15 cohort (Home Office, 2015), highlighting the impact of Headshop closures.

with the young people using a proxy to buy NPS products but noting this as access through a Headshop as opposed to a ‘friend’ or ‘dealer’.<sup>69</sup>

**Table 4.11: Avenues Used to Access Drugs (n=57), and NPS (n=33) (percentages)**

	<b>Friend</b>	<b>Dealer</b>	<b>Head shop</b>	<b>Internet</b>	<b>Other Source (e.g., family)</b>
<b>Drug</b>	77% (n.44)	21% (n.12)	0%	0%	2% (n.1)
<b>NPS</b>	39% (n.13)	3% (n.1)	58% (n.19)	0%	0%

While there is a popular conception of drug dealers existing in ‘open markets’ and ‘pushing’ substances on to young people in a drive for profit (Coomber, 2006, 2010; Potter, 2010), such a view is challenged in my study. The data collected from the interviews and informal conversations support the Outreach survey findings, noting that most participants accessed drugs through ‘closed markets’, ‘social dealing’ avenues and informal supply networks (peer or friendship networks).<sup>70</sup> There did not appear to be an overlap between cannabis and ‘hard’ drug markets with the majority of ‘dealers’ being suggested to specialise in one substance, and thus ‘dealers’ typically did not provide access to a plethora of drugs. Several young people participated in social dealing with them purchasing and supplying (‘sorting’) friends, highlighting a blurring between the lines of ‘user’ and ‘dealer’ (see Chatwin and Potter, 2014; Coomber et al., 2016). The use of trusted sources and informal supply networks was not typically done to avoid police detection, but was more to do with reliability and assurances of drug quality control, and not being ‘ripped off’ through the purchasing of lower weight products (researchers have noted similar practices in relation to reducing the chance of being sold adulterated ecstasy tablets (Moore, 1993; Parker et al., 2002)). Several of the participants spoke of only buying drugs from ‘safe’ and ‘trusted’ sources, and abstaining if they could not access familiar avenues. However, the ubiquity of drugs and ‘dealers’, the ease of accessing drugs, as well as the perceptions around policing priorities (see Chapter Six), resulted in many of the participants being unable to juxtapose buying drugs with ‘risk’. In my study, many of the drug takers had access to various ‘dealers’, however, there was ambiguity and a blurring around the distinctions of ‘dealer’ and ‘friend’ (Taylor and Potter, 2013), with

<sup>69</sup> Older individuals would collect money from other young people to buy them NPS, or would bulk buy NPS and sell this on for a profit, with this negating the protection of aged based sales. This resonates with previous research around ‘proxy purchasing’ and how young people attempt to persuade older individuals and adults to buy them alcohol (see Davidson et al., 2012).

<sup>70</sup> Many participants indicated this was not ‘real’ or ‘proper’ dealing, however, within the confines of the Misuse of Drugs Act 1971, most of the drug users had been involved in some aspect of drug supply.

several participants interchangeably discussing their friends as dealers and dealers as friends. This blurring between the friend-dealer distinction facilitated a level of trust which further undermined any perceived risk when purchasing drugs. An additional benefit of this was the potential for ‘mate’s rates’ and discounts when purchasing drugs.

While the Outreach survey found only 3% of NPS users reporting accessing their NPS through a dealer, it is important to remember that the Outreach survey was conducted pre-NPS ban. It has been suggested that the reduction of licit availability to zero may drive the rise of illicit sales and sales through dealers, as was noted to have occurred following the banning of mephedrone and other NPS in 2010, with this resulting in an increase in price, decrease in purity and shift towards sales from dealers (McElrath and O’Neill, 2011; Moore et al., 2013; Stephenson and Richardson, 2014). Indeed, it was noted by the young people encountered during outreach work in the period approaching the NPS ban there were reports of a rise in NPS being accessible through ‘dealers’. What is important to note is that while impending legality has been noted to drive the stockpiling of substances for some users, specifically those who could afford it (Measham et al., 2010), it appears that many disadvantaged individuals cannot afford to undertake this ‘bulk-buying’ process, and thus may become reliant on using dealers and consequently exposed to the price rises and purity decrease that often accompany sales through dealers.

While nationally pre-ban NPS were noted to be sold online through a variety of online vending sites (DrugScope, 2014; Stephenson and Richardson, 2014), in my study there was no reported buying of NPS or traditional drugs over the internet (Table 4.11). This appeared due to limited internet access and financial issues. This suggests, as noted in the wider literature around class, technology and substance use access, that users of online drug buying markets may be typically more middle-class, affluent and technologically advantaged (see for example Barratt et al., 2014; van Hout and Bingham, 2013). The 2016/17 CSEW (Home Office, 2017) discovered 10% of young NPS users sourced their NPS online, and while this suggests that the use of the internet to purchase NPS is low, it appears that the internet is a growing source of substance access (see European Commission, 2014). Indeed, the 2014/15 CSEW (Home Office, 2015) discovered only 1% of young people accessed NPS online. This suggests that locality and deprivation may impact upon substance purchasing practices.

## 4.5 Summary

This chapter has looked at the participants' rates, practices and perceptions of substance use. The data presented highlights the enduring impact of socioeconomic disadvantage upon the substance use practices and perceptions of the young people, with this having potential accompanying health inequalities and associated harms. It has been argued that the perceptions, and consequently practices, around substance use are not set, but are shaped and informed by individual, localised, social and cultural norms, values and experiences. The participants' understandings of the risks, harms and pleasures of substance use were assessed and differentiated using available knowledge sources. The participants appeared to assess the risks of a substance in terms of the perceived potential for experiencing harm, with immediate, tangible and acute harms being focused upon in their risk assessments, rather than long-term and chronic harms which were typically neglected. The substances and practices not associated with, or perceived as presenting, immediate harms were differentiated as less risky, irrespective of their potential for long-term harm.

Compared to the general population of young people, the young people in my study appeared to be more drug experienced, with the sample revealing lower levels of alcohol use, but higher levels of tobacco use, and higher levels of both lifetime and past-year rates of drug use, as well as considerably higher (but decreasing) rates of NPS use. These differing rates highlight how localised perceptions of substances, cultural norms and access can shape use practices. Many of the young people in the research smoked tobacco in some form, with tobacco use being socially accommodated and associated with stress relief and facilitating sociability. Despite e-cigarettes being suggested to be popular, there was little use from the participants beyond experimentation. There was an evident scepticism and uncertainty around the potential risk and harms of e-cigarette use, with this being shaped by the variety of available contradictory knowledge regarding their safety. Such confused knowledge and perceptions impacted upon the use rates of e-cigarettes. Alcohol was noted to be an extremely socially accommodated substance, with many of the young people drinking alcohol due to its associated role in socialising, but alcohol was not typically consumed regularly or excessively. The majority of young people reported to have tried an illicit drug, with the most socially and culturally accommodated (e.g., cannabis) typically being the most used. The use of NPS was generally lower than traditional drugs, with SCRA being the most popular NPS and other NPS products having negligible use rates. The use of SCRA appeared to be based on a variety of factors, including: strength; price; accessibility; legality; and a preference of

effects, as well as a combination of these reasons. However, despite an initial acceptance and high rates of SCRA use, over time a considerable stigma around SCRA developed, with a juxtaposition of SCRA with 'hard' drugs and addiction occurring. These associations affected local perceptions and resulted in an avoidance of use.

The young people presented themselves as individuals who used substances in a controlled and managed way. The participants' perceptions and assessments of the risks, harms and pleasures of substance use, and subsequently their use practices, appeared to be shaped by the contexts they were situated in and the knowledge they had access to. The following chapter (Chapter Five) expands on and furthers the points discussed in this chapter. Chapter Five explores how the risks, harms and pleasures around substance use are assessed, managed, accepted and avoided, and explores how the experience and exposure to substances shaped perceptions and practices around controlling and managing substance use. This chapter also looks at how different forms of ('lay' and 'expert') knowledge are accessed and assessed, and how this can influence perceptions and use practices.

## **Chapter Five: The Assessment and Management of the Risks, Harms and Pleasures of Substance Use**

This chapter looks at how the risks, harms and pleasures of substance use are assessed, evaluated and managed by the participants, and how the meanings and consequences of the participants' substance use shape their practices. I argue that the participants' substance use perceptions and practices were shaped by their experience and exposure to substances, and their access to trusted, 'credible' and valued knowledge sources. Knowledge foundations built from the assessment of different sources shaped conceptualisations of potential and future harms. This chapter predominantly employs qualitative data from the interviews, observations and informal conversations, as this provided greater insight into the participants' assessment and management of their substance use practices. It is important to note the unequal gender distribution of the sample as this shapes the data and arguments presented with a focus on male perspectives. Nevertheless, valuable insights into the participants' practices and their assessments and management of risk, harms and pleasures are presented.

Despite the general concern regarding young people's engagement in 'risky' practices (Blackman, 2009; Kelly, 2003), the general portrayal of substance use as risky, harmful and dangerous (Moore and Measham, 2012a; O'Malley and Valverde, 2004), alongside the presumed applicability of dominant individualised risk theorising to account for the experiences of all (Mythen and Walklate, 2006), there is a neglect of data exploring young people's, especially disadvantaged young people's, understandings, experiences and participation in 'risky' practices such as substance use, and of the importance of the social and cultural context upon 'risk' assessment (Duff, 2003b; France, 2000; Hunt et al., 2007; see Chapter Two). There has been a tendency to focus on the presumed risks, harms and pleasures of substance use, and thus there has been a neglect of exploration into how young people actually perceive and evaluate the risks, harms and pleasures of substance use (Duff, 2008; Hunt et al., 2010). The literature around youth substance use and risk has suggested various sources and sites as important in risk assessment (Denscombe, 2001; France, 2000; Hunt et al., 2007; Pilkington, 2007a; Sharland, 2006; see Chapter Two). However, there has been an assumed superiority of certain forms of knowledge, typically 'expert' knowledge, in risk assessments (Beck, 1992; Lupton, 1999). This chapter explores how the participants assessed, evaluated and used different sources of knowledge, and how trust, credibility and expertise are ascribed and accredited. This chapter alludes to and explores the discrepancies between the notions of risks, harms and pleasures presented in 'expert' and official discourses

and those of the participants' perspectives. This highlights the importance of the social and cultural context in shaping substance use perceptions and practices.

The chapter addresses the study's central research question by exploring how the participants assessed and managed the risks, harms and pleasures of substance use. I argue that the young people's perceptions, conceptualisations and assessments of risks, harms and pleasures are shaped by their experience and exposure to substances, and their access to trusted and valued substance related knowledge within their local, social and cultural contexts. The participants had access to various sources and forms of knowledge, with these being accessed both directly and indirectly, but they often employed the most accessible, valued, 'credible' and trusted, and not necessarily the most objectively 'accurate' sources they had access to, with this typically being knowledge which conformed to personal and direct experiences, and wider social and cultural beliefs. The participants' knowledge foundations built from their evaluations of different knowledge sources impacted upon their risk, harms and pleasure assessments. The young people generally held an awareness and appreciation of the potential risks and harms associated with substance use, but there was a perceived lack of vulnerability regarding their susceptibility to negative outcomes, with these conceptions around probabilistic future thinking being bounded by a belief in their abilities to control and manage substance use and avoid potential harms. The participants did not perceive themselves as being invulnerable to harms, but as considerably less vulnerable than other young people and especially those younger than themselves due to their superior abilities to control and manage their substance use. These perceptions around the ability to control and avoid potential long-term harms shaped substance use practices, and the implementation and adherence to stated and intended practices.

The chapter begins by exploring how the participants defined and understood 'risk', and how they controlled, managed and engaged with substance use related risks, harms and pleasures (Section 5.1). This involves looking at how the young people presented their substance use as 'selective' and 'controlled', as well as how they managed and 'neutralised' aspects of their practices using strategies around 'othering' inappropriate people and practices; highlighting a self-confidence in ability to control and avoid risks and harms'; and, denying the potential of risks and harms in their practices. The chapter then discusses how the experience and exposure to substances and different sources of substance related knowledge shaped perceptions of substance related risks, harms and pleasures (Section 5.2). The access,

evaluation and use of different knowledge sources are explored, noting how experience shapes the perceived credibility of different knowledge sources, and subsequently how this influences perceptions and use practices. Finally, there is a discussion of the management of risks, harms and pleasure of substance use, with an examination of the ‘harm reduction’ strategies employed during substance use (Section 5.3). This involves looking at the approaches the young people spoke of employing in relation to their substance use practices, and how these strategies were implemented, the effects they had, and issues in their adherence and implementation.

## **5.1 The Assessment and Management of Substance Use**

This section explores how the participants understood and managed the risks, harms and pleasures associated with substance use, looking at how substance related ‘risk’ was assessed and engaged in, and how participation in substance use was controlled and managed. The participants’ perceptions and assessments of the risks, harms and pleasures of substance use were conceptualised and shaped by their local, social and cultural contexts. There was an awareness of potential risks and harms, however, the participants employed various methods in varying ways to justify their practices and ‘neutralise’ any perceived risk (including, ‘othering’ substances and users, highlighting abilities around control, and distinguishing between risks), with these undermining and superseding potential adverse harms of substance use. The young people assessed and managed the risks, harms and pleasures of substance use from a position of belief and confidence in their abilities to control their use and avoid adverse consequences, highlighting their engagement in ‘controlled’ substance use, their avoidance of problematic, disordered and ‘out-of-control’ use, and their positive and pleasurable experiences.

### **5.1.1 Defining Risk and Risky Activities**

‘Risk’ was typically defined by the participants as something which resulted in a significant and negative impact on physical, and also mental, health (see Chapter Four), and something which removed ‘control’ (agency) from their lives. Therefore, both a removal of control and a negative impact upon health were key themes in relation to how risk was conceptualised. The participants were asked if they engaged in any activities which they considered to be ‘risky’. However, many found it difficult to identify aspects and practices of their everyday life as risky, and struggled to cite any risky activities which they engaged in, typically discussing non-deviant practices (e.g., sporting activities which are commonly portrayed as

‘healthy activities’ in wider discourses).<sup>71</sup> It is important to note that the broader risks and harms that young people are exposed to more generally such as socioeconomic disadvantage, mental health issues, poor diet, road traffic accidents, etc. (Farrington et al., 2016; Patton et al., 2009; West, 2009) were typically absent from their accounts. The young people’s risk narratives were found to be framed in relation to local, social and cultural understandings of risk, with these localised conceptualisations of risk producing understandings of risk divergent to ‘official’ and ‘expert’ governmental and public health perspectives. Practices that may generally be viewed as uncouth and problematic (e.g., substance use, anti-social behaviour, violence) were not considered as ‘risky’, but were seen as ‘standard’ and often pleasurable aspects of leisure in some of the young people’s social and cultural milieus. Indeed, the young people rejected many of the negative labels associated with specific forms of ‘risk’ (e.g., those they were typically exposed to and engaged in). For example, when discussing substance use there was a lack of association with the term ‘risk’, with this absence of the term in young people’s accounts being important, suggesting that the language of risk is not linked to the typical substance use practices of these young people. For many of the participants, the use of specific culturally approved substances and practices did not appear to be socially constructed as a negative concept (see Chapter Four).

### 5.1.2 Controlled Use and Managing Substance Use

*‘I think, get this on recording, if you ever need the feeling to take drugs or anything, you’ve got to be in control, one hundred per cent’ (Alfie aged 19).*

Control was an important theme in the participants’ accounts. Controlled use was noted as the ability to use without problematic consequences. Thus, the potential for harm was appreciated in some form but was typically perceived to be avoidable and manageable. Frequency and quantity were important in controlled and ‘acceptable’ use, with such use being orientated around occasional and pleasure based use in ‘appropriate’ spaces and at ‘appropriate’ times (see Foster and Heyman, 2013, and also Chapter Six for a discussion around the management of substance use in available leisure spaces),

*‘I think in a controlled environment, every now and again it’s not that bad’ (Chris aged 20).*

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<sup>71</sup> However, certain leisure activities, including ‘sports’, have been suggested to be statistically more, or as, risky as certain forms of substance use: see David Nutt discussing the risks from ecstasy and horse riding (Nutt, 2009a), and Russell Newcombe’s work around the comparisons between the risks of substance use and ‘everyday’ leisure activities (Newcombe and Woods 2000).

Even daily use, if use was based around enjoyment and was not adversely affecting ‘normal’ daily actions, of certain substances (typically cannabis) was deemed controlled use for some. For example, Scott noted how his daily use of cannabis may be perceived as being uncontrolled, but he counters this by presenting his previous use practices,

*‘I used to be on heroin, and I’ve just stopped taking that like over that past few month, and I need weed to keep my head straight...I’ve gone a long way to where I am now, and even though I smoke weed every day I can still get on with my everyday life, know what I mean, I’m working and that so, I’m getting my own money and that, I’m paying rent and that’* (Scott aged 19).

The ability to function and undertake ‘normal’ activities was highlighted by Scott as a feature of his controlled use and a signifier of his progression to recovery. The returning to, or engagement in, ‘recreational’ patterns of use and substance use which permitted ‘normal’ functioning highlights how perceptions of recovery for some differs from dominant concepts and the UK government model of ‘recovery’ (Home Office, 2012).<sup>72</sup> It also alludes to how the participants’ conceptualisations of controlled use involved use without the experiencing of adverse effects in everyday life. This echoes findings in the wider literature which note how typically affluent and middle-class club-going drug users rationalise their practices by highlighting their ability to use while living ‘conforming’ lives (see Aldridge et al., 2011; Measham et al., 2011). It appears that the participants’ current situations, experiences and perceived abilities to control substance use were used to build perceptions of acceptable and unacceptable use. What was noticeable in the young people’s accounts was that a prominent signifier of ‘normal functioning’ was the absence of physical effects upon the body. Such tangible effects were noted in Chapter Four to be salient markers of harm. Therefore, and problematically, much use was considered ‘unproblematic’ if there were no noticeable adverse effects. Such a myopic method of assessing harm neglects an appreciation of the long-term health impacts of use, as the focus on visible and physical effects ignores latent harms and health issues. This raises the issue that the young people may not be conceptualising their substance use as having harmful effects if they are not perceiving immediate issues. This again highlights that immediate and visible harms were easier to conceptualise in the young people’s assessment and evaluation of harms (see Chapter Four).

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<sup>72</sup> This model is built around total abstinence from substance use (Home Office, 2012), and whilst there have been recent suggestions of a creeping away from total abstinence (Monaghan, 2012), the government’s understanding of recovery is still grounded in temperance rhetoric.

Controlled use was spoken of in relation to subjectively constructed terms such as *'using right'* and *'doing it properly'*. However, the suggestion that all young people hold shared notions of 'right' and 'properly' should be contested, as the subjective nature of these terms implies variation in practices, and may disguise 'harmful' practices (see also de Visser et al., 2015). The young people created subjective and arbitrary use thresholds based on personal experiences and preferences (see below), as well as the social and cultural norms they were exposed to, with use under these limits being perceived as 'risk-free'. The young people struggled to perceive certain practices and levels of use as being potentially harmful due to such use falling within their own 'safe' limits (i.e., a level of use where no adverse effects were experienced). Such perceptions highlight a potential disjuncture with public health approaches which equate harms with quantified limits (e.g., official drinking thresholds (HM government, 2007, 2012; Haydock, 2014)), as these may inadvertently imply that use below such limits is desirable and has little consequence. Therefore, it is important to note that despite aiming for and claiming 'controlled' and 'acceptable' use, these descriptors were subjectively created and may involve harmful practices.

Being in control was a salient theme in the participants' pleasure narratives. Resonating with other studies of young people's substance use (Brain, 2000; Measham, 2002; Moore and Measham, 2008), some participants reported aiming for a 'controlled loss of control',

*'I've always kept it to the minimum level of being out of control so I know what's going off, I know where I am, who I'm with, and what I'm saying so I can have a good time then and nothing bad will happen'* (Alfie aged 19),

*'I like to get on in, but like not fucking mental, just so we're having a good laugh'* (Nathan aged 18), *'Yeah, I don't see point in taking them [drugs] all the time me, I'll only have some now and again'* (Isabella aged 18), *'yeah but I've seen you take some on courthouse [a car park in the town centre], who does that, daft, take it at a party like you're meant to'* (Nathan aged 18).

Here, use in the 'correct' space was used by this young male to position himself as being a more responsible user than his female friend, who despite noting only using occasionally, becomes positioned in an inferior way. Association with irresponsible use and engagement in 'out of control' use were actively avoided. The idea of being 'out of control' was frequently cited as a reason for avoiding substance use for abstainers, and avoiding specific substances

and extreme intoxication for many substance users. It must be noted however that ‘extreme’ intoxication was sought by a small number of young people, typically the more disengaged and excluded young people, and those experiencing the most troubled transitions to adulthood (see Chapter Six). A loss of control was juxtaposed with potential negative health effects (e.g., overdose) by some young people, but was more commonly associated with social embarrassment than health issues by current users. Indeed, the capturing of embarrassing intoxicated practices on mobile devices and dissemination of such material through social network sites (SNS) was a ‘concern’ for some young people (see below).

### *Managing and ‘Defending’ Use*

Many of the participants were aware of the negative representations and discourses around substance use portrayed by the media and held by the public.<sup>73</sup> Such labels were engaged with by the young people, with many employing their own counter-discourses and narratives to challenge negative representations associated with their substance use. Most participants attempted to position their substance use as ‘safe’ and themselves as sensible users, discussing their use of substances in terms of pleasure and control, and not addiction,

*‘I have it [cocaine] every weekend, I mean I’m not addicted to it, but it just makes me have a good time’* (Walter aged 17).

There was an awareness of how certain substance use practices were associated with specific risks (e.g., addiction), with this being evident in the young people’s attempts to reflexively position themselves as responsible and knowledgeable, and in their efforts to justify or neutralise their actions based on their ability to manage, control and avoid associated risks and harms. The young people’s accounts were littered with strategies of neutralisation and risk denial (see Peretti-Watel, 2003; Sykes and Matza, 1957), with these being used to position their practices away from ‘risky’ and disordered use, and away from other people’s use. Such strategies included: ‘scapegoating’ and ‘othering’ where distinctions were drawn along arbitrary lines of ‘us’ and ‘them’, and where engagement in ‘risk’ was used as a tool of blame (Douglas, 1992); ‘self-confidence’ where a personal belief in ability to control risk promoted a perception of lower susceptibility to risk, which echoes the concept of ‘unreal optimism’ (Weinstein, 1982); and, ‘comparison between risks’ where there was a denial of risk in their activities.

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<sup>73</sup> Such discourses often present illicit drug use as being incompatible with rationality, and link drug use with a loss of control and corrupt identity (Fraser, 2008; Manderson, 2005).

Shiner and Newburn (1997) suggested if young people are employing neutralisation strategies they must hold the view that substance use is wrong. However, this did not appear to be accurate. The participants used neutralising statements to create acceptable personal narratives which acted to defend against the stigma associated with problematic and uncontrolled substance use. The participants did not hold negative attitudes against all forms of substance use, but they were aware that other people's use could be and could appear as problematic, and were keen to defend against any association with this. The use of such statements and strategies allowed the participants to neutralise and justify their practices, and to position themselves away from the 'unacceptable' (but often similar) practices of other people. This highlights that despite holding specific personal moral stances around substance use, there was a residual criticising of other people's use, with this contrasting Becker's (1963) and Parker et al.'s (1998) perspectives that socialisation around use promotes general 'normalised' views. This avoidance of association with unacceptable practices echoes what Aldridge et al. (2011) suggest about young substance users conforming to specific societal values, e.g., the avoidance of problematic use, while rejecting others, e.g., the avoidance of drug use in general. Indeed, my participants often noted how their substance use practices were acceptable, but others' practices (e.g., injecting drugs, 'hard' drug use) were not.

It was clear that the young people would draw distinctions between their own and 'other' young people's abilities to make 'safe' choices in order to position themselves away from 'problematic' youth and practices, with them often reproducing popular media and government discourses when explaining (condemning) 'others' with whom they did not identify with. The young people actively differentiated their own and their peers' practices of substance use, anti-social behaviour, etc., as being controlled and jovial, and divergent to the similar practices of other young people. This process of 'othering' helped the young people to position themselves in more favourable ways, echoing previous studies, (Goffman, 1968; Hathaway et al., 2011; Rødner, 2005; Sznitman, 2008). This was seen in how many of the young people discussed SCRA products and users as addictive, 'dirty' and 'chavy', and a substance that 'normal' drug takers would not use (see Chapter Four). The young people justified and neutralised their practices in various ways. However, an issue here is that while legitimising their use, many of the young people nonchalantly discussed their engagement in potentially harmful practices, but the juxtaposition of their practices with 'other' (riskier) individuals acted to either detract from perceptions of riskiness, or to hide and deny the

riskiness of their practices by comparison. Thus, the participants perceived harm potential was offset by their comparisons between themselves and ‘inferior’ ‘others’.

### *Addiction and Controlled Use*

The participants discussed controlled use as being antithetical to dependent use and addiction, with the descriptors of ‘addiction’ and ‘out of control’ being threats to status and identity. Many drug users attempted to resist and move away from ‘addict’ identities and terminology (e.g., ‘smack-head’, ‘mamba-head’) by highlighting how their substance use did not interfere with their everyday lives. Many also used such pejorative terminology to discuss others and to position themselves as non-problematic users. None of the participants considered themselves as currently being addicted. However, there was a palpable fear that they would appear addicted or be associated with addicted use, with this being actively avoided and defended against. Indeed, what is interesting is that the young people were less concerned with concealing that they engaged in substance use, and more concerned with presenting their practices (e.g., the quantity and frequency of their use) as adhering to ‘controlled’ and thus not ‘addicted’ practices. This suggests that some aspects of substance use were ‘normalised’ in a sense, with a lack of perceived stigma around revealing use, but that some patterns and practices of substance use can be associated with stigma which had to be managed.

Addiction was difficult to define for the majority of the participants due to not having experienced it. However, it was suggested to involve both a mental (‘wanting’) and a physical (‘needing’) component, which involved, habit (a routine or ritual involving substance use), an inability to control intake and cease use of a substance (a loss of control), as well as craving and an adverse reaction in response to not accessing a substance. The young people’s understandings and discussions of addiction echoed mainstream and popular discourses, with addiction being positioned as a pathological behaviour and one that contrasts with the ‘healthy body’ (Keane, 2002), as well as having visible and noticeable physical effects and health issues (see Faupel and Klockars, 1987; Radcliffe and Stevens, 2008; also see Chapter Four). The portrayal of addiction having specific features (e.g., physical effects) and being linked to specific practices (e.g., injecting), resulted in difficulty for other outcomes and practices, i.e., ones which do not match such myopic and sensationalist views, to be conceptualised as inferring addiction or problematic use. Thus, while the concept of addiction and the ‘addicted other’ were used by the young people to position themselves as engaging in acceptable and controlled use, this may hide the ‘harmfulness’ of other practices through a dichotomised view of use that is not problematic not being harmful.

The young people were keen to avoid association with the stigma around ‘addiction’, and while this resulted in their avoidance of specific practices and substances, it also appeared to result in avoiding association with seeking help, knowledge and assistance around substance use, and engagement with substance misuse services. The young people avoided seeking assistance and service engagement around issues they may have been experiencing as they did not want to be associated with ‘uncontrolled’ and ‘addicted’ use or users. This echoes the findings of previous studies (see Bozinoff et al., 2017; Calder and Cope, 2003; Lloyd, 2010; Wareing et al., 2007), and also resonates with emerging findings from research with ‘Performance and Image Enhancing Drugs’ users (Santos and Coomber, 2017). The assumptions and the ‘image’ of such substance misuse services (e.g., them being for ‘hard’ drugs and addiction) inhibited engagement as they did not resonate with the young people’s practices and substances of choice. This suggests a need to disseminate the actual role of such services (see also Burchess and Morris, 2009), as well as encouraging the concept that seeking substance related knowledge is a positive action for individuals to undertake.

While many abstainers and avoiders, typically using an ‘expert’ knowledge basis, spoke of ‘addiction’ being a product of all substance use, the drug users using their experiential knowledge would often discuss addiction in direct reference to specific substances and practices, e.g., ones they positioned themselves away from such as injecting, daily use, sustained long-term use. Indeed, ‘addiction’ and addiction potential were subjectively differentiated between various psychoactive substances, usually along the enduring but problematic ‘hard’/‘soft’ dichotomy (Bell and Keane, 2014; Parker et al., 1998),<sup>74</sup> with this being shaped by experience and exposure to substance use, as well as social and cultural perspectives. Interestingly, the ‘addiction’ associated with some substances (e.g., tobacco) had tenuous links with harm and were often noted as being more ‘manageable’ and less severe than the addiction associated with other substances (e.g., ‘higher-class’<sup>75</sup> drugs, heroin, SCRAs) which had more robust links with harm (see Chapter Four). This perceived ability to manage certain substances often resulted in a perception that help and assistance were not required when attempting to alter use (e.g., cutting down on smoking). Therefore, while seeking support and assistance was avoided due to potential stigma, it was also unlikely

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<sup>74</sup> This dichotomy is often used in popular discourse, but is flawed in terms of implying harm. For example, alcohol is typically perceived as a ‘soft’ substance, despite it possessing numerous acute and chronic harms.

<sup>75</sup> The term ‘higher class’ drugs was typically used to represent ‘hard’ drugs such as heroin, crack-cocaine and increasingly SCRAs, but other Class A drugs (e.g., powdered cocaine) were differentiated as having lower addictive potential and associated harm. Thus, the participants’ conceptualisations of harm and the classification of drugs did not mirror the official classification system.

to be sought due to a perceived ability to manage any issues. This highlights a potential consequence of the embedding of individualistic values into everyday life, as there was both a self-confidence and self-expectation to manage issues, and stigma for those ‘failing’ to do so.

### **5.1.3 Risk Engagement, ‘Trade-Offs’ and Socialising**

It has been previously suggested that substance users do not appear to be concerned by the health risks that are identified with substance use (Gamma et al., 2005; Shewan et al., 2000). Indeed, there was an apparent lack of concern regarding health risks found in my study, with the young people generally being sanguine regarding the effects of their substance use and downplaying the potential of negative consequences. However, this was not due to an ignorance of the potential effects as the young people perceived and appreciated various health risks. The young people had a confidence in their ability to avoid and manage potential risks, irrespective of actual ability to do so, as well as many perceiving their chances of experiencing negative consequences as low. Potential harms were discussed, but these were often immediate and acute harms with many not expressing concern regarding the potential for chronic and long-term harms (see Chapter Four). This chimes with the findings of Foster and Heyman (2013) who found young people to have a preoccupation with short-term alcohol risks. The participants were not ignorant of the potential health risks of substance use, they simply did not associate their practices with the potential of significant long-term harm due to a perceived ability to control the ‘risks’ they engaged with, as well as perceiving such effects as being unlikely, avoidable and manageable. This resonates with work around the ‘personal fable’ (Elkind, 1967) and the ‘optimistic bias’ (Weinstein, 1984) which suggest that individuals perceive themselves as being ‘special’, with this distorting their perceptions of risk. Such ‘individualised invulnerability’ is suggested to be caused by an illusion of control (Lyng, 1990). However, the young people within my study did not see themselves as being invulnerable, just considerably less vulnerable than other young people due to their superior abilities to control and manage their substance use. The perceptions around the ability to avoid future harms found in my sample contrast the findings of Sloan and Platt (2011) who assessed longitudinal survey data and noted that young people were ‘generally pessimistic’ around experiencing substance related harm. This highlights an issue of neglecting young people’s voices and inferring knowledge of their perceptions from behavioural data.

The participants’ risk evaluations were compounded by difficulties in probabilistic thinking about future issues, echoing the findings of previous research (see Brown et al., 2013;

Heyman et al., 2013). Indeed, there was a time-lag around the young people's conceptualisations and assessments of the potential harms and pleasures, with the young people structuring time and potential effects in such a way that harms were appreciated, but were often seen as avoidable. This is a concern as it suggests that young people may engage and expose themselves to considerable harms while underestimating their potential for adverse and long(er)-term effects, and while overestimating their ability to avoid, or their unlikelihood to experience, harm. Therefore, approaches which present and highlight risks and harms may have a limited impact upon deterring use for some young people due to beliefs in their abilities to control use and avoid issues, and due to their issues around conceptualising potential future harms.

Despite the perception of ability to avoid harms, some issues were perceived as being potential accompaniments to different forms of substance use practices. Indeed, many substance users acknowledged such adverse features and even accepted them,

*'[alcohol is] a good thing, I mean it can have bad consequences, but it's just part of it, all we do is have a laugh when we're drinking'* (Joseph aged 20),

*'the fact is that you've just got to deal with it, for me the good effects are bigger than the negative effects'* (Dennis aged 19).

While some participants reported experiencing 'negative' effects of substance use (e.g., engaging in embarrassing practices, vomiting, passing out, feeling paranoid and experiencing a lack of motivation), this did not appear to deter use. Most participants discussed such issues as potential but temporary and tolerable side-effects (see also Coleman and Cater, 2005), which were accepted in order to experience expected and desired pleasure. The participants accepted some risks, highlighting that some 'risk trade-offs' (Mythen, 2004) were being undertaken in their assessments. This perspective is neglected in dominant risk theorising. As is noted below, perceptions of some 'risks' and harms were altered in certain sociocultural contexts, with peer influence helping counter negative perceptions and experiences.

### ***Modifying Issues and Harms Through Socialising***

For some of the participants, some 'negative' and 'embarrassing' effects of intoxication were anticipated, embraced and attempted to be positively reconstructed as pleasurable consequences of a 'good night', and retold into stories which facilitated social bonding (see also Haydock, 2016),

*'I know you do fucking daft stuff when you're hammered, but you just laugh about it don't you'* (Oliver aged 18),

*'we can spend ages going over what we've got up to, laughing about it and taking the piss out of each other'* (Ryan aged 17).

Most described intoxicated actions as being funny, and many spoke of gaining pleasure and social gratification from making fun of their own and their friends' actions when intoxicated. The young people's accounts highlight how some experienced harms were alleviated through socialisation, suggesting that perceptions of harm severity may be downgraded in certain social contexts. Several of the participants spoke of the 'ubiquity' of mobile recording devices which allowed pictures and videos, or 'evidence' as one young person astutely put it, to be captured and saved during substance use sessions.<sup>76</sup> SNS and online messaging sites, for those with access, allowed dissemination of such 'evidence',

*'everybody has mobile phones now and Facebook and stuff, what you do never gets forgot about'* (Anthony aged 18).

Within the young people's accounts, the consequences of substance use were often discussed in terms of social and cultural credibility and not in terms of health issues. This highlights how the 'risks' of social harms (e.g., stigma) were often prioritised over health issues, with this potentially being due to the time-impact of these issues. The growth of SNS and access through mobile devices appears to be shaping young people's abilities and willingness to share, perhaps without full consent, knowledge or appreciation of the implications, their substance use stories and events online and between friends. The young people had little appreciation for the potential judgment of unseen audiences, being more concerned with localised peer groups. This contrasts recent studies where young people, especially young females, were actively involved in negating potential judgment in online contexts (see Atkinson and Sumnall, 2016). While there is a growing research base around the presentation and management of alcohol use on SNS and online platforms, specifically around young women's use (Atkinson and Sumnall, 2016; Griffin et al., 2009; Hutton et al., 2016), what was interesting was that even for the more disadvantaged young people who lacked unlimited and constant access to such technology and digital spaces, there was still an appreciation of

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<sup>76</sup> It is important to note that due to the participants' socioeconomic disadvantaged, not all had access to such technologies (see below).

the impacts and social harm issues such technology had around peer judgment, with their disadvantages preventing online management of how they were presented,

*'there's probably loads of bad stuff and photos of me on Facebook, I just don't have it to know about it'* (Oliver aged 18),

*'like I've got Facebook but I can't get on to it, so god knows what's put on there, I know before I've woke up to a bollocking off bird for having a picture with another lass, not good'* (Todd aged 19).

Several participants spoke of 'panicking' after a night of heavy intoxication, as they struggled to remember and recall their actions.<sup>77</sup> It was noted how many young people had to rely on friends to inform them and help them 'piece' together the events of an intoxicated episode, but this was also problematic due to friends usually being intoxicated. This was also responded to by 'investigation' which involved checking text messages, videos and pictures on phones and SNS the following day. Surprisingly, the consequences of intoxication were often spoken of in jovial ways. Several participants, typically the young males, noted being unconcerned regarding pictures and videos of their intoxicated-selves being taken and disseminated, with pleasure being created through discussing and reminiscing about past events of substance use sessions. Indeed, Griffin et al. (2009) spoke of the 'drunken narrative', which highlighted the extension of pleasure from 'night outs' through the retelling and reliving of encountered events while intoxicated. This has been argued to be a salient motivation for further substance use (see Brown and Gregg, 2012),

*'I'm not bothered what people put on Facebook about me, it's only my mates who talk about it really, and if you don't find it funny it's because you're boring'* (Walter aged 17),

*'we like look back on what we've done and laugh about it'* (Jacob aged 16),

*'we just keep watching them [recordings of intoxicated activities], talking about them, and we try to outdo each other'* (Anthony aged 18).

Previous studies have looked at how young women augment their socialisation and alcohol intoxication and negate issues (see for example Atkinson and Sumnall, 2016; Brown and Gregg, 2012). The findings of such studies in part resonated with the accounts and activities

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<sup>77</sup>It is paradoxical that many people seek intoxication to achieve increased confidence and lowered inhibitions (effects alcohol provided), and then worry over their actions and performances when intoxicated.

of the participants in my study. However, the young men in my study did not sideline negative events as has been highlighted previously, they often embraced and embellished them, constructing them as being ‘funny’ and a sought-after feature of intoxication, with this transforming their experiences. There was evidence of gendered differences in the participants’ experiences and communication around intoxication, with the young males typically glorifying various aspects of their intoxication, even aspects which may appear negative (e.g., vomiting), using these as markers of pleasure and tools to accomplish masculinity (see also de Visser and Smith 2007; Thurnell-Read, 2015), and the young females typically discussing pleasure being drawn from moderated substance use and their avoidance of over-intoxication (see Atkinson and Sumnall, 2016; Christmas and Seymour, 2014; Hutton et al., 2016). For many of the young men, the embellishment of masculinity during and following substance use practices was participated in through engaging in a form of ‘conversational cockfighting’ (Campbell, 2000:565) which involved ‘one-upping’ each other through their stories. This was especially evident in group discourses, and highlights a potential encouragement of intoxicated practices through positive associations. The participants’ accounts highlight that in some cultural groups specific ‘harms’ (embarrassing practices) can become a tool used in socialising, with ‘negative’ experiences producing pleasure, and being used to strengthen interpersonal bonds both during and after a substance use episode. Therefore, while ‘shame’ has been used as a policy tool to ‘nudge’ behaviours, particularly in public health campaigns (Brennan and Binney, 2010; Thaler and Sunstein, 2008), it appears that some young people do not share such a collective morality, with this highlighting an issue in the efficacy of such an approach to alter young people’s substance use practices. Indeed, many public health initiatives are orientated around individual responsibility, this neglects the social nature and social pleasures of substance use (de Visser et al., 2015; Harrison et al., 2011; Hutton, 2012; Seaman and Ikegwuono, 2010; Szmigin et al., 2011). Nevertheless, such ‘shaming’ may have greater effects when incorporating different audiences (e.g., peers, partners, parents) (see Christmas and Seymour, 2014).

## **5.2 Perceptions of Substance Related Risks, Harms and Pleasures**

This section looks at how the experience of, exposure to, and knowledge around substances shaped how the participants perceived and assessed the risks, harms and pleasures of substances. This section will explore how the young people accessed, assessed and utilised different ‘expert’ and ‘lay’ sources of knowledge in their assessment and management of substance use, as well as looking at how social influence can shape assessments and

substance use practices. This section looks at what counts as ‘evidence’ for the participants. It is argued that the participants had both direct and indirect access to various sources of knowledge, but they typically employed the most accessible, valued and trusted, and not necessarily the most ‘accurate’ knowledge they had access to. Experience and exposure to substances upgraded knowledge bases and impacted upon perceptions and assessments of substance related risks, harms and pleasures. There was not an automatic rejecting of certain forms of knowledge, with different sources being superseded by knowledge which was perceived as credible and trusted.

### 5.2.1 Access and Use of Knowledge Sources

*‘The stuff you do know about drugs I think you just pick it up along the way’* (Mike aged 19).

The participants’ knowledge was collated from various ‘lay’ and ‘expert’ sources, including peers, school education, the news, the internet, SNS, and beliefs based on local events and derived from locally disseminated ‘folk myths’. Combinations of knowledge from these sources were used to formulate perceptions around substance use, with this being shaped by perceived trust and credibility of the knowledge source. The Outreach survey data highlighted that the young people’s sources of knowledge around tobacco, alcohol, drugs and NPS appear to be evenly distributed across education, friends and personal experience (Table 5.1). However, the data collected through the interviews and informal conversations provides more insightful analysis.

**Table 5.1: Substance Knowledge Sources [Where Have You Gained Most of Your Knowledge Regarding Substance Use?] (Percentages, n=104).**

	<b>Tobacco</b>	<b>Alcohol</b>	<b>Drugs</b>	<b>NPS</b>
<b>School/College Education</b>	30% (n.31)	34% (n.35)	37% (n.38)	29% (n.30)
<b>Friends/Peers</b>	30% (n.31)	25% (n.26)	36% (n.37)	38% (n.39)
<b>Personal Experience</b>	40% (n.42)	41% (n.43)	28% (n.29)	25% (n.26)
<b>Internet</b>	0%	0%	0%	6% (n.6)
<b>No Knowledge Source</b>	0%	0%	0%	3% (n.3)

The Outreach survey data suggested that School/Education provides a considerable amount of substance related knowledge (Table 5.1). However, when questioned many were critical of the drugs education they were provided, speaking of receiving little and limited education. For example, some of the young people suggested that their education was primarily constructed around alcohol, tobacco and generic ‘drug’ use, with very little on specific drugs

and NPS.<sup>78</sup> Many spoke of not remembering what they were taught, and the education that was recalled was reported as not being an objective presentation but a more temperance themed rhetoric and being abstinence focused. The use of drugs education involving knowledge against and not about substances has been previously critiqued (Blackman, 2004). Indeed, this focus was noted to limit knowledge around different drugs by homogenising all ‘drugs’ as a single entity,<sup>79</sup>

*‘I never really had any drugs education, I know it was illegal and that bad things happened, and that’s it really, I didn’t know about different types or anything’* (Amy aged 20).

Such homogenisation within official discourse resulted in some young people speaking of all ‘drugs’ as a single entity, or as groups of drugs (e.g., ‘party drugs’). Such conceptualisations limited individual assessments, and were employed unless more robust knowledge which allowed different drugs to be differentiated and assessed differently, was available from experience and exposure to different substances (see below).

Peers were noted to be a prominent source of knowledge in the Outreach survey (Table 5.1), with the qualitative data strengthening this point. Social influence and the social context appeared to be extremely important in providing experience, exposure and knowledge around substance use, with peers being noted as credible and trusted sources,

*‘you’re always told that drugs are bad for you, they’ll ruin your life, they’ll kill you, but if you speak to people who use them they’ll tell you it’s crap, so I was curious’* (Ashley aged 17),

*‘well [cannabis] was nothing like what they say in school when they tell you about it...like it makes you paranoid and that, but I never saw anything like that, my mates said it chilled them out’ ...[me] did what you’d been told impact your use then?, ‘Well you’ve got to believe your friends haven’t you, but that’s not saying I don’t believe like the science and stuff, I just thought, my friends don’t have any reason to lie to me, and they all seemed ok’* (Thomas aged 20).

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<sup>78</sup> This is perhaps unsurprising given the relative novelty of NPS.

<sup>79</sup> A lack of knowledge and experience of specific drugs often resulted in young people evaluating substances in generic ways, homogenising all drugs or groups of drugs together under the rubric of ‘drugs’, with them being suggested to possess equal harms.

Peer knowledge was highly valued and trusted, especially if it conformed to personal beliefs and wider social and cultural perceptions. When there was little or confused knowledge, peer knowledge was often adhered to with social and cultural practices typically being followed (see Santos and Coomber, 2017). This was evident in relation to the participants' e-cigarettes use and SCRA use practices (see Chapter Four).

The Outreach survey also noted the internet as playing a negligible role as a source of knowledge (Table 5.1), but this contrasted with the young people's accounts. The internet was spoken about as an extremely important knowledge source, which provided data which was often employed alongside personal experiences and opinion. Many of the young people spoke of gaining knowledge around substance use from the internet and online news articles, often from SNS such as Facebook, as well as YouTube video-clips,<sup>80</sup> with a considerable amount of knowledge coming directly (from reading/viewing) or indirectly (from being informed by peers) from such 'articles'.<sup>81</sup> In relation to online knowledge, many of the young people appeared more concerned with the content than the authenticity and validity of the source; for example, the amount of 'likes' and 'shares' on Facebook were often used to discern reliability. The literatures around young people's sources of health knowledge and how the millennial generation accesses their news sources, suggests that the internet and social media has become an increasingly used and trusted source of knowledge and news for young people (Boulianne, 2015; Chan-Olmsted et al., 2013; Reuters Institute, 2016; Sago, 2010), specifically in relation to the engagement with health knowledge (Fergie et al., 2013; Gray et al., 2005; Skinner et al., 2003). However, much of this access relies upon technologies such as smartphones (Chan-Olmsted et al., 2013), and not all young people (such as those in my sample) have instant and unrestricted access to technologies and the internet, despite such access often being presumed. There has been a growing literature acknowledging that not all young people are 'digital natives' (Prensky, 2001), with deficits in not only access but 'meaningful' use of technologies producing a 'digital divide' between socioeconomically disadvantaged and more advantaged youth (Cameron et al., 2011; Collin and Burns, 2009; Livingston and Helsper, 2007). This is an important point to appreciate.

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<sup>80</sup> While these have been noted as popular 'news' sites for young people, both allow selectivity in the 'tone' of news provided, with data suggesting that many young people do not often notice the 'brand' author (Reuters Institute, 2016). This may result in un-credible sources being sought, accessed, valued and utilised.

<sup>81</sup> Several of the participants did not have internet access, often due to their socioeconomic disadvantages, and thus would often be presented with knowledge via secondary sources (e.g., through peers).

It is also important to note that the accuracy and quality of much online knowledge has been questioned (see Benigeri and Pluye, 2003; Gray et al. 2005; Purcell et al., 2002; Vance et al., 2009), and the data from my study highlights concern around young people's ability to assess, evaluate and utilise such knowledge. Crucially, my study highlights how online sources were accessed both directly and indirectly by young people. As much knowledge was accessed indirectly there may be a level of contamination and misinterpretation during the dissemination process, with potentially inaccurate and unsubstantiated knowledge being further misinterpreted by young people's biases, preconceptions and deficits in analytical abilities. Nevertheless, friends and peers were often perceived as 'trusted intermediators' of knowledge. The young people appeared to employ the most accessible and not necessarily the most 'objectively accurate' knowledge they had access to, with this appearing to be knowledge (often originating from online sources) disseminated by peers. This knowledge appeared to shape the young people's perceptions and practices.

The validity of online sources was questioned by some,

*'you can't say "I've read this thing online which says it [cannabis] doesn't cause any health problems", because anyone can write something on the internet'* (Abigail aged 17).

However, many young people valued such knowledge, using it to build and buttress their beliefs. An example of how such knowledge from online articles shaped the participants' perceptions can be seen through how research into the potential health and medical benefits of some components of cannabis (see for example Borowicz et al., 2014; Hakkarainen et al., 2015; Kramer, 2015) can be extrapolated and converted into confirming 'scientific knowledge' to support the young people's beliefs and provide justification for their practices. Several of the participants discussed how cannabis had specific medical and health benefits, typically around being 'scientifically' linked to 'curing' cancer. Such knowledge was typically gained from reading or being informed of online 'news articles', highlighting how such 'evidence' was used to scientifically ground such 'youth mythology'.<sup>82</sup> Indeed, several young people were adamant of the healing capability of cannabis,

*'these people in America have proved it, and they sell it legally over there'* (Jack aged 18).

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<sup>82</sup> These myths often oppose 'expert' medical knowledge (e.g., cannabis possesses specific harms) and are based on locally disseminated 'facts' (beliefs).

One young person went further in this distinction, clarifying that this had to involve smoking cannabis without tobacco as this was ‘purer’ (see Chapter Four),

*‘The pure stuff doesn’t fuck you up or anything, and has health benefits...so they’ve been getting it wrong for years, trying to stop people smoking it when there’s nothing wrong with it, it’s even better than all other drugs for health, and that’s proven fact’* (Julian aged 20).

I asked how this was proven and was answered, *‘through scientists and that, you can look it up on Facebook mate’* (Julian aged 20). Recently there has been concern regarding the authenticity of knowledge and news articles disseminated across SNS (BBC News, 2016b), with erroneous news stories, some intentionally using sophistry, others misinformed or extrapolations of valid information, being termed ‘fake news’. Indeed, prominent ‘fake news’ stories published on Facebook regarding cannabis’ ability to kill cancerous cells have been noted to be embellished from the select use of data from preliminary research reports (see Yuhas, 2016).<sup>83</sup> Whilst there is a growing literature exploring the use of cannabis to aid cancer therapy and ameliorate treatment symptoms (Hill, 2015; Kramer, 2015; Sarfaraz et al., 2008), there is little to suggest the use of cannabis directly cures cancer. Nevertheless, it appears that such knowledge is being assessed and used as valid scientific information, with this being influenced by the use of scientific (sounding) institutions, terminology and ‘experts’ authenticating such knowledge. Such knowledge can confirm existing beliefs, but also appears to build and influence perceptions and practices. Therefore, such ‘fake news’, especially if presented as having an ‘expert’ basis’, can undermine public health and ‘objective’ scientific knowledge by conforming to social and cultural beliefs. Other knowledge derived from online sources included e-cigarettes filling people’s lungs with water, and rolling tobacco being ‘purer’ in comparison to cigarettes (see Chapter Four). Such knowledge was socially disseminated and was considered canon for many of the participants. What is crucial to note is that knowledge which was presented as ‘expert’ and ‘science-based’ which confirmed underlying beliefs and experiences was accepted and often used to justify practices, but other ‘expert’ knowledge which was not congruent with experiences and beliefs was often ignored, discredited and undermined. This is concerning as potentially erroneous knowledge appears to have the ability to become validated as ‘scientific’ and credible knowledge in specific conditions, with this potentially superseding other sources of knowledge and shaping perceptions and practices.

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<sup>83</sup> One such article was entitled *‘U.S. just admitted that cannabis DOES kill cancer cells’* (see Yuhas, 2016).

It appeared that the young people sought and employed knowledge from sources which they perceive as ‘credible’. More generally, trust and credibility appeared to be based on the perceived applicability to ‘real-life’ experience, with much peer knowledge, similarly to personal experience, being considered as ‘direct experience’, and thus was valued as credible. The participants had access to various knowledge sources regarding substance use, with these providing a foundational basis for perceptions and beliefs. The experience and exposure to substances shaped how different knowledges were evaluated and employed.

### **5.2.2 Experience, Exposure and Perceptions of Risk**

There were clear differences between how substance users and substance abstainers perceived substance related risks. Generally, the less experienced young people, typically the abstainers and previous drug-triers, were more likely to present the negative effects of substances over the positives, more likely to perceive and cite long-term risks and more serious harms (see also Aldridge et al., 2011; Williams, 2013), and more likely to homogenise substances under generalised rubrics (these perceptions typically resonate with ‘expert’, stereotypical and popular discourses). In contrast the more experienced young people, typically the drug users and those with exposure to substance use, tended to have little concern regarding the long-term health risks of substance use, and were more likely to cite and perceive short-term and immediate harms (see also Gamma et al., 2005), with this being influenced by their assumed unlikelihood of experiencing long-term consequences and their perceived ability to manage and prevent issues. The more experienced young people used their experience to evaluate, assess and rank familiar substances differently. However, for unfamiliar drugs they often resorted to homogenising substances in similar ways to less experienced young people, employing ‘expert’ discourse,

*‘there’s like smoking, alcohol, weed which are ok, and then other like harder drugs which are the ones you want to avoid’ (Charlotte aged 17).*

Despite the ‘risks’ perceived by substance users being generally different from those of non-users, being a substance trier was not the most salient factor in these differences. For example, Joseph discussed how he had never used ketamine, but he noted it to be a relatively ‘safe’ substance basing this on witnessing his friends using without any negative effects. Therefore, it appeared that in regard to risk perceptions, the exposure, experience and knowledge around substance use were more important than simply being a user, trier, ex-user or abstainer. Indeed, the young people with greater drug and substance experience,

irrespective of actual use, were more likely to challenge ‘official’ perceptions which homogenised and problematised all substances.

Generally, different sources were combined to form knowledge foundations. It is important to note that perceptions of risk typically had an ‘expert’ basis, especially if there was no access to other forms of trusted knowledge. This highlights how there was not an inherent mistrust, scepticism and active and automatic rejection of ‘expert’ knowledge and official’ sources (see Chapter Two; Beck, 1992; Duff, 2003b; Farrugia and Fraser, 2016; Giddens, 1991), as such knowledge was used if there was no access to more valued sources. ‘Official’ sources was however superseded by personal experience and exposure to trusted and credible ‘lay’ knowledge. It appeared that a knowledge source only needs to ‘outweigh’, based on trust and credibility, and not ‘outnumber’ other sources for it to be prioritised. This is important to consider when assessing the efficacy of risk communication messages, as it appears that ‘expert’ knowledge was used as a foundational knowledge base, but such knowledge can be overruled by experiential perceptions and more valued knowledge sources. Therefore, the use and lack of automatic rejection of ‘expert’ knowledge suggests that such sources could be perceived as credible, and thus utilised, if they were more concurrent with the young people’s experiences. This supports the suggestion that harm reduction and educational messages must appreciate ‘lay’ and experiential knowledge, or risked being undermined, ignored and discredited.

### **5.3 Harm Reduction and Management Strategies**

This section looks at the harm reduction practices of the participants. The participants spoke of actively and confidently avoiding and reducing the risks associated with their substance use practices by adopting a variety of strategies to minimise and avoid any potential risk or harm, and to maximise perceived pleasures. These included: learning to use effectively and moderating use; maintaining a healthy lifestyle; and, ‘researching’ and ‘testing’ substances before use to assess potential harms and pleasures. It is argued that while these practices were suggested, and while there was an awareness of such strategies, they were often not fully implemented, with the participants’ perceptions of their abilities to control and manage their substance use, as well as various social and cultural pressures and external forces, impacting upon their adherence to such strategies and consequently their substance use practices.

### 5.3.1 (Stated) Harm Reduction Practices

The participants discussed various harm reduction approaches, with these being implemented to maximise perceived pleasure whilst minimising adverse effects. It is important to note that the harm reduction techniques in this study were orientated around the most commonly used substances, typically cannabis and alcohol. However, there was more discussion around harm-reduction strategies for alcohol than any other substance. This was not intentionally sought. The participants discussed the issues that were salient for them, suggesting that alcohol was perceived as possessing more harms to negate than other substances.

#### *Learning to Use and Moderating Use Through Experience*

Many of the participants created and adhered to subjectively and culturally defined limits and rules around use. The creation of ‘acceptable’ limits was shaped by witnessing, being informed and taught by others, and experiencing excessive use (see below). This highlights the importance of experience and exposure to substance use practices.

Several participants spoke of seeking assistance from more experienced peers around how to use substances ‘effectively’ (how to maximise pleasure), with guidance also being provided through socialisation with older individuals,

*‘I was about fourteen and I’d been asked to go to a house party, and they were smoking weed there and they were like, “before you take a smoke on this joint, smoke this cig first so you can get a feel of the smoke going down”, and I tried my first cig and didn’t like it, but tried a joint and absolutely enjoyed it so it was alright’ (Alfie aged 19),*

*‘they taught me, course they did, I like knew a lot already from watching them do it, know what I mean, I knew loads from watching them do it’ (Ben aged 19).*

These accounts resonate with work from Becker (1963) (see also Douglas, 1992; Tulloch and Lupton, 2003; Young, 1971) who noted how peers provided reassurance and rules around substance use, and that the assessment of risk involved learning, guidance and observation of more ‘experienced’ individuals, with this permitting drug use to be (re)defined, rationalised and justified. What was evident in the participants’ accounts was that this seeking of guidance was orientated around pleasure maximisation and not risk avoidance, highlighting how substance use was typically viewed from a perspective of pleasure and not potential harm. It is important to note that the seeking of guidance did not appear to be a set process like Becker described (see also Hirsch et al., 1990; Järvinen and Ravn, 2013), with not all experimentation being orientated around learning through subcultural socialisation. Also, the

process of socially guided learning found in my study was not always a supportive process as previously discussed. Support flowed between equals, but more patronising guidance was provided to those who lacked cultural credibility, with such young people having to build their own knowledges around ‘effective’ and safe practices,

*‘You see all these little kids trying to get involved and that, [they] don’t know what they’re doing’, [me] do you help them out then?, ‘it’s not hard to do...they can figure it out themselves’* (Charles aged 18).

This lack of support may potentially result in some young people engaging in, and consequently adopting, harmful practices. This highlights the importance of developing and disseminating relevant harm reduction advice around substance use practices, to prevent a reliance of developing practices through a ‘trial-and-error’ approach. Nevertheless, the young people’s accounts suggest that the process of learning to use substances effectively (‘finding their limits’) often required experiencing ‘failure’ in terms of adverse intoxication. Ander et al. (2017) noted a similar practice.

*‘You push yourself to a stupid level, scare the shit out of yourself, then you won’t go any further than that level again’* (Liam aged 17),

*‘I just know when to stop, once you’ve been bad with it before you don’t want to do it again’* (Oliver aged 18).

Many of the participants spoke of how they attempted to control their use based on a judgement of internal states and personal experience and not through quantifying substances, ceasing use when their bodies informed them to stop. Thus, limits were often not orientated around specific quantities,

*‘you just do what your body is telling you, if you don’t you know what happens, that’s from experience that’* (Anthony aged 18),

*‘you can’t count everything or weigh everything, you just know how you feel and take it from there’* (David aged 19).

This again highlights issues of using quantitative ‘external’ measures to represent and assess related harm (a measure used by the government (Haydock, 2014; HM Government, 2007, 2012), as many of the young people reported using internal judgements to manage their substance use. This chimes with previous studies which have questioned the use of ‘units’ to

imply ‘safe’ alcohol levels (see Gill and O’May, 2007; Seaman and Ikegwuono, 2010), as these appear to be irrelevant and ignored. Upon reaching a subjectively defined ‘cut-off point’ developed through experience, several of the participants spoke of ceasing or moderating substance use. However, there were issues around the efficacy of such an approach (see below). It must be appreciated that while the young people considered these to be acceptable and ‘safe’ approaches, such a subjective assessment to manage pleasure and avoid harms may still result in consuming harmful amounts, even if this was not perceived as being harmful. Also, the potential ‘time-lag’ between consumption and perceiving effects of a substance may result in over-intoxication through continued consumption, especially if desirable effects are not perceived within an expected time period. Strategies around self-regulation involved altering intake pace, as well as switching to different types of drinks and reverting from stronger products to more moderate strength products (e.g., spirits to pints), according to how they believed they would feel the next day. However, such a strategy of moving between a two-tiered hierarchy of products based on subjectively defined strength can be said to be ineffective, as it can still result in consuming considerable amounts of alcohol. Some of the participants reported switching to non-alcoholic beverages to avoid over intoxication and to prolong social participation,

*‘I’ll sometimes get a coke, and they laugh at me, but I need to steady myself, because I want to stay out with them all night’* (Dennis aged 19).

However, such a practice risked inducing ridicule as alcohol use and the ability to consume large amounts of alcohol while displaying sobriety were expected practices of masculinity (see also Campbell, 2000; de Visser and Smith, 2007; Holloway et al., 2009; Percy et al., 2011; Thurnell-Read, 2015), with non-drinking having potential negative social consequences for the young men in terms of social and cultural mockery (see Conroy and de Visser, 2013; de Visser and McDonnell, 2012). This resulted in ‘pressure’ for some participants to participate in such expected practices (see below).

### ***Maintaining a Healthy Lifestyle***

Several of the young males reported involvement in football and sport-based activities from a young age, with this appearing to provide access to sources of ‘expert’ knowledge which deterred substance use (e.g., smoking can deplete cardiovascular fitness). However, echoing the participants’ beliefs in their abilities to avoid adverse consequences (as noted above), some young people reported how they moderated, countered and controlled the potential

harms and negative effects of substance use not through altering their use, but by engaging in fitness and sport-based activities.<sup>84</sup> This is important, as while the engagement in fitness activities and sport has been noted to justify abstinence and reduced substance use (see Thurnell-Read, 2015), several participants in my study used engagement in physical activity to offset the potential for health issues, and to justify their levels of use. The ability to balance substance use and health was criticised by some young people, typically abstainers,

*‘some of the lads smoke, drink and use drugs, and then go to the gym and think it cancels it all out’* (Aaron aged 21).

Nevertheless, several of the young people who engaged in substance use were keen to highlight how ‘correct’ engagement in fitness could counter negative effects,

*‘if you keep yourself on the physically fit side if you smoke then it’s not problem is it, and I look after myself, I mean I go boxing me and I still smoke but I’m healthy...it’s other people who smoke and don’t look after their self’s that’s bad’* (Adam aged 21).

Frank noted that his involvement in sport deterred his use of tobacco, with him citing the negative effects of smoking upon physical health. In response Adam attempted to justify his use by suggesting physical activity allows him to counter the negative effects of smoking, and Frank supports his friend by suggesting he, unlike other people, is able to manage his use,

*‘some people are different like [Adam] works hard’* (Frank aged 23), *‘yeah like I can manage it because I push myself and stuff like that’* (Adam aged 21).

The perceived ability to counter negative health effects of substance use by engaging in physical activity is worrying, as it suggests that some risks and health issues may be undermined and neglected due to a potentially flawed belief in ability to avoid, counter and offset issues by using sport and fitness-based activities to maintain physical health.

### **Researching and Testing Before Use**

An initial harm reduction strategy for some involved undertaking ‘research’ around substances before use, e.g., asking experienced individuals, searching the internet,

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<sup>84</sup> Some of the young males were involved in fitness and ‘bodybuilding’ activities. There is a growing literature around body-enhancement drugs (e.g., steroids) and the health risks associated with these, especially for disadvantaged young people (Santos and Coomber, 2017), however, there was not a high prevalence of anabolic steroid use detected during data collection.

*'I'd always research stuff first before I ever took it, like I went to Leeds fest and a guy asked me if I wanted to buy a superman pill and I researched them first and I took them because they looked good, and then last year one of my mates got some ghost pills, and they put some people in intensive care because they were strong, so we only have half each'* (Alfie aged 19).

This quote highlights how Alfie used 'research' to taper his substance use, but despite harms being linked to a substance it did not deter use. Thus, even with knowledge of harms, a risk avoidance strategy was not total avoidance but moderated use. Such findings undermine the perspective that young people can be simply deterred from substance use if presented with associated risks and harms (see Chapter Two), as the participants generally perceived themselves as able to control use and avoid negative issues.

Another discussed strategy included testing a small amount of a substance before use in order to derive potential effects and strength. This resonates with the use of 'test lines' found by Moore and Measham (2008),

*'I'll only have a bit when I'm first trying it [cannabis] ...if it doesn't affect me too much I'll just, then I'll be all right with taking it and I'll know how much to take, so even if it's bad, I can still control it'* (James aged 16).

This was noted to be a practical approach for SCRA's use due to the considerable variations in strength, rates of metabolism and duration of effects (see Chapter Four; Abdulrahim and Bowden-Jones, 2015), but this was not a common practice,

*'well you can try a little bit and see what it's like, but I don't fuck about like that, just do it and ride it out'* (Oliver aged 18).

Oliver was keen to display his nonchalance in dealing with adverse effects and thus he did not employ such 'uncool' harm reduction strategies. Indeed, for many of the participants, the strategy of testing a substance's strength was not employed due to a presumed familiarity of the substances they were using. This highlights how familiarity and experience provided both potentially erroneous knowledge and confidence around managing use.

### **5.3.2 The (Actual) Implementation of Harm Reduction Strategies**

While the above strategies symbolised the precautions taken by some young people, and while use was purported as being controlled, it should not be presumed that their use was

moderate or harm-free. The literature around young people's recreational substance use has shown that many young people develop and employ 'effective' harm reduction strategies for managing substance use (see Decorte, 2001; Moore and Measham, 2008; Van Schipstal et al., 2016). However, the extent to which stated commitment to risk management strategies translate into everyday practice has been questioned (see for example Deehan and Saville, 2003; Percy et al., 2011). The data gathered in my study adds to this questioning. While many young people spoke of employing harm reduction strategies, through extended conversations and observing the young people in their leisure spaces, the employment of such strategies did not appear to be infallible. Many of the participants believed they could manage and avoid potential negative consequences, and thus did not need to fully adhere to harm reduction strategies. Also, the overt use of harm reduction techniques was perceived as limiting enjoyment by constraining the spontaneity of substance use, and disrupting the 'natural flow' of leisure engagement. The most effective strategies found in my study, e.g., a lack of access to appropriate space or a lack of money to participate in further use (see Chapter Six), were more basic than those discussed in previous research which has explored substance use in the NTE (e.g., Moore and Measham, 2008), suggesting that the complexity of strategies may be linked to the leisure spaces, practices and financial abilities of young people.

### *Peer Pressure*

In much literature around youth substance use the initiation into substance use is spoken of in relation to 'peer pressure', with the concept of peer pressure being understood as an adverse social influence which acts upon the 'passive' individual (Foster and Spencer, 2013; Hepworth et al., 2015). However, the data from my study suggest it is important to move away from a rigid and dualistic 'good-bad' dichotomy around peer pressure (Pilkington, 2007a), as the more fluid notion of 'peer influence' promoted 'healthy' as well as 'risky' practices (see Chapter Four for a discussion around how peer stigma deterred SCRA use). More generally, it is important to move away from framing young people's substance use in terms of resisting or yielding to 'peer pressure', towards an appreciation of how young people negotiate the influence of their social and cultural contexts which are imbued by various expectations.

The popularity and ubiquity of products such as alcohol resulted in several of the participants speaking of a 'pressure' to consume alcohol when socialising in specific spaces, with non-drinking or lower levels of drinking, especially for young males, being seen as transgressing an established norm (see also de Visser and Smith, 2007; Thurnell-Read, 2015),

*'if you're on a night out and you get a coke everyone just looks at you gone-out', [me] why?, 'Because it's just like the normal thing to get a pint or something' (Eli aged 19).*

The performance of masculinity was evident when discussing substance use practices (see above), with expected male practices (being *'one of the lads'*) involving participation in a certain level of substance use,

*'I don't get pressured into it, if I didn't want to drink, I'll just turn around and say I'm not bothered. But if you don't you get a load of banter thrown at you, like "you're a poof, you can't drink it" and you think, "I'll show you" and you do it' (Liam aged 17).*

This resonated with the literature which highlights how male identity is assembled in part through substance use practices (see de Visser and Smith, 2007). The majority of the young people expressed individual resistance to 'peer pressure' as a coercive force, highlighting autonomy in their substance use practices, with use being suggested to occur through a 'pull' and not a 'push', in order to *'fit into the crowd'* (Frank). For many of the young people substance use was an important part of socialisation (see Chapter Six), and thus not participating was an unrealistic option. This challenges the efficacy of 'just say no' campaigns based around avoiding peer pressure (Cairns et al., 2011), as social conformity was a salient driver of substance use. The perceived pressure or expectation around participating in certain practices appeared to undermine stated harm-reduction strategies (e.g., the intended moderating of use). Indeed, there appeared to be a 'peer expectation' around substance use, with this involving a direct and indirect 'pressure' to conform, and a desire around not wanting to 'miss out' on group pleasure and experience,

*'it can be like actual people just saying, "com'on, com'on" but then it's just like, it's there, but they're not saying anything but you're thinking "I should be doing this because all my mates are"' (Jacob aged 16).*

For example, Ben reported trying SCRA products to,

*'stick it on the résumé...there's a big thing about town where if you don't smoke it you don't get it, know what I mean' (Ben aged 19).*

The participants' accounts highlight how pleasure was derived from group intoxication and shared experience of substance use. Pleasure was suggested to be maximised when internal affective states of intoxication were aligned (being on the same 'level'), with substance use

facilitating this synchronisation. The social group played a role in regulating substance use, with the ‘pace’ and ‘level’ of intoxication being important in relation to sociability,

*‘we all keep an eye on each other, and like if someone is more drunk we tell them to calm down, and if someone’s not drunk enough we tell them to drink up’* (Howard aged 17).

The pace and level of intoxication were often based on wider group cultural norms and practices, resulting in many young people altering (both increasing and decreasing) their substance use practices to match peers or expected levels of intoxication in particular spaces or at particular times. Indeed, substance use practices (frequency, quantity) were often amended to match group cultural norms and expected patterns of use (see also Christmas and Seymour, 2014). This suggests that individual preferences can be neglected, and engagement in ‘risky’ practices can be undertaken in order to match peer and expected practices.

### ***The Perceived Ability to Control Use and Manage Issues***

The perceived ability to control and manage substance use and to avoid negative issues (see above), impacted upon the participants’ employment of and adherence to stated harm reduction strategies, and consequently their substance use practices. Many strategies were claimed to be employed, but these were undermined by a confidence in ability to control substance use and a perception of experiencing negative effects being low. Despite holding confidence in and noting an ability to manage use, several of the participants noted it being possible to ‘overshoot’ their desired level of intoxication. The lowering of inhibitions and lack of consequential thinking produced by some substance use resulted in a continuation of use despite stated limitations. The encouragement of peers also played a role in this.

*‘No one likes a hang over, and I try and avoid them, but sometimes you get carried away’* (Joseph aged 20).

Therefore, despite stating learning how to manage use effectively and moderating use through experience and awareness of effects (see above), it was noted to be difficult to control use when intoxicated. This again highlights an issue in harm reduction approaches which are framed around myopic rational actor models (see Chapter Two), with this underappreciating the ‘irrational’ actions and wider forces of substance use which were evident in the participants’ accounts. Such unintended engagement in ‘risky’ practices can be explained using the prototype willingness model (Gerrard et al., 2008) which was devised to address ‘non-rational decision making’ of young people’s health risk behaviour. This model

suggests that willingness (e.g., a continuation of substance use due to the effects of intoxication) can overrule intentions of moderation or bounded use, with practices being a reaction to current situations, despite stated intentions. This can help understand the discrepancies between actual and intended practices for some young people.

Experiencing negative health issues did result in reflexivity and desistance for some, but for many substance use was maintained, albeit often in altered forms, with this being due to a continued perceived ability to manage use, as well as negative experiences being noted as a consequence of erroneous use or overindulgence. One young male reported intending and beginning to desist from SCRA use due to him experiencing physical adverse effects which signified problematic use and addiction (see above),

*‘I want to be off mamba before Christmas, I don’t want to be shaking on x-mas day like a smack-head’* (Connor aged 17).

However, his desistance from SCRA use did not represent total abstinence, with him replacing his SCRA use with cannabis use and him reverting to his previous patterns and practices of cannabis use (see above regarding perceived notions of ‘recovery’). Similarly, Ben discussed experiencing a presumed overdose of codeine (opiate pain relief) tablets,

*‘I started shaking, my eyes started rolling, I ran to window, stuck fingers down my throat and threw up, lucky or that could have ended in overdose, that gave me a bit of a wake-up call... it didn’t stop me doing it again though...that feeling mate...[it’s a] fucking good feeling’* (Ben aged 19).

This ‘near death experience’ acted to induce moderated use for Ben, but not total desistance due to his continued perceived pleasure. This again highlights how despite knowledge and even experience of adverse consequences, moderation and not desistance were typically implemented (see Deehan and Saville, 2003). Therefore, while previous studies have noted that individuals who experience little issues related to their substance use see no reason to desist (Warburton et al., 2005), and that experiencing health related issues can induce desistance (Green, 2016; MacDonald and Shidrick, 2013), my study highlights how a perceived ability to control use and perception of use as pleasurable, superseded the potential for adverse consequences, even if these had been experienced.

### ***Financial Issues***

While previous research has highlighted a plethora of control mechanisms, and while the young people in this study spoke of using various techniques, the most effective strategies appeared to be less sophisticated approaches, with vicissitudes in substance use being typically and prosaically caused by a lack of financial resources. Indeed, a lack of income was a salient factor in the young people's leisure lives, as well as their lives more generally (see Chapter Six). The most 'effective' mechanisms for limiting use appeared to be financial limitations and other external controls, such as access to leisure space and police 'hassle' (see Chapter Six for further discussion around these issues), and not control based solely on setting limits and internal judgment. Some participants spoke of limiting the amount of money they would take out with them in order to avoid becoming too intoxicated. However, this could result in exhausting finances and being unable to get home due to the expense of available transport. Many participants spoke of simply having limited finances through a lack of accessibility not as an attempted control. While limited finances could be combatted through borrowing money or being provided with substances on 'credit', most attempted to avoid this due to the potential consequence of becoming in 'debt' to other young people. However, intoxication was noted to result in inhibited consequential thinking and this combined with a desire and expectation to continue use, resulted in the potential for substance related debt to be acquired. The disadvantaged economic positions of many of the participants shaped their substance use practices in numerous direct and indirect ways (see Chapter Six for a more detailed discussion of finances, leisure activities and leisure spaces).

### **5.4 Summary**

This chapter has looked at the participants' assessment and management of the perceived, anticipated and experienced risks, harms and pleasures of substance use. It has been argued that the participants' assessments and evaluations of the risks, harms and pleasures are shaped by their experience and exposure to substances and substance related knowledge within their social and cultural contexts. There did not appear to be an active and automatic rejection of certain forms of knowledge. However, the most valued and trusted, and not necessarily the most accurate knowledge, was typically employed and prioritised, with knowledge being valued if it was perceived as credible and trustworthy. This often represented knowledge which was congruent with personal experience and wider social and cultural norms and beliefs. While the young people acknowledged the potential for risk and harms, they typically perceived these as being unlikely to be experienced due to a potentially erroneous confidence

in their abilities to control use and avoid negative consequences. Such perceptions shaped and distorted the assessment and management of the risks, harms and pleasures of substance use, with this impacting upon substance use practices.

The participants appeared to have a different appreciation of the ‘risks’ typically presented in official and government risk discourses, with locality and social and cultural perspectives shaping perceptions of risks, harms and pleasures. Displaying a controlled use of substances was a salient theme in the participants’ accounts. The participants justified and neutralised their substance use practices through highlighting their experience and competence. The young people appeared knowledgeable and not ignorant of potential harms of substance use. Nevertheless, for most of the participants, experiencing adverse effects and health harms were perceived as being unlikely due to beliefs in their abilities to control their substance use and avoid negative effects, with these beliefs shaping how they assessed and managed the risks, harms and pleasures of substance use. The participants displayed a complex use of substance related knowledges, using ‘expert’ knowledge to form a general foundation, but this was often superseded through personal experience and exposure to alternative and trusted ‘lay’ knowledge sources. Trust underpinned the credibility of knowledge sources and the likelihood such knowledge would be used. Differences around perceived risks and harms were drawn around the experience and exposure to substance use, with familiarity, experience and exposure shaping how the risks, harms and pleasures of different substances were assessed and evaluated. The participants highlighted and spoke of employing various risk management strategies and practices. However, the implementation of such practices was questionable, with adherence appearing tenuous due to the confidence in ability to control substance use and avoid negative effects, as well as intoxication, peer encouragement, financial issues and external controls shaping substance use practices.

The data presented in this chapter highlights a complex assessment of the risks, harms and pleasures of substance use, and notes the variable influences upon the evaluation and management of substance use practices. It is evident that social and cultural contexts are extremely important in shaping substance use practices and notions of substance use related risks, harms and pleasures. Exploring the participants’ assessment of risks, harms and pleasures of substance use helps explain why, for some young people, some ‘risks’ and substance use practices are not seen as being ‘risky’ per se. The following chapter (Chapter Six) expands on some of the points discussed in this chapter, and explores the wider

structural issues and contexts of the participants' lives, looking at substance use practices during their leisure times and within their leisure spaces. The chapter also explores the participants' navigation of their transitions to adulthood, looking at the role of substance use during these transitions.

## Chapter Six: Leisure Space, Transitions and Substance Use

This chapter looks at the leisure spaces the participants inhabited, and the leisure activities and substance use practices engaged in within such spaces. The chapter also explores how the participants were negotiating their transitions to ‘adulthood’, and the role and motivations of substance use in their transitions. This chapter primarily draws on interview and informal conversation data, as this was deemed better suited to explore the participants’ experiences and understandings of their leisure space engagement and their transitions; some survey data is presented to highlight specific points. It is important to note how the gender distribution of the male orientated sample shapes the data and arguments presented. Nevertheless, despite a predominance of male accounts, the data is comprised of both male and female narratives and provides extremely useful insights into the experiences of a typically underexplored cohort of young people.

It is hoped this chapter not only highlights the consequences of the participants’ socioeconomic disadvantaged positions, but also counters negative presumptions and connotations around disadvantaged youth more generally. Young people growing up in socioeconomic disadvantaged contexts are often discussed as ‘feckless’, ‘workless’ and ‘recklessly’ hedonistic (Blackman, 2011; France, 2007; MacDonald et al., 2014a). However, through my experience working with and researching young people, a more complex and illuminating picture emerges, one which I think is important to highlight.

I argue within this chapter that the participants’ structural positions, social situations, and the wider labour market conditions are impacting upon their transitional routes, contributing to their transitions becoming elongated and precarious. The participants’ socioeconomic disadvantages, ‘troubled’ transitional routes, social situations and various exclusions contributed to them having extended amounts of ‘commitment-free’ leisure time. Yet many were financially, culturally and geographically excluded from ‘adult’ activities and spaces. This ‘constrained yet extended’ leisure time shaped and bounded the participants’ leisure and substance use practices. Substance use was generally undertaken to facilitate social bonding and relaxation in response to the pressures and stresses of everyday life. It is important to highlight that despite their socioeconomic disadvantages and extended free time, there was not an inevitable culmination in substance use or disordered use. The participants’ beliefs, and their perceived abilities to control, manage and overcome issues in their lives influenced

how they perceived their futures and how they managed and intended to manage their substance use practices.

Within the literature around youth substance use there has been much focus upon substance use and users within ‘accessible’ spaces, with a tendency to focus on ‘spectacular’ and ‘visible’ practices, typically within commercialised spaces (see Chapter Two). There has been less focus on the substance use practices of ‘hard-to-reach’ and disadvantaged young people excluded or absent from such spaces. Therefore, the views, perspectives and experiences of ‘excluded’ young people in ‘unspectacular’ localities have been typically neglected (Chatterton and Hollands, 2003; Foster and Heyman, 2013; Holloway et al., 2008, 2009; Townshend, 2013). Nevertheless, such young people, their spaces and their leisure practices are often discussed and presumed as being ‘risky’ and ‘problematic’, and as being a concern for wider society (Blackman and Wilson, 2014; France, 2008). These ‘excluded’ (neglected) populations, practices and perspectives are not only absent from much research but are absent from informing policy and practice. Recent times have seen youth transitions to adulthood becoming increasingly elongated (see Chapter Two), but there is limited data exploring, specifically from their own perspectives, how disadvantaged young people are negotiating and experiencing their transitions to adulthood, and how they are engaging with educational, employment and wider issues within their lives (Fudge and Strauss, 2014; Furlong and Cartmel, 2007; Hardgrove et al., 2015; McDowell, 2009, 2014; Roberts, 2013). This is especially important in light of the association between disadvantage, substance use and health inequality (Shildrick, 2016; Shiner, 2009). Following the considerable social changes of the late modern world, it is important to explore young people’s patterns of leisure, substance use practices, and more broadly their life trajectories. Exploring the local and broader contexts in which substances are used is argued to be useful in helping understand and situate the role, motivations and meanings of substance use.

The chapter begins with an exploration of the participants’ locality, leisure activities and substance use practices (Section 6.1). This section looks at how various disadvantages and exclusions (cultural, geographical and financial) shaped the participants’ leisure activities, leisure spaces and substance use practices. Following this, the participants’ negotiation, and the nature and implications of their transitions are discussed (Section 6.2). This involves an exploration of their engagement with education and employment roles, as well as how deficits in educational attainment, issues in job searching/applying knowledge and approaches, and selectivity in employment positions, can contribute to an association with

‘workless’ attitudes. The section also looks at the issues which accompany being NEET, and general future perceptions around transitions. Finally, there is a discussion of the impact of transitional issues upon substance use practices (Section 6.3). This section explores the perceived impacts of transitions upon substance use and the motivations around substance use. The section looks at how the engagement with ‘traditional transitional descriptors’ shaped substance use practices, and how substance use facilitated pleasure, socialisation and relaxation in response to the pressures, stresses and uncertainties of the participants’ lives.

## **6.1 Leisure Space and Substance Use**

This section looks at the young people’s participation in leisure spaces, and the role these leisure spaces have upon substance use practices and experiences. It is argued that many of the young people were culturally, geographically and financially excluded from participation in ‘desirable’ and ‘adult’ leisure activities and spaces, with this resulting in them engaging in alternative practices in available and accessible, and potentially ‘riskier’, spaces. The young people’s situations provided them with a considerable amount of free time, but social disadvantage and exclusion limited their leisure activities and constrained their choices during this free time. The participants’ leisure spaces and their peer engagement in these spaces appeared to be an important aspect of their lives, with their social and leisure practices helping ameliorate current pressures, stresses and anxieties. Substance use was noted to provide a pleasurable ‘added’ element to social participation. The risks and harms of substance use in the participants’ leisure spaces were typically discussed around social and cultural credibility, and not health and criminal issues which were seen as being unlikely to be experienced. These perceptions shaped the participants’ substance use practices.

### **6.1.1 Local Area and Leisure Activities**

The participants were asked to describe the area they lived in and their views of their local area. Some of the participants did describe their area positively and in moderate terms, in regard to it being ‘quiet’ and ‘safe’. Therefore, the young people’s descriptions of their localities did not reflect the neighbourhood effects literature which suggests that the socialisation process within disadvantaged neighbourhoods promotes negative and fatalistic views (Davidson, 2013; Dietz, 2002; Galster, 2011; Kintrea et al., 2015). However, these more positive representations only reflected their specific localities (their own street or estate), with the wider areas (the village/town) often being described and discussed using a

bleak repertoire of terms orientated around deprivation (e.g., ‘shit’ and ‘rough’).<sup>85</sup>

Interestingly, nearly every participant described a lack of leisure activities and leisure spaces in their areas, with many available activities being noted as designed for children (e.g., skate parks and youth clubs). Several participants noted their maturity and desire not to participate in such ‘child-orientated’ activities, despite negligible age differences between them and other participating youth. Such perspectives echo studies which have found similar nuances within localised intergenerational discourse, specifically around how younger people are more immature, ‘reckless’ and ‘inexperienced’ (Hughes et al., 1997; Demant and Järvinen, 2006; Denscombe, 2001).<sup>86</sup> Despite a suggestion that there was ‘nothing to do’, it appeared that for many leisure engagement was limited not by a dearth of available activities, but by a lack of disposable income to participate in ‘good’ activities (e.g., ‘nights out’, shopping trips, watching football games). Those with disposable income, often through employment, were able to engage in such activities and spaces,

*‘we’ve moved on, doing the same stuff but in nicer places I suppose’ (Joseph aged 20).*

This highlights a prominent dimension of exclusion and inclusion from leisure activities and space being orientated around socioeconomic issues (see also Batchelor et al., 2017; Loader, 1996; MacDonald and Marsh, 2005), with financial resources allowing participation in ‘good’ recreational activities and spaces that more disadvantaged young people are excluded from. What is apparent is how there were a variety of inexpensive and often free activities available to the young people (e.g., parks, youth clubs, volunteering), but these were often seen as being places for ‘younger’ people. As well as financial limitations, age was commented on as inhibiting engagement with desirable leisure activities, with young people experiencing a liminal age (around 15-17 years old) where they wanted to engage in ‘adult’ spaces, but could not do so. Therefore, while occupying their own spaces has been noted as a way young people can resist adult power (Blackman, 1998), many of the young people simultaneously sought adult status and engagement in adult spaces and practices, suggesting the spaces they inhabited were done so by necessity and not solely by choice,

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<sup>85</sup> The term ‘rough’ described activities that occurred throughout an area, generally illicit and anti-social activities (e.g., problematic substance use, thefts), and also the people in the area, with ‘rough’ people being delineated based on appearance, specifically the wearing of tracksuits, the overt and disordered use of substances outside of conventional times, and their mannerisms (*‘loud...chavy accent’* (Amy aged 20)).

<sup>86</sup> For example, some participants noted that younger people do not have the ability to conceptualise the implications of their actions like ‘adults’ do, with this not being an issue of education, but of abstract and consequential thinking. The participants were keen to highlight how they possessed more advanced conceptual abilities than ‘other’ young people, with these abilities being used to position themselves as being more mature.

*'I mean what is there to do when you're sixteen-year-old round here, there's not a lot you can do exactly, because you're not legal to do anything'* (Adam aged 21), *'and you're at that certain age aren't you where you want to do stuff but you can't, either you're too young or too skint'* (Frank aged 21).

While 'choice' in consumer lifestyles has been emphasised by some researchers (see Bennett, 2000; Miles, 2000), it appears that for some young people various factors limit leisure and consumption choices. Many of the participants were culturally, geographically and financially excluded from adult activities and spaces, and thus would engage in alternative practices in available locations, such as the inhabitation of public spaces (the town centre, local parks). Various theorists have noted how such space is used by marginalised and disadvantaged groups during their leisure time (see Blackman, 1997; MacDonald and Marsh, 2002, 2005). The participants engaged with their available spaces, ascribing them with meaning, resulting in such spaces of inhabitation becoming places of participation (Anderson and Jones, 2009; Gieryn, 2000; Lefebvre, 1991). It is important to note that the use of such space was not entirely a negative practice (although it is often portrayed to be) with the participants' spaces having much social importance and providing much enjoyment. This echoes the wider literature around disadvantaged young people's engagement in leisure spaces (see for example Abbott-Chapman and Robertson, 2009a; MacDonald and Shildrick, 2007; Percy et al., 2011). Such space was valued and seen as the places where *'everybody goes'* and where *'everything happens'*, with the fear of 'missing out' drawing the young people to these spaces. Many of the participants had limited imposed routines over their days, with this being due to many being NEET or in educational and employment but only having little time commitments to these roles (see below). These issues often culminated in them having much free time, but their leisure activities were constrained, often by their lack of disposable income. For these young people, participation in friendship groups in street leisure locations dominated their leisure and free time, with engagement in such social spaces, and the activities and leisure practices engaged within such social spaces, becoming extremely important, and providing valued informal social support which helped ameliorate the pressures, stresses and anxieties of their lives (see below, also Blackman, 2007a; MacDonald and Marsh 2005; O'Gorman, 2016).

The participants tended to congregate at various spaces inside and outside the bus station in the town centre, typically in a large car park adjacent to the bus station and in a more

secluded small gardened area across from the bus station. The centrality and practicality of the bus station were highlighted, with it being an accessible focal point, one which provided shelter from the adverse elements of the British weather. The young people claimed evening ownership of such spaces simply through their participation. For example, the use of music (played from mobile phones if owned) was used as a ‘place-making’ device (see Berry and Hamilton, 2010). However, there was an active process of negotiation and management over the use of these spaces, due to the ‘issues’ their inhabitation had on other individuals, e.g., the general public, property owners. Indeed, young people’s use of unsupervised public spaces has widely been noted as undesirable, contentious and anti-social (Coleman and Cater, 2005; Newburn and Shiner, 2001; Pearson, 1983), with the ‘hanging around’, presumed ‘risky’ activities and unsightly consequences of youth participation being attempted to be controlled and regulated (see Blackman, 2011; Brown, 2013; Chatterton and Hollands, 2003; Kelly, 2000a; also, see below for a discussion of how the young people perceived police supervision of their leisure activities and spaces).<sup>87</sup> There was an awareness of how their inhabitation of public spaces for leisure purposes could be negatively perceived, and thus many of the participants actively positioned themselves and their use of such space away from dominant discourses of problematic youth,

*‘like we sit outside bus station, which looks sad, but that’s like our park, do you know what I mean? Where else is there to go’ (Ben aged 19),*

*‘we’re just normal, we don’t do anything daft, but because we’re on the streets they make out we’re all criminals and druggies trying to cause trouble’ (Cameron aged 19).*

Batchelor et al. (2017) explored the leisure practices and spaces of a sample of young people in a disadvantaged area of Glasgow. Due to financial constraints their sample could not participate in ‘commercialised leisure’, but they declined street-based leisure due to undesirable levels of surveillance and social control, instead retreating into ‘private’ spaces (e.g., homes) and engaging in ‘online’ socialising. Conversely, my sample, despite also being excluded from commercialised leisure spaces and activities, often could not freely use ‘online’ spaces due to a lack of internet access and expense, while their perceptions around the social control and ‘ownership’ of street-based leisure spaces did not force them to

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<sup>87</sup> For example, the young people’s spaces were often accompanied with various remnants of youth participation which promoted concern (e.g., litter and informal graffiti ‘tags’ (see Lorenc et al., 2013)), but which were important markers of space for the young people.

‘retreat’ to ‘private’ spaces such as their bedrooms. It is important to note that while many of the young people in the field site may have been engaging in ‘home-based’ leisure and socialising through technology, my specific sample were typically not. This highlights the nuanced differences between and within localities, as well as also how different perceptions and levels of socioeconomic disadvantage can shape leisure practices. Crucially, the novelty of my sample is highlighted, as my study captures experiences of exclusion and disadvantage which are often missed even in studies looking at youth in disadvantaged localities.

Due to the exclusion from adult spaces and activities, as well as financial issues, the experiencing of ‘boredom’ was frequently reported (see also Ruddy, 2017). Boredom was a feature of many of the participants’ narratives, irrespective of their level of disadvantage. The activities engaged in whilst ‘hanging out’ were often done in response to leisure boredom, and the amelioration and alleviation of tedium. This echoes Downes’ (1966) work around youth leisure pursuits being bounded and driven by their lack of finances and opportunities. Several of the participants reported that the dearth of available and desirable activities in the local area contributed to their engagement with substance use, with substance use being noted to provide a relatively inexpensive removal of boredom and tedium, and being an enjoyable ‘added’ element to social participation (see below for a further discussion of this),

*‘it’s [drinking alcohol] just something else to do’* (Chloe aged 17),

*‘we just hang about, there’s nothing to do, let’s get stoned and have a laugh, all your mates are there, let’s have a laugh’* (Anthony aged 18),

*‘you’ve got nothing to do, and it’s like “I’m bored as fuck”, but getting some weed is fun, we just get some and have a laugh with it’* (Robert aged 18).

Much work on substance use and boredom is located within the drug-abuse literature, with boredom encapsulating a negative emotional state and typically being conceptualised in terms of sensation seeking and a lack of stimulation (Glassner and Loughlin, 1987; Hendricks et al., 2016). For my participants, boredom appeared more broadly related to a frustration at not being able to engage in desirable activities and spaces, and not related to having nothing to do, as they engaged in various (typically non-deviant) practices during their leisure time. For example, many listened to music or played sports during such time.<sup>88</sup> It is important not to

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<sup>88</sup> Nevertheless, such available and affordable activities can be perceived as being problematic simply due to their visibility.

draw the conclusion that substance use can be ‘combated’ by providing access to alternative leisure activities and spaces or by reducing available ‘unstructured’ free time. Many of the participants valued the effects and role of substance use during socialisation, as well as desiring substance use when participating in ‘adult’ locations (see below). Thus, substance use practices may be altered but not prevented through access to alternative and desirable leisure activities and spaces (also, see below for a discussion around how ‘engagement’ in employment altered but did not necessarily deter substance use).

The participants’ levels of disadvantage and their wider localities shaped their engagement in leisure activities and leisure spaces and how these were perceived and valued, with participation in desirable and available activities and spaces being limited by various forms of exclusion. It is important to note that the participants’ exclusions, extended free time and perceived boredom may have contributed in some way to their substance use practices, but they by no means culminated in substance use (see below for a discussion around how disadvantage and ‘disengagement’ did not inevitably culminate in substance use). Indeed, despite the young people having extended free time, their socioeconomic disadvantages resulted in many having limited money to spend on leisure and substance use practices.

### **6.1.2 Substance Use Location**

#### ***Alcohol Use***

The Outreach survey data (Table 6.1) notes that while 26% of alcohol use occurred in commercialised venues (pubs/clubs/bars), a considerable proportion of alcohol use (31%) was undertaken in ‘hangout locations’ (street-based drinking, drinking in parks), and a greater percentage of drinking (43%) occurred in private spaces, i.e., at home (14%) or at a friend’s house (29%). This highlights an important issue within the youth substance use literature around the focus and preoccupation of alcohol use which occurs within commercialised public spaces (e.g., the NTE). This tendency to spatially and socially frame youth alcohol use as a commercialised practice neglects an appreciation of use in domestic, private and ‘hidden’ spaces, which can be important leisure spaces for young people (see Foster and Heyman, 2013; Pennay, 2012; Ravn and Duff, 2015; Townshend, 2013). This focus has obscured the potentially harmful practices and cultures of this ‘less visible’ drinking (see below).

**Table 6.1: Location of Alcohol Use [Where do you normally drink alcohol?] (percentages, n=90)**

<b>At Home</b>	14% (n.13)
<b>Pubs/Clubs/Bars</b>	26% (n.23)
<b>'Hangout' Locations (streets/parks)</b>	31% (n.28)
<b>Friend's House</b>	29% (n.26)

Despite the Outreach survey noting 'hangout locations' to be a prominent location for alcohol use, many young people spoken to in the interviews and during the participant observations condemned alcohol use in such spaces, discussing it as an immature and 'chavy' activity. This again highlights how the individuals and practices the participants did not want to be associated with were 'othered' (see Chapter Five), with this labelling echoing the findings of previous studies of youth alcohol use (see for example Townshend, 2013),

*'[drinking in parks is] something like you class as a chav or something that you did when you were little, now we're like grown up it's like... "was I really that bad", and it's just like, "no, I'm not like that anymore, fuck that"'* (Dennis aged 19).

*'it doesn't look good does it, like when you see people drinking in the park now you just think "what are you doing with yourself", and bobbies come and you get it took off you so there's no point...once you can go somewhere else you just go, I started going to the pub when I was seventeen, I just grew out of drinking in streets and that, it wasn't worth all hassle'* (Todd aged 19).<sup>89</sup>

The participants' accounts highlight how substance use practices at different ages and within different spaces were based around a differentiated normalisation of use (see Shildrick, 2002), with alcohol use in 'street' based spaces being noted as an acceptable activity for themselves when younger, but an unacceptable activity when older and more 'mature',

*'it's different doing it [street-based drinking] as an adult and as a kid, if I was doing now as an adult there's no excuse for it'* (Ben aged 19).

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<sup>89</sup> The police have a variety of public protection order powers to disperse 'anti-social individuals' from specific areas, and to confiscate and immediately dispose of alcohol, with these commonly (and apparently increasingly in regard to stretched police budgets (see below)) being used to avoid more formal reprimands (Home Office, 2011; 2013).

A salient risk of substance use for the participants was the cultural and social stigmatisation of ‘erroneous’ use, i.e., using substances ‘inappropriately’ and in the ‘wrong’ locations, with this being actively defended against. Substance use practices and spaces were bound with notions of maturity, with certain practices being engaged with, avoided and justified in an attempt to display social maturity (see also Johnson, 2013). The participants spoke of subjectively perceived risk practices they had previously engaged in, such as excessive substance use and use in ‘inappropriate’ locations, describing these as temporal acts of experimentation and highlighting how they had outgrown such naive and juvenile practices. In Mead’s (1964) work on personal narratives, the presentation of the past is noted to be important in the construction of one’s future and present. Indeed, the young people commonly used statements like ‘*when I was younger*’ to reflexively position themselves as being wiser and more mature subjects in the present, who engaged in more responsible or responsibly undertaken practices. However, through my observational work it was discovered many of the young people would engage in street-based alcohol use, while simultaneously condemning this. The young people excused their practices whilst criticising other young people for engaging in the same practices. Something similar can be seen in research by Kehily and Pattman (2006) who looked at discussions of class in relation to identity work, noting that many of their sample described ‘working-class’ leisure practices (e.g., smoking, drinking alcohol, cannabis use) with antipathy, doing so while engaging in such practices themselves, but this engagement was used as evidence of their ability to make informed choices. Indeed, the participants of my study discussed their practices as involving safe, sensible and controlled actions, with these being justified based on the expense of engagement in the NTE, the lack of other accessible spaces, their low levels of alcohol use, their maturity and their ability to manage use.

The young people spoke of transitioning from drinking in outdoor spaces, due to this being an ‘immature’ act, to drinking at ‘house parties’ and aspiring to drink in licenced venues. Such patterns are echoed in wider research exploring young people’s substance use locations (Demant and Østergaard, 2007; Newburn and Shiner, 2001). It was suggested that most people of age would and should desire to drink in commercialised spaces, with these being noted as being safe and enjoyable locations due to their social and pleasure-inducing atmospheres. These perceptions link to discourses around use in licenced venues being safer due to them being surveilled and policed (see Chatterton and Hollands, 2003). While previous research has noted some young people prefer drinking in street spaces due to

licensed venues being ‘restrictive’ (see Pennay and Room, 2012; Wilkinson, 2015), the participants in my study used such spaces out of necessity and typically desired participation in ‘conventional’ ‘adult’ spaces. Despite some participants speaking of participation in the local NTE (the Outreach survey noted 26% of the sample’s alcohol use being specifically at pubs/clubs/bars (Table 6.1)), this did not typically involve participation in a fiscally exhaustive ‘big night out’ that more affluent youth can engage in (Pennay, 2012), but consisted of partial engagement in a few culturally selective drinking venues (‘cheap pubs’) and employing ‘tactical’ practices (e.g., slow drinking, sharing drinks). This resonates with the findings of Galloway et al. (2007).

While some of the participants were legally old enough to participate in the NTE, many were excluded due to its expense (also see Schwanen et al., 2012), as well as being culturally and geographically excluded, and thus resorted to substance use in other more accessible yet often ‘hidden’ spaces (see above).<sup>90</sup> Previous studies have noted that ‘riskier’ practices, as well as various health and social risks, can occur in such locations (Forsyth and Barnard, 2000; Measham, 2008; Race, 2009; Ravn and Duff, 2015; Rhodes, 2002), with environmental hazards being exacerbated by intoxication and a lack of formal supervision, regulation and legal protection, which commercialised spaces provide. Thus, the exclusion from participation in adult spaces may prevent such protections.<sup>91</sup> The increasing measures to combat ‘underage’ participation in the NTE, such as ID checks, age restrictions, and increasing alcohol pricing (Public Health England, 2016b) may be acting to exclude disadvantaged individuals, with this potentially resulting in them engaging in more harmful practices in ‘riskier’ available spaces. Indeed, restricting participation in the commercialised NTE does not prevent such excluded young people from participating in substance use. This highlights the impact of socioeconomic disadvantaged upon substance use practices, and how such issues can potentially contribute to more harmful outcomes for some young people.

### *Drug and NPS Use*

The Outreach survey found that the majority of both drug use (86%) and NPS use (97%) was undertaken in ‘hangout locations’, with little amounts of drug use (5%) and NPS use (3%) occurring at ‘home’, and drug use occurring at commercialised venues (9%) (Table 6.2). Many young people were not able to participate in substance use in domestic spaces, e.g.,

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<sup>90</sup> The irony of this must be noted, as the accessible spaces left for young people are those described as ‘hidden’.

<sup>91</sup> For example, this may prevent young people from interacting with older and more experienced peers, with this limiting the potential informal learning of cultural practices from such individuals.

their ‘home’, due to living with family members, and were financially excluded from use in commercial venues and thus had to use in available and accessible spaces. Interestingly, the participants noted avoiding specific areas of the town centre, with them preferring ‘safe’ areas (this denoted spaces away from ‘hard’ drug users and alcoholics, and the spaces they inhabited). This distinguishing between acceptable spaces of participation and the marking of spatial boundaries, highlights the process of cultural distinction in the young people’s use of leisure and substance use spaces. This resonates with how the participants ascribed the ‘mamba-heads’ their own space which was avoided (see Chapter Four).

**Table 6.2: Location of Drug Use (n=57) and NPS use (n=33) (percentages)**

	At Home	Pubs/Clubs/Bars	‘Hangout’ Locations (streets/parks)
<b>Drug</b>	5% (n.3)	9% (n.5)	86% (n.49)
<b>NPS</b>	3% (n.1)	0%	97% (n.32)

While substance use was found to occur in a variety of spaces, it was generally highlighted that different substances were more ‘appropriate’ in specific spaces. Indeed, there appeared to be a distinguishing of substance use acceptability, and time and place of use, being drawn around perceived effects. The pleasures derived from the effects of different substances were perceived more favourability in certain spaces, specifically spaces which ‘complimented’ their effects. Indeed, cannabis was often reported to be used in ‘general’ social spaces, whereas powdered and pill-based drugs were seen as ‘weekend’ and ‘party-drugs’,<sup>92</sup> with use through the week and in spaces which were not ‘party’ based, being ‘inappropriate’,

*‘you don’t want to be buzzing off your tits in the bus station do you... it’d be a waste, better off at a house party’* (Oliver aged 18),

*‘most of the others [drugs excluding cannabis] are more to do at like parties and festivals, like when you want to get liked pumped up’* (Jacob aged 16).

The ‘risks’ of substance use in public spaces were discussed, but understandings typically existed around social embarrassment and police ‘hassle’, e.g., having substances confiscated (despite low police visibility being suggested), and not in terms of potential harm and damage to health. While unregulated and visible substance use in public domains have been subjected to formal and informal control mechanisms, and despite noting the potential for police

<sup>92</sup> This term covers a range of different substances (e.g., ecstasy and cocaine), and is typically used to signify substances associated with party contexts (e.g., electronic dance music, social gatherings) (Moore et al., 2013).

‘hassle’, the participants expressed little concern around receiving a criminal record for engaging in street-based substance use. Cannabis use, more than other substances, was perceived as having a low potential risk, with this being influenced by perceptions around the police being unconcerned about cannabis use in public spaces, as well as a more general perception of low police visibility.<sup>93</sup> The more ‘knowledgeable’ young people suggested that, through financial cuts policing priorities had shifted, with the police being less likely to convict and more likely to warn<sup>94</sup> if one is caught with cannabis.<sup>95</sup> Such beliefs were often based on the perceived benign effects of cannabis, and the personal experience of those who had been caught for possession, some several times, and who had been repeatedly given warnings; such experience led Todd to note that cannabis was now ‘*basically legal*’. This suggests that the participants perceived a form of *de facto* decriminalisation<sup>96</sup> occurring in response to overstretched forces and restrictions on police time and funding. The participants drew distinctions, with the production (manufacturing/growing) and formal distribution of drugs (but not small-scale social dealing) being a concern for the police, as well as the use of ‘hard’ substances (e.g., heroin) still being an issue,

*‘the police don’t give a fuck about you smoking weed anymore, only if you’re growing it, or like using bad drugs or doing something stupid’* (Gavin aged 17).

There was also a suggestion that the police would be more concerned with disordered use and use from younger (‘less mature’) individuals,

*‘they don’t bother with us because they know we’re not going to do anything stupid’* (Anthony aged 18).

This highlights how the participants’ perceptions, built from social and local experience, can act as a form of social control in public spaces and can shape substance use practices.

However, this potentially may have long-term consequences around the implications of

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<sup>93</sup>There was a belief that cannabis users, unlike alcohol users, did not attract attention due to the effects of cannabis having little adverse impacts on their actions, with cannabis being noted to ‘relax’ and alcohol being noted to make users disinhibited and ‘disorderly’. Such perceptions may have also shaped the higher level of social accommodation around cannabis use in public/street-based spaces compared to alcohol which was noted to be ‘immature’ and ‘chavy’ (see above).

<sup>94</sup> The police have a variety of discretionary powers at their disposal, these being: warnings; penalty notices for disorder; cautions; and, charging.

<sup>95</sup>Indeed, recent crime statistics show that arrests, warnings and fixed penalty notices for cannabis have considerably decreased from 2010 (with cautions falling by 48% and charges falling by 33%) (BBC News, 2016a; Ministry of Justice, 2017), while cannabis use has remained relatively constant (Home Office, 2017).

<sup>96</sup> *De facto* decriminalisation is the intentional ignoring of drug laws, with a prioritisation of informal over formal reprimands (Hall, 2009).

criminal records, as the perception of cannabis and other substances as being ‘acceptable’ through presumed *de facto* decriminalisation appears to be occurring despite the continued illegality and potential criminal repercussions of use. The participants’ willingness to publicly and openly engage in substance use, especially during the outreach sessions when in the presence of PCSO’s, highlights their potentially erroneous belief that they have little to lose from publicly exposing their illicit practices.

## 6.2 Transitional Issues

This section explores the participants’ negotiation of their transitions to adulthood, and the issues encountered during such transitions. For some participants, conventional and timely transitions from education to employment were being undertaken relatively unproblematically. However, for many, such smooth transitions did not occur and were not occurring. The young people’s socioeconomic disadvantages and social situations impacted upon their abilities to ‘progress’ along their (desired) transitions. Many of the young people did not achieve strong academic qualifications, and their approach to job searching and applying was ineffective in respect to the conditions and requirements of the contemporary labour market. Such issues affected their housing situations and limited their capabilities within the competitive and precarious labour market, culminating in difficulty finding desirable and secure employment. There was a strong desire to work across the sample, however, there was selectivity in the types of employment that would be engaged with; this was driven by the social and cultural credibility of the types of work available. The participants’ beliefs and perceived abilities to manage and overcome issues in their lives influenced how they perceived their future prospects and transitions.

### 6.2.1 Education

Contrary to the UK governments concerns around the aspirations of disadvantaged young people (Spohrer, 2011), many of the participants perceived securing a ‘good education’<sup>97</sup> as being essential for the future and finding employment, with a lack of educational attainment generally being perceived as a barrier to success in the labour market (see also Brown, 2015). It was suggested by some participants that Maths and English GCSEs were the most relevant qualifications for employment, due to them perceiving most employers asking specifically for them. While many of the participants did not see GCSEs providing them with transferable skills which helped them in job roles, they understood the value of GCSEs in acquiring jobs.

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<sup>97</sup> This was typically presented as pass rate grades at GCSE.

However, some participants suggested that there was little value in formal qualifications, and that having a good education was not important in securing employment,

*‘they [GCSEs] don’t mean fuck all when getting a job’* (Grace aged 16),

*‘GCSEs are shit, stupid even doing them, they don’t help you, they’re useless in an actual job’* (Dominic aged 20),

*‘you’ve just got to find that opportunity and show them [employers] what you can do to get a job, it’s nothing to do with GCSEs or anything like that’* (Adam aged 21).

Some participants noted that many jobs now offered ‘in-house’ training so other qualifications did not matter, but they failed to note the importance of qualifications in securing these jobs in the competitive labour market. It is important to note that many of the young people with such views around the lack of value of formal qualifications were NEET, with many experiencing considerable periods of being NEET. This highlights a worrying association between disengagement and attitudes around education.

Despite many young people being engaged in further educational courses, and despite noting the value of education more generally, there was a theme of current college or training courses being perceived as unable to help secure employment, due to a belief of not being qualified to a high enough level (see also Ruddy, 2017). Indeed, many courses and training schemes have been noted as having variable value and low prestige in the current labour market (Wolf, 2011). Many accessible educational options were perceived by the participants as being ‘basic’ in the sense that they required further education or training in order to be ‘topped-up’ and made relevant. Despite such perceptions and actual value, several young people reported intending going to or back to college in an attempt to improve their employment options as this was seen as an ‘expected’ path. However, it must be noted that while many young people spoke of re-engaging with education, and while many expressed desires and ambitions to undertake education and training courses to improve their employment prospects, many appeared to make little effort to initiate this. Nevertheless, this should not be interpreted as an unwillingness to change, or as representing the adoption of ‘workless’ values (see below), but seen as a consequence of their disadvantages, with their disengagement preventing knowledge of where and how to access relevant help and support. This is especially concerning in respect to the funding cuts to various forms of youth services following the austerity measures the UK has been subject to (Adfam, 2016; Beatty and

Fothergill, 2013; Clayton, 2015; 2016; Iacobucci, 2016; O'Hara, 2014; Wylie, 2015), with the decreasing availability and knowledge of such services, having negative implications for disadvantaged and disengaged populations who require guidance and assistance.

### 6.2.2 Seeking Employment

Many of the participants lamented the process of looking for work, and alluded to the difficulties of gaining desirable employment in the local labour market,

*'it's hard, in this day and age it's hard trying to find a job'* (Adam aged 21),

*'there's not a lot to choose from job wise...well unless you're willing to do anything, like it's hard to get a good job, like most of jobs are part-time like mine, and they pay minimum wage, or they're working like stupid hours and stuff'* (Scott aged 19).

While the government has suggested that unemployed young people should widen their search criteria to find employment in more distant localities and that dissociation from disadvantaged areas could provide access to jobs (Green et al., 2013; MacDonald et al., 2005; Tunstall et al., 2012), many of the young people in my study would be unable to take jobs outside their proximate geographical areas due to a lack of personal transport and the expense and inconstancy of public transport, as well as being unable to move to a different locale to secure employment due to their financial situations and the expense of city living.<sup>98</sup> These issues exist even before considering that many available jobs require specialist skills and experience (Beatty et al., 2011; Tunstall et al., 2012), and thus are not able to be sought by all, especially unqualified and inexperienced young people, such as the participants in my study.

Several of the participants did not have unlimited or home access to the internet and instead relied on more 'informal' job searching approaches; these involved searching through local social networks and using 'brute force' methods, i.e., personally asking individual shops and companies for employment. This goes against the dominant discourse of all young people having internet access and technological capabilities (Craft, 2012; McMillan and Morrison, 2006; Rallings, 2015), and highlights issues of job searching in an increasingly virtual world for those with limited access to technologies. Several participants reported perceiving such informal approaches as the most effective ways to find employment, with many jobs

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<sup>98</sup> The nature of much available employment (e.g., infrequent, zero-hours contracts) has been suggested to result in employers preferring candidates who live locally as they are more 'reliable' in attending work (Tunstall et al., 2012). Therefore, the advice of searching beyond one's locality to find a job appears ineffective and flawed.

(typically short-term, insecure, unofficial and ‘cash-in-hand’ jobs) being noted to be discovered through personal contacts (‘word of mouth’) and not official channels. The use of this approach is problematic as it limits searching capabilities to narrow and specific localities. Even for those with internet access, the majority did not employ or know how to employ, holistic job search methods, and instead relied on informal approaches. Some participants reported an avoidance of the internet in job searching methods, and instead highlighted a preference for making traditional contact (e.g., handing out CV’s, contacting companies directly) as this was perceived to be a more personal approach and more likely to result in success,

*‘I’d rather go out and look for it I wouldn’t go on internet’ (Frank aged 23), ‘I’d rather go and hand it in face-to-face because they’ve seen that CV and it’s personal’ (Adam aged 21).<sup>99</sup>*

After job searching comes the application stage. This was problematic as many applications now require internet and e-mail access which several of the participants did not have. Other issues such as poor educational attainment and literacy problems inhibited confidence and prevented applying for certain jobs. Previous research has noted that many employers reported qualifications as being a less important criteria in the selection of candidates (see Hasluck, 2011), with the possession of ‘soft skills’, e.g., communication skills, punctuality, reliability, self-presentation, work ethic, good manners, and the ability to follow instructions, being more important, specifically in respect to service sector work. However, formal qualifications are now suggested to be increasingly used for screening purposes due to increasing job market competitiveness, and used as a proxy for ‘soft skills’ and ‘general behaviour’ for young people with little experience (Harkness, et al., 2012; Russell et al., 2014). This may be contributing to youth unemployment, especially for young people who have limited education and skills. In response to their lack of educational qualifications and experience, several participants reported exaggerating their skills and abilities, and even lying about their qualifications when applying for jobs,

*‘I always feel nervous when I send in my CV because of all lies on it, I hope to god they never check or I’d be fucked...I put down that I worked in shops that have closed down so they can’t get references, always thinking see’ (Ian aged 19).*

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<sup>99</sup>An accompanying issue to this was that some of the young people did not have access to printers or money to print their CV’s, with this lack of disposable CV’s resulting in application selectivity, and only applying to places they would like to work as opposed to the places where they would most likely find work.

Following application, the young people often had to wait uncertain periods of time to hear back from initial inquiries and applications. The intensity of competition now means that ‘well-qualified’ candidates can be subject to repeated rejection. Indeed, research by Tunstall et al. (2012) involved creating fake and fictional applicants who were ‘well-qualified’ and ‘suitably experienced’, and using these to apply to a variety of different jobs; in their experiment 7 out of 10 applications did not receive a response. It must be acknowledged that unlike the fictional young people in Tunstall et al.’s research, many of the participants in my study were not well-qualified and suitably experienced, with this painting an extremely negative picture for young people who lack good educational attainment and relevant experience. Indeed, many of my participants reported that they had participated in several rounds of CV dissemination, or numerous job applications, but that they were rarely responded to. This rejection without acknowledgement appeared to discourage and deter a future willingness to reapply to the same company due to feelings of embarrassment and a fear of looking desperate,

*‘It’s not nice being knocked back all time with jobs, it makes you not want to bother applying, you end up thinking, “what’s point, I’ll not get it”’* (Cooper aged 19),

*‘it’s shit trying to get one, but I like working, but it’s hard to get one, I think I’ve applied for like seventy-five in the last week, not heard anything back, and I always ring them back up, but I don’t want to look desperate keeping ringing them all time’* (Todd aged 19),

*‘if they don’t answer me they can fuck off, it’s embarrassing keep begging for a job’*  
(Anthony aged 18).

The reported amount of time invested in job searching and applying varied, as did the young people’s attitudes and approaches. Some of the young people continued their approaches irrespective of their levels of success. Others widened their search criteria, lowered their job expectations and sought new training or education, with this highlighting how some young people were attempting to adapt to the conditions of the local labour market. Nevertheless, various issues around disadvantage and disengagement impacted upon the effectiveness of the participants’ employment seeking. Some young people noted becoming frustrated, disillusioned and demotivated with the job searching process, with this shaping their attitudes and practices around job searching, as well as having implications around their willingness to persist in seeking work.

### 6.2.3 A Culture of 'Worklessness'

The majority of the participants in my study held mainstream attitudes and opinions, high ambitions and knowledge of the social and moral value of working, as well as a strong work ethic and a desire to work, or more prosaically a desire to earn money. This supports the nascent literature around disadvantaged youth and employment attitudes (see MacDonald and Marsh, 2005; Shildrick et al., 2010; Simmons et al., 2014), and undermines a ubiquitous 'culture of worklessness' existing in deprived areas (see Chapter Two). Indeed, the participants in my study could not be described as being 'workless and workshy' as the majority spoke of wanting to work. However, for many this work had to be on their terms, with many expressing selectivity in the jobs and roles they would be willing to do. Despite expressing a desire to work, many young people expressed a lack of patience in looking for and applying for jobs, with this being influenced by the arduous and cumbersome process around searching and applying (see above) and the undesirability of available positions. Such contradictions were evident in and throughout many of the young people's accounts,

*'I want to work, I want a job and that...I don't like that [service sector] kind of work, I'd rather do something in construction'* (Tyler aged 21).

However, many of the desired positions were unobtainable (e.g., due to exclusion based on educational attainment, experience, criminal records, issues in knowing where to find employment and how to effectively apply) with the available and remaining jobs (typically service sector, low skill, care jobs) often being undesirable and viewed with disdain (see below for a discussion around how this selectivity was often underpinned around presumed gender roles). Avoidance of employment was also noted to be influenced by the perceived cultural credibility of the job role or employer, e.g., many young people would refuse to work at fast-food restaurants, as well as the 'type' of people who work in specific places,

*'they're all chavs and scruffs who work there [local supermarket], I'm not working there with them'* (Emma aged 17).

The participants' accounts highlight how they were not embedded in a 'culture of worklessness' but that their commitment to and knowledge around searching, their selectivity in employment, their educational attainment and the lack of suitable jobs in the local labour market, can contribute to a perception that they have 'workless' attitudes. Indeed, many young people were witnessed throughout the data collection period to be frequenting the same leisure locations, expressing a desire to change but making little apparent effort to

change. However, crucially this should be appreciated as involving a lack of resources, and lack of the knowledge and confidence needed to seek help and support, not as an unwillingness to work nor a lack of effort to bring about change in their circumstances.

### *Employment and Gender*

Desired and imagined future professions were highly gendered, this echoing the findings of previous studies (Brown, 2015; MacDonald, 2011). The selectivity in employment preference was found to be more pronounced in the young males' accounts than the young females.

However, there were more male participants than female and thus this may have shaped this perspective. Many of the young males were selective in types of work they would undertake, with several noting they would avoid 'feminised' service sector work (see also McDowell, 2011, 2012; Nixon, 2009). Thus, while jobs were available, and while there were declarations from many that they would take 'any job', this appeared to be an exclamation of their frustration of being unable to find suitable employment and not a literal desire, as many would justify their avoidance of available jobs and opportunities,

*'I've got a set thing that I'll do me right, I mean construction and stuff like that, I wouldn't go work in a warehouse because it's not my type of job, so for me it's harder to find work because warehouse work is the easiest way to find it, but I will not do it'* (Adam aged 21).<sup>100</sup>

There was a theme of the young males desiring to be engaged in specific manual roles, with their masculinities preventing participation in other forms of work,

*'I'm not being sexist or anything, but working in a shop is more like a woman's job, and I'm more of a grafter and I like to be doing things with my hands'* (Adam aged 21).

Engagement in service sector work was unappealing for the young men due to a fear of being perceived as 'not a real man', with many service sector jobs and roles challenging their masculinities. Indeed, the young males often highlighted a preference and desire for physical work ('grafting') as opposed to 'feminised' service sector work and 'mental' (academic) work. This has evident cultural continuities with the desire for 'masculine' classed work previously found by Willis (1977). These issues around employment and masculinity relate to the literature around young men's working-class and 'hard-labour' identities (see McDowell, 2011, 2012), and suggest an enduring presence of working-class masculine identities. This

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<sup>100</sup> While some forms of warehouse work can be relatively skilled (e.g., forklift driving) most required experience and qualifications. The lack of willingness to 'start at the bottom' (in poor paid roles) and work towards skilled roles, as well as the cost of achieving such qualifications, inhibited engagement in such roles.

highlights that despite the changing nature of the social world, such embedded masculinities can prevent engagement in contemporary forms of employment. Some young people acknowledged that undertaking such work could provide a platform to achieve desired jobs, and others noted little choice but to perform in roles which conflicted with their masculinity, with this resulting in attempts to rearticulate their situations to align with their masculinities. This supports the literature around the plurality of masculine identities (see Stahl, 2016), highlighting how some young people are adapting to the conditions of the contemporary labour market. Interestingly, there were avenues into ‘desirable’ positions (e.g., construction jobs) through apprenticeship schemes. However, these were criticised by many participants for their lengthy nature, being ‘cheap labour’, and not leading to a job. The low-wage and inability to wait for deferred payment resulted in apprenticeships being an unappealing option or being abandoned quickly after initiation. Thus, the participants’ accounts highlighted that it was not only the job but the speed of financial outcome which was important in their engagement. The importance of these issues around masculinities and employment is crucial to appreciate as both are intertwined with substance use practices (see above and below).

#### 6.2.4 Managing NEET Issues

The Outreach survey highlighted that the majority of the sample were in some form of education (67%). What is concerning is the number of young people who were engaged in part-time and precarious employment (10%), and the number who were NEET (15%), with this being higher than the national average of around 12% (ONS, 2017b) (Table 6.3).

**Table 6.3: Occupation (percentages, n=104)**

<b>Education (school/college)</b>	67% (n.70)
<b>Employed (fulltime)</b>	2% (n.2)
<b>Employed (part-time/ temporary contract/etc.)</b>	10% (n.10)
<b>Training scheme/ apprenticeship)</b>	6% (n.6)
<b>NEET</b>	15% (n.16)

Despite many of the participants being in some form of engagement, this should not be interpreted as them being in stable situations, with the interview and observational data highlighting how many cycled between being EET and NEET, and that many of the participants were negotiating the periphery of being NEET due to the temporary and precarious nature of employment and educational roles. The majority of employed young people were in part-time, or casual jobs, with many desiring ‘secure’ full-time positions. For

those unable to secure full-time employment, precarious forms of employment appeared to be the norm, with a confinement to a ‘secondary labour market’ characterised by low pay and low job security being evident. This echoes studies around disadvantaged young people’s employment experiences (see MacDonald et al., 2005; Shildrick et al., 2010). The available types of work appeared to offer little fulfilment, enjoyment and potential for progression. Several young people reported wanting a ‘*proper job*’, with this typically being defined as, ‘*working for good money and working for more than one day a week*’ (Todd aged 19).

The precarious nature of contemporary transitions, the cycling between engagement (EET) and disengagement (NEET), and the damaging nature of the ‘low-pay no-pay cycle’ (see Shildrick et al., 2012a) were witnessed through my long-term engagement in outreach work. I would often observe young people frequenting the town centre for intense periods, and then they would not be seen for several weeks/months in the area; this was often related to a change in their employment or educational circumstances.<sup>101</sup> Cycling in and out of periods of being NEET were spoken of as involving stigma and shame,

‘*you get a job and you’re paid nothing for it, then it’s over because it was temporary, so back to job centre to find another one, and them working there think you’re a dosser it’s not right*’ (Todd aged 19).

Several of the young people expressed worry of being juxtaposed with the clientele of the Jobcentre, with such places described as being ‘*full of chavs and drugies*’ (Frank aged 23), and worry of association with claiming benefits. Derogatory class-based terms (e.g., ‘chav’, ‘dosser’) were used by many to vilify ‘other’ individuals and to position themselves more favourably (Skeggs, 2005). Many of the young people provided explanations for their current situations due to associated stigmas. Some actively undertook ‘image management’ and would ‘self-handicap’ (Benjamin, 2002; Cotterell, 2007), highlighting issues and ‘disabilities’ (e.g., ADHD, dyslexia and anger management problems) which impacted their ability to engage in education and employment,

‘*I didn’t do right good at school because I’ve got ADHD and they didn’t do anything with me*’ (Ashley aged 17).

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<sup>101</sup> For example, I sporadically saw and spoke to one young male (aged 20), who had ‘progressed’ from being NEET and living in a caravan in his mother’s garden, to working in a call centre, to working in a warehouse, to starting (and quitting) an apprenticeship, to starting (and quitting) a training course, and finally working in a bar.

This self-presenting of issues hampering educational and employment ability highlights how some marginalised young people would seek to ‘justify’ aspects of their situations as being due to factors outside their control, as opposed to a lack of effort.

While there has been a focus upon employment and educational contexts in this chapter as these appear as significant barriers to transitions, it is important to highlight the participants’ housing situations as these are extremely relevant in grounding and appreciating their wider employment, educational and NEET issues, and related substance use perceptions, practices and experiences. The vast majority of the participants had not achieved independent living, with many living at ‘home’ (with their parent(s) or wider family members), with this appearing a consequence of the financial dependence that ‘disengagement’ provides (see Furlong and Cartmel, 2007). Many of the young people came from ‘troubled’ homes, with several having problematic relationships with their families, resulting in many routinely moving between different homes (see Centrepoint, 2015). This had complex implications on their abilities to seek employment and engage in employment and education. Therefore, while the young people’s employment situations inhibited them from progressing into independent living, the impact of their living situations upon their employment abilities must also be appreciated.

### **6.2.5 Future Perceptions**

The participants were asked about their current and future plans, and their preparations for the future. Imagined futures were typically local, with close geographical proximity to their areas being evident in many of the young people’s accounts, often due to a sense of belonging to friends and family. This echoes the findings of previous studies (see Allen and Hollingworth, 2013; MacDonald et al., 2005). This attachment to locality suggests that there needs to be an amendment in local labour markets, and not simply a push to mobilise young people to distant locations to find employment. Many of the participants expressed desires to have ‘normal’ futures, with ‘normal’ adulthood being articulated as involving having a job, family and home ownership (see also Bryant and Ellard, 2015). Some participants had ‘conventional’ future perceptions which were logically sequenced, e.g., enroll on training, get qualifications, get a job, with these young people connecting their future visions to their current selves and capabilities. Some had little idea of what they wanted to do; this resonates with the ‘wait and see’ approach noted by Allen and Hollingworth (2013) in relation to working-class students’ career aspirations.

However, many of the young people did not connect their histories and current situations to their imagined futures, with this resulting in them expressing high expectations and ‘unrealistic’ future aspirations. This contrasts the work by Finlay et al. (2010) who noted that disadvantaged young people had low expectations regarding their future aspirations, and Thompson et al. (2014) who notes that ‘excluded’ young people can perceive a lack of control over their futures, but supports other studies which have found high (‘unrealistic’) aspirations in disadvantaged and vulnerable young people (see Brown, 2015; Cieslik, 2017; Kintrea et al., 2015; Sinclair et al., 2010). Indeed, all the participants saw themselves as being employed in some form in the future with them holding a potentially unfounded belief of being able to secure desirable employment, despite many not robustly seeking employment and/or holding the required educational attainment or employment experience. Therefore, despite transitional issues being noted as a source of uncertainty for young people, and despite an awareness of and an evident malaise around their current situations, the majority of the participants expressed optimism, resilience and aspirational beliefs in relation to their futures and achievement of their transitions.

The participants’ optimism in relation to their futures could be a consequence of the ‘epistemological fallacy’ Furlong and Cartmel (2007) discuss, where young people have exaggerated beliefs in their individual abilities due to being embedded in neo-liberal discourses of individualisation (e.g., ‘hard work’ facilitating success), and an unawareness of the continuing impact of structural impediments. However, a lack of discussion around the impacts of structural issues from the participants does not mean that such issues were considered unimportant, or were not understood. Some structure issues were so ingrained in their everyday lives that discussion was often omitted and neglected in their narratives. Upon probing many young people noted the current constraining effects of structural issues upon their lives. The participants appeared to use structural issues to ‘justify’ failings when it suited them to do so,

*‘I’m looking all over for work and there’s nothing, no jobs at all, it’s hard around here, you can’t get anything around here unless it’s working in chippy or something. I’ve tried and that, but there’s no good jobs so what can you do’ (Walter aged 17).*

Interestingly, many downplayed the influence of structural issues upon ‘other’ individuals, denigrating and positioning other young people as being individually responsible for their situations,

*‘there’s some right dossers round here, not working, just fucking about all day...we’ve tried for a job, they haven’t, and they’re older and should have been sorted by now’* (Brad aged 21).

The participants’ perceptions did not fully conform to an ‘epistemological fallacy’ as there was an appreciation of structural issues limiting current abilities, but this contradictorily occurred alongside beliefs in achieving desired futures, despite not initiating required change.

### **6.3 Extended Transitions and Substance Use**

This section looks at how the participants’ transitional issues shaped their substance use practices and motivations of use. The participants’ ‘troubled’ transitions, socioeconomic disadvantages and their extended commitment free time impacted upon their leisure and substance use practices by enabling and constraining their abilities and freedom to engage in substance use. Both ‘disengagement’ (being NEET) and ‘engagement’ (being EET) shaped substance use practices in various ways. Substance use was typically undertaken to facilitate socialisation and relaxation from the pressures, stresses and uncertainties of the participants’ lives. The majority of the participants engaged in controlled and unproblematic substance use, highlighting how socioeconomic disadvantaged, extended ‘unstructured’ free time, and ‘disengagement’ did not inevitably culminate in problematic substance use practices.

#### **6.3.1 Transitional Issues and Substance Use**

It was generally suggested by the participants that higher levels of substance use were a feature and practice of youth, with young people having the freedom to engage in substance use practices as well as not being constrained or restricted by ‘adult responsibility’ (see Shiner, 2009; Young, 1971). The participants suggested that as people age and mature their circumstances change, with this reducing the opportunity for engagement in substance use, resulting in substance use starting to reduce naturally through maturity,

*‘I think people are more likely to use and try things as they are younger, like as you get older your circumstances change, like now I couldn’t go out taking drugs because I need to get up for work, I need money, but when I was younger I didn’t have that affecting me, it didn’t matter then but it does now’* (Chris aged 20).

This echoes the CSEW data (Home Office, 2017), as well as the findings of Parker et al.’s (1998) longitudinal work where the high levels of drug use found in their sample became moderated as their sample aged (see Aldridge et al., 2011; Parker et al., 2002). The generally positive ways drugs were perceived resulted in none of my participants reporting that they

were planning to completely desist from use in the near future. Nevertheless, many noted they would reduce the frequency and quantity of use as they aged,

*‘it’s just a thing that we do now, in like 10 years if I’m going out on the piss I’ll not be sniffing a gram of coke as well, it’s more of a young person’s thing to do’* (Liam aged 17),

*‘[I] smoke a bit of weed, I don’t really drink as much as I used to, erm I do the occasional cocaine and MD [MDMA], that’s all going down now, I think I’m getting a bit too old for it... I’m starting to concentrate on working, finding a house, getting a car, stuff like that’* (Alfie aged 19).

Alfie noted how he planned to reduce and move away from drug use in the future, with him speaking of initiating a cut-off point to achieve this,

*‘I’m not going to be smoking the rest of my life...when I’m twenty-one I’m going to Amsterdam for my birthday, having a big blow-out and getting it all out of my system... like by the time I’m twenty-two I think I’ll have stopped using, maybe just the occasional spliff or occasional gram of coke for special occasions’* (Alfie aged 19).

Such accounts highlight how the participants’ conceptualisations of drug use were ‘phasic’ in the sense of drug use being linked to the stage of youth, and being something young people ‘grow-out of’ (see also Leigh and Lee, 2008). This perception around use being phasic and a practice of youth may help explain why the participants struggled to conceptualise their use as having long-term harms (see Chapter Four, Chapter Five), with the belief of use being a current and not future practice encouraging a perception of ability to cease use before long-term damage could be experienced. However, it must be appreciated that suggestions of future desistance were hypothetical. Studies exploring substance use into and beyond the transition to adulthood have noted that substance use can be maintained, stopped and started at different points in individuals lives (see for example Aldridge et al., 2011; Moxon and Waters, 2017; Williams, 2013), suggesting a potential unappreciated maintenance of substance use from the participants as they age. Therefore, it appears important to appreciate this potential maintenance and adoption of substance use practices into later life, especially in respect to the embeddedness of socioeconomic disadvantage and substance use-related harms and health issues (Public Health England, 2016a; Shildrick, 2016).

There was a suggestion from the participants that young people, especially NEET youth, were more likely to use substances due to boredom and in response to extended free-time,

*‘that’s [the lack of jobs] probably why people are always off their heads, but I’m wanting to work, and just smoking weed and that because there’s nothing to do’* (Todd aged 19),

*‘if we had jobs we wouldn’t be in town everyday smoking mamba...it’s not helping is it, but if I stopped I still won’t have any qualifications or job experience’* (Oliver aged 18).

Here Oliver attempts to ‘defend’ his substance use, suggesting he is unable to find employment but that his substance use is a consequence not a cause of this. These accounts appear to resonate with the work of Shiner (2009) who suggested that drug use can be more prevalent amongst those excluded from the labour market. However, data from the CSEW (Home Office, 2017) does not support this view, with drug use (most notably cannabis, but also cocaine and MDMA) being self-reported across different social classes. Adam and Frank used themselves as examples of NEET youth who do not use drugs to undermine such associations,

*‘you can’t judge them saying “he’s not going to work he’s going to use drugs” because they’re not all like that, I didn’t when I wasn’t working’* (Adam aged 21).

It is important to note that despite the participants’ suggested associations between substance use, being NEET, and having extended free time, there was not an inevitable culmination in substance use for young people experiencing NEET issues or engaging in ‘unstructured’ leisure (see below, also Blackman, 2011). It is also important to note that despite experiencing extended amounts of free time, the participants’ leisure and substance use practices were bound by financial abilities. Nevertheless, the participants still held and discussed such popular (mis)conceptualisations around young people and substance use practices.

While several young people suggested they used larger quantities of substances when they were NEET, use still occurred, albeit in altered forms, while in EET, with many of the young people noting moderating their substance use around their employment and educational commitments. Thus, importantly substance use was not automatically ‘solved’ through engagement, but was often altered and amended to more ‘appropriate’ use,

*‘when I get a job it’ll help me get sorted out and I’ll definitely use less, in fact, last time I had a job, a proper job, I didn’t take anything at all’* (Todd aged 19).

The use of the term ‘proper’ suggests that attachment was an important feature impacting on use, but that not all forms of employment could produce such effects. Previous studies have noted how the achievement of ‘traditional’ transitional markers (independent living, full-time employment, parenthood) can facilitate desistance from deviance and change substance use priorities due to the engagement in such roles constraining available participation time (see Aldridge et al., 2011; Laub and Sampson, 2003; Williams, 2013). However, several of my participants had achieved such ‘traditional’ transitional markers but still continued substance use.<sup>102</sup> Nevertheless, the achievement of traditional transitional markers often did result in an alteration of use patterns, typically moderation not desistance, with many of the young people planning use around their commitments and attempting to control their use in order to minimise and avoid any potential issues. For example, Alfie noted avoiding ‘*Class A [cocaine]*’ drugs in the week unless he had time off work to ‘recover’ from use; this contrasts Parker et al.’s (2002:960) suggestion of cocaine use being valued by the employed due to its limited after-effects. Crucially, my study highlights how the desire to continue use, albeit often in a reduced capacity, was evident in the accounts of ‘engaged’ and employed young people, with continued use typically being driven by the perceived pleasure of use.

The participants’ accounts noted how many used substances when employed in response to the ‘stresses’ of employment (e.g., experiencing superficial employment positions). This again highlights that it is not just NEET issues which shape substance use. Alfie highlighted how he amended his substance use around his employment, with him smoking cannabis to fit around his work schedule and to unwind and relax from the stresses of work. Similarly, Walter noted that his substance use would continue (albeit in an altered way) if he was employed as he enjoyed the effects, and as he perceived use as helping him unwind after work,

*‘it makes it better because you have a laugh with your mates, but even if I had a job though I’d still smoke weed through week...so like now I’m bored and it makes me feel better, but if I had a job it’d make it even better because it’d help me chill out after work’* (Walter aged 17).

Thus, it was not simply extended free time and disengagement which drove substance use, with ‘engaged’ young people actively making time for substance use.

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<sup>102</sup> It is important to note that such markers were not as ‘robust’ as those denoted in previous studies, with ‘employment’ for many of the participants not being ‘full-time’ and secure (see above), and ‘independent living’ often being precarious and transitory, with this potentially having an effect on use practices.

### 6.3.2 Motivations for Substance Use

The most prominent reasons for drug use discussed in The Outreach survey (Table 6.4) included: ‘Sociability’ (30%), ‘Changes mood’ (26%); ‘Escape from problems’ (19%); and, ‘Relaxation’ (14%). Perhaps unsurprisingly, the responses around reasons for NPS echo those for drug use: ‘Sociability’ (21%); ‘Changes mood’ (33%); ‘Escape from problems’ (18%); and, ‘Relaxation’ (15%).

**Table 6.4: Self-reported Reasons for Drug use (n=57) and NPS use (n=33) (percentages)**

	<b>Relaxation</b>	<b>Sociability</b>	<b>Escape from Problems</b>	<b>Changes mood</b>	<b>Increases Energy</b>	<b>Spiked</b>	<b>Other (e.g., exciting)</b>
<b>Drug</b>	14% (n.8)	30% (n.17)	19% (n.11)	26% (n.15)	4% (n.2)	0%	8% (n.4)
<b>NPS</b>	15% (n.5)	21% (n.7)	18% (n.6)	33% (n.11)	3% (n.1)	6% (n.2)	3% (n.1)

While reasons for substance use discussed by the participants were varied, all the young people spoke of pleasure, enjoyment and fun in some form,

*‘we enjoy it. That’s it, there’s no, not any other reason...we just enjoy doing it’* (Liam aged 17).

The participants spoke of experiencing a variety of pleasurable effects in relation to different substances, with these involving pleasurable physiological sensations (effects felt within the body) such as feeling a ‘buzz’, and feeling ‘light’, ‘floaty’ and ‘pumped-up’, and pleasurable psychological effects (effects felt within the mind) such as feeling ‘relaxed’ and ‘chilled-out’, as well as experiencing increased confidence and lowered inhibitions.<sup>103</sup> Importantly, various substances were spoken of as having similar effects in terms of facilitating pleasurable feelings of stress relief, happiness, disinhibition, and relaxation. This suggests that other factors, and not simply the individual pharmacological effects of a substance, acted upon perceived effects and pleasure. Indeed, pleasure is a complex entity which must be understood through users accounts and experiences, and must go beyond the physical effects of a substance to appreciate the importance of context and individual perspectives in framing performative pleasures (Duff, 2008; Fraser and Moore, 2011; Holt and Treloar, 2008; MacLean, 2008; Zinberg, 1984). It appeared that the effects of substance use were embodied through engagement in social worlds, with the social context being considerably important for the young people’s substance use practices.

<sup>103</sup> Such effects, e.g., lowered inhibitions, are often framed as ‘risk factors’ in official discourses.

### ***'Escapism', Socialisation and Relaxation***

*'Well, life can be shit, and most people these days experience shit, like life is proper stressful now, everybody is poor and stuff like that. It's our generation that gets all the shit to deal with, and people don't understand, so young people use drugs to help deal with it, I mean people just need a break sometimes and like drinking and taking drugs gives people a break from reality'* (Liam aged 17).

The young people's accounts and the data from the Outreach survey noted how 'relaxation', 'changes mood' and 'escape from problems' were all common motivations for substance use (Table 6.4). Previous studies have noted how substance use has been used to help deal with the pressures of everyday life, and to facilitate a temporary reprieve from current issues (Ander et al., 2017; Duff, 2008; Malbon, 1999; Thurnell-Read, 2015). However, such use is often discussed in official discourses as involving 'escapism' and an 'escape' from reality, with such escapism being framed in individualised and psychologised ways, and being imbued with connotations of inherently misguided and dangerous substance use. It is apparent how negative connotations regarding 'escapism' can be formed when analysing young people's accounts, for example,

*'my life's been shit, do you know what I'm saying? and I've used stuff to get away from that'* (Ben aged 19),

*'I just had so much shit and bad stuff in my life that I just wanted to get away from it all, so I just used to try and get fucked up to forget about it'* (Scott aged 19),

*'It's just same shit, different day, so you just have some weed with your mates, and it's just nice to forget about it for a while'* (Barry aged 18),

*'when I had loads of shit to deal with I've used to escape from it all and to forget what's going on, just for that minute to think to yourself 'it's going to be all right''* (Liam aged 17).

However, it is important not to decontextualise such accounts and important to appreciate the wider effects of substance use. Indeed, it is argued such accounts and 'escapism' should not be interpreted as an escape from negative issues, but as a movement to something 'better',

*'[alcohol] makes you forget about all bad things, and it's all about the good things'* (Anthony aged 18),

*‘weed does chill you out...it makes you feel nice and relaxed, and lets you unwind with your mates by like taking your mind off stuff and making you not worry about it... If you’re with your mates having a laugh you’re not thinking about stuff’ (Oliver aged 18).*

Substance use, especially in social groups, was often discussed as facilitating enjoyment, stress relief and relaxation. For some of the participants, substance use facilitated temporary reprieve from personal issues, current situations and broader life concerns. This did not typically represent an ‘escape’ but the seeking of pleasure to counter-balance the uncertainties, pressures and stresses of their lives. Substance use appeared to act as a stabilising force or ‘pause’ in reality for the participants (see Moore and Miles, 2004), with substance use allowing problems to be offset through social participation and pleasure. Crucially, the participants’ substance use should not be framed as nihilistic, individualistic or escape-orientated, as much of their substance use was orientated around ‘controlled’ use (see also Measham, 2002; Moore and Measham, 2012b), and facilitating socialisation (see below). Indeed, pleasure for the majority was derived from maintaining and not abandoning control.

#### Social Substance Use and Pleasure

The participants described substance use as facilitating socialisation, social bonding and connection with friends (see also Christmas and Seymour, 2014; Haydock, 2016; Roberts et al., 2012; Spencer, 2013), with the effects of substance use being noted to facilitate ‘having a laugh’, ‘chilling out’ and ameliorating leisure boredom,

*‘it’s just a good way to have a laugh with everyone. It’s what you do with your mates, drink, smoke, use drugs’ (Oliver aged 18).*

It is important to note that for many of the participants substance use was typically undertaken to enhance and facilitate socialisation, social solidarity and group bonding (see Blackman, 2009; Brown and Gregg, 2012; de Visser et al., 2013; Jayne et al., 2010), and was not usually the sole focus of recreational activity. Indeed, substance use was often described as an added element of pleasure in socialising, not a goal of pleasure in itself,

*‘that’s like the most important reason for using [substances], it’s your friends, it helps you have a laugh’ (Dennis aged 19).*

These accounts contrast Holloway et al.’s (2009) suggestion that young people’s motivations for engaging in substance use are orientated around experiencing intoxication. The social

pleasures (e.g., bonding) that the young people perceived from substance use were found to be (perhaps unsurprisingly) amongst the most salient motivators of their substance use.<sup>104</sup>

Again, it is important to note that substance use for the majority of the participants was not orientated around the removal from negative issues in the form of individualised ‘escapism’. Indeed, social participation and social substance use was used to help deal with the pressures and stresses of everyday life (see also Leigh and Lee, 2008). While many participants used substances in social groups to induce relaxation some of the young people reported individual use to achieve similar effects. This was a less common practice, and as individual use was associated with addiction, this was often justified as involving occasional, low frequency and controlled use, which was not orientated around intoxication,

*‘I have a steady few like after a hard day at work, but that’s like a few cans in my house like just two or three, but not like getting drunk, I’d never get drunk on my own’* (Dennis aged 19).

However, there was a general preference for substance use in social groups, with this being due to greater (and different) pleasure being derived from use during social participation.

### ***Disadvantage and Substance Use***

The majority of the participants engaged in (subjectively defined) bounded and moderate pleasure-orientated substance use, with many avoiding ‘excessive’ use due to the potential social stigma and consequences associated with such use (see Chapter Five). However, ‘unbounded’ use was evident from a small number young people encountered during the research. The more disengaged and excluded young people, and those experiencing the most troubled transitions to adulthood, were more likely to seek extreme levels of intoxication. Such young people tended to be long-term NEET, frequent (often daily) substance users, and users of ‘hard’ drugs (e.g., SCRAs).<sup>105</sup> However, it is important to note that not all disadvantaged young people sought extreme intoxication, and not all young people seeking extreme intoxication were severely disadvantaged. Previous research has drawn links between disadvantage and (problematic) substance use (see for example Jones and Sumnall, 2016; Scottish Drugs Forum, 2007), with locality being suggested to affect involvement in

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<sup>104</sup> Nevertheless, the significance and breadth of pleasure is often neglected within governmental discourse (see Duff, 2008; Moore and Measham, 2012a; O’Malley and Valverde, 2004).

<sup>105</sup> It is perhaps unsurprising that the most vulnerable and disadvantaged individuals were the most likely to use SCRAs, as these young people had few positive options and life opportunities, as well as little to lose. For such individuals with little disposable income SCRAs provided a ‘cost-efficient’ and accessible substance.

‘risky’ practices (Davidson, 2013; Wikström, 2012). However, despite being disadvantaged and disengaged in numerous ways, and despite experiencing extended amounts of free time, the majority of the participants did not use drugs or substances regularly, and the vast majority of those that did, did not use excessively, problematically or to induce nihilistic ‘escapism’. This echoes the findings of Shildrick (2002) and MacDonald and Marsh (2002, 2005) who researched young people’s substance use in areas of social inequality. My findings challenge accepted notions of risk, harm and pleasure, and the often-presumed juxtaposition and inevitable culmination of disadvantage and disordered substance use (Daley, 2016). However, the potential for engagement in and development of harmful substance use practices was evident, with the participants’ transitional situations, structural positions and socioeconomic disadvantages facilitating prolonged exposure to ‘risk’. Indeed, for some young people, their precarious liminal states and disadvantaged positions provided the groundings and potential for problematic and harmful use to develop. This highlights the need of available and continued support for disadvantaged and disengaged young people in light of the increasingly ‘risky’ and exclusionary nature of their transitions.

#### **6.4 Summary**

This chapter has looked at the participants’ leisure spaces and the use of substances in their leisure time and spaces. The chapter has also explored the participants’ negotiation of their ‘troubled’ transitions to adulthood, looking at the role of substance use during their transitions. It has been argued that the participants’ structural positions, social situations and the wider labour market conditions are contributing to their transitions becoming extended and precarious. The participants’ socioeconomic disadvantages, ‘troubled’ transitional routes and social situations, interrelated producing a complex web of issues to traverse. This culminated in the participants having extended amounts of ‘commitment-free’ leisure time. However, many were financially, culturally and geographically excluded from ‘adult’ and desirable activities and spaces, resulting in their leisure time being ‘extended but constrained’. These issues shaped the participants’ leisure and substance use practices. Much of the participants’ substance use was undertaken to facilitate social bonding and relaxation in response to the stresses and pressures of their lives. There was not an inevitable culmination in disordered use for the young people despite many being exposed to various disadvantages, and experiencing extended periods of ‘commitment-free’ time. The participants’ beliefs and perceived abilities to manage their issues shaped how they perceived their future transitions, and how they perceived their future substance use practices.

The participants' socioeconomic disadvantages shaped their engagement in leisure activities and spaces, with various forms of exclusions (financial, cultural, geographical, age) constraining their leisure practices. Social substance use was a common leisure practice, with this often occurring in accessible spaces. The perceived risks and harms around substance use were typically orientated around social and cultural issues (e.g., stigma, embarrassment), and not criminal and health harms, with these perceptions shaping substance use practices. The young people were experiencing various transitional issues, with structural conditions and personal situations contributing to these. Nevertheless, many expressed resilience, positivity, optimism and potentially 'unrealistic' aspirations regarding how they perceived their futures and transitional issues. There was little evidence of an internalised 'culture of worklessness' with many participants expressing a desire to work, but there was a selectivity over the types of employment that would be engaged with. Many participants were excluded from employment due to a lack of desirable and good quality jobs, ineffective job searching and applying methods, selectivity in employment, and deficits in educational attainment. This resulted in many of the young people becoming stuck in a stigmatising NEET cycle. The participants struggled to progress along the 'typical' (or not-so-typical but nevertheless expected) transitional routes. Several of the young people spoke of altering (typically reducing but continuing) their substance use when they achieved adult transitional descriptors. However, both disengagement (being NEET) and engagement (being EET) was found to influence substance use practices. For many of the participants, substance use facilitated pleasurable effects around socialisation and relaxation in response to the pressures and stresses of their everyday lives. The participants' 'troubled' transitions, socioeconomic disadvantages and extended leisure time shaped their leisure and substance use practices in various ways. The participants' disadvantaged positions were noted to have the potential to facilitate problematic substance use, but it was evident that despite various socioeconomic disadvantages and extended amounts of free time, the majority of the young people did not engage in problematic or even regular substance use.

The following chapter (Chapter Seven) draws together and discusses the key findings of the study discussed in Chapters Four, Five and Six, and notes the implications of these findings in terms of the young people's use, assessment and management of substance use related risks, harms and pleasures.

## Chapter Seven: Discussion and Conclusions

This study has explored the substance use perceptions and practices of a typically underexplored and socioeconomically disadvantaged sample of young people. This chapter begins by presenting the overall argument of the thesis, before summarising and discussing the relevance and meaning of the study's most important findings (Section 7.1). The chapter concludes (Section 7.2) by noting implications of the findings, and the contribution of the study to the literature on youth substance use and the substance use practices of socioeconomically disadvantaged young people. Finally, future research trajectories and recommendations for policy and practice are noted considering the study's findings.

### 7.1 Discussion

The following section draws together the key findings of the study based on the aims and research question: 'What are the risks, harms and pleasures the young people in the field site identify in relation to substance (tobacco, alcohol, illegal drug and NPS) use, and how do the young people assess and manage these risks, harms and pleasures?'. The question was addressed by exploring the participants' experiences, contexts, perceptions, motivations and consequences of substance use, as well as exploring how the participants negotiated their transitions to adulthood and the broader dilemmas of 'growing up' in their localities.

Understandings and perceptions of the risks, harms and pleasures of substance use are not set and static but are fluid and are shaped by, experiences of and exposure to substances; social and cultural norms and values; and access to trusted and valued substance-related knowledge within local, social and cultural contexts. The participants had both direct and indirect access to various sources of 'expert' and 'lay' knowledge, with their knowledge foundations being built from the assessment of different sources. However, the most accessible, valued, 'credible' and trusted, and not necessarily the most 'objectively accurate' knowledge was typically utilised. 'Risk' was evaluated through a conceptualisation of the potential for experiencing harm, with immediate, acute, tangible and visible harms (e.g., physical and noticeable effects), and threats to social and cultural credibility (e.g., stigma) being focused upon, and being more prominent in the young people's substance use risk assessments than chronic and potential long-term health harms. The substances and practices which were not perceived to be associated with such immediate issues were differentiated as less risky, irrespective of their potential for long-term harm. The young people held potentially erroneous beliefs around their abilities to control and manage substance use, and to avoid

negative issues, with these perceptions shaping their assessment of risk and management of substance use practices. Indeed, conceptualisations around probabilistic future issues were underpinned by a perceived lack of susceptibility around experiencing negative outcomes. However, the participants did not perceive themselves as being invulnerable to risk, but as considerably less vulnerable than other young people due to their presumed superior abilities around controlling and managing their substance use. This perception of ability to avoid and manage risk and harm was evident in relation to both future risk and immediate acute risks. Pleasure was an important, expected and prioritised aspect of substance use. These perceptions around risks, harms and pleasures shaped the participants' substance use practices, the implementation and adherence to harm reduction strategies, and the management of current and future substance use.

The participants' social situations, socioeconomic disadvantages and wider labour market conditions produced a complex and interrelated set of issues for them to negotiate. This contributed to them experiencing elongated and precarious routes in their educational, employment and housing transitions. The participants' socioeconomic disadvantages, social positions, various exclusions and 'troubled' transitions contributed to them having extended amounts of 'commitment-free' leisure time, but their leisure activities and choices were often constrained. This produced extended yet bounded leisure time, with this shaping the participants' leisure and substance use practices in various ways. Substance use was generally undertaken to facilitate enjoyment, social bonding and relaxation in response to the pressures and stresses of everyday life. Despite the participants' socioeconomic disadvantages, 'troubled' transitions and extended free time there was not an inevitable culmination in 'problematic' or even 'regular' substance use.

Overall, the participants' social and cultural contexts, and their transitional issues and structural positions shaped their perceptions, notions and assessments of risks, harms and pleasures, and reinforced or inhibited their practices, with this impacting upon how substance use was engaged with and managed. Below I discuss the key themes which emerged from the data as presented in chapters Four, Five and Six. These include: the assessment and management of the risks, harms and pleasures of substance use; the use of 'lay' and 'expert' knowledge; socioeconomic disadvantage; and, transitional issues.

### 7.1.1 The Assessment and Management of the Risks, Harms and Pleasures of Substance Use

Many of the participants had backgrounds which would have resulted in them being viewed as ‘at risk’ or ‘posing risk’ in formal assessments (Kelly, 2000a, 2000b; Sharland, 2006),<sup>106</sup> and many were experiencing ‘official’ and ‘expertly’ defined ‘risks’ (e.g., poor educational attainment, problematic family lives), as well as engaging in practices which held connotations of ‘risk’ (e.g., substance use) during their leisure times. However, it was clear that there are differences in the ways that ‘risk’ is characterised ‘officially’ and how it was understood and negotiated by the young people. The participants’ conceptualisations of risk were shaped by local, social and cultural understandings (see also France, 2007; Lupton, 2013; Tulloch and Lupton, 2003), with this resulting in many ‘official risks’ not being perceived as inexorably negative, but as embedded and sometimes ‘pleasurable’ aspects of their everyday lives and their social and leisure practices. Familiarity (experiencing, witnessing, being informed of substance knowledge) was important in shaping perceptions of harm and safety, suggesting that social proximity contributes to the formation of risk perceptions (Kemshall, 1997). Indeed, substance use practices and perceptions (e.g., types of substance used, method of use, patterns and frequency of use) were typically based upon the use, exposure and acceptability of such practices within the participants’ cultural and social contexts, and thus substance use practices were influenced by local, social and cultural norms and experiences. This importance of social and cultural norms in shaping risk perceptions has been understated in dominant individualised risk theorising (Beck, 1992), with my study showing how perceptions of risk are much more ‘peer-based’ and ‘street-based’ than dominant risk theorising allows for.

The potential risks of substance use were appreciated by the participants, but the language of ‘risk’ was not used to discuss their practices. The concept of ‘risk’ was conceptualised as involving both a removal of control and a negative (long-term and significant) impact upon health. However, the young people did not perceive their ‘pleasurable’ and ‘controllable’ substance use as fitting such a conceptualisation, and did not associate their practices with significant and long-term harms. The participants’ perceptions were based on a potentially erroneous appreciation of potential risk, where risks, harms and adverse consequences were understood to exist but were seen as being unlikely due to a self-confidence around personal

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<sup>106</sup> For example, assessments around referrals to services (e.g., youth offending and substance use services assessments) are typically based on possessing numerous ‘risk factors’.

abilities to avoid, manage and control any issues. Thus, the young people were not ignorant of associated risks and harms as they are often presumed to be in 'official' discourse (Moore, 2010), but they often appeared negligent of their potential for experiencing harms. In the participants' assessment of risk, acute, immediate, visible and tangible harms, as well as social and cultural harms, were focused upon, with chronic and long-term harms and the cumulative effects of their practices being neglected, omitted or discussed as being avoidable. The speed of potential harm and onset of issues appeared important in perceptions of risk. Indeed, the young people perceived themselves as having time given their age to address and negate any long-term issues, and thus long-term harms were not prominent in their accounts. This highlights an important finding in that while the young people's practices may expose them to various considerable long-term harms, there was a time-lag around conceptualisations of risk and harm, with risk evaluations being inhibited by difficulties in probabilistic thinking.

A salient point running throughout my study, and one that must have a greater appreciation is that many young people struggle to conceptualise and consider their own substance use to be risky, harmful, or to possess enduring negative health effects for themselves. This appears due to an overstating of ability to control, manage and avoid potential issues, an underestimating of potential for experiencing adverse and long-term issues, and a prioritisation of 'pleasurable' effects. The findings of my study suggest that approaches which highlight the long-term risks and extreme harms of substance use (e.g., death, cancer) may be ineffective, and have a negligible effect on substance use practices due to such issues not resonating with young people's experiences and perspectives. This may inadvertently contribute to a self-belief around avoiding harms due to the severity of such long-term issues further distancing a perceived likelihood of occurrence. The participants positioned their substance use in positive ways, with this positioning resulting in it being difficult for such practices to be presented and perceived as problematic, risky and harmful (see Slovic, 2010). For risks and harms to be considered they need to be perceived as being probable, but the young people's lack of risk susceptibility resulted in them neglecting the potential of harm. Indeed, awareness did not translate into an expectancy of experiencing harm. Therefore, it appears important to reify this to more effectively educate young people of the pernicious harms of substance use by explicitly linking long-term health issues with current practices,

and by highlighting how enduring harms may not possess immediately noticeable effects.<sup>107</sup> The young people compared their current experiences with associated markers and the stereotypical representations of problematic substance use (e.g., visible effects) and ‘addiction’ apparent within popular discourse.<sup>108</sup> However, such assessments and comparisons can hide harmful use, and neglect the potential for long-term harms through a binary view of use which does not produce ‘noticeable’ effects, immediate effects, or match stereotypical effects, being either harmful or not. This may result in the ignoring of public health and harm-reduction messages due to an inability to associate their use practices with potential harm.

Control was a dominant theme in the participants’ accounts of their substance use. Irrespective of their practices, it was important for the young people to demonstrate and legitimise their substance use as controlled, and to position themselves away from the popular negative representations and discourses around substance use and users, e.g., users being irrational and irresponsible, and use culminating in addiction, dysfunction and problematic use (Fraser, 2008; Manderson, 2005). As risk was conceptualised as a removal of control (see above), it is unsurprising that the young people prioritised presenting themselves as ‘being in control’. Different patterns and practices of use, from occasional use to daily use, were subjectively defined as ‘controlled use’ if use was not deemed to be adversely affecting daily functioning. Again, this highlights how current and not future situations, experiences and perceived effects were prioritised in perceptions of harm and acceptable use. Controlled use for the participants was orientated around and displayed through the engagement in ‘appropriate’ and pleasure-based use, with the boundaries and rules of acceptable substance practices (e.g., what substances can be used, how and where they are used, how much to use, acceptable levels of intoxication) being drawn around sociocultural norms, as well as age, gender and locality, and amended in response to personal experience and preferences. The participants were far removed from the popular image of ‘disordered’ substance users. While many young people reported engaging in ‘controlled use’, using the rubrics of ‘normal’ and ‘recreational’, and stating their adherence to self-defined limits, ‘social rules’ and harm reduction strategies to support and legitimise such assertions, their stated avoidance of ‘excessive’ use should not be viewed as participation in ‘moderate’ or ‘harm-free’ use, as many practices, while perceived as harm-free and presented as controlled and acceptable,

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<sup>107</sup> For example, linking increasing ‘tolerance’ around alcohol to long-term health effect (Christmas and Seymour, 2014), or ‘binge’ alcohol use with the ‘scarring’ of the liver (Rehm et al., 2010).

<sup>108</sup> This was evident in the discussions of the ‘zombie’ SCRA user (see Chapter Four).

may still involve ‘risky’ and ‘harmful’ levels of use. Also, the adherence to stated limits and rules was found to be tenuous and not robustly adhered to, with the inhibition lowering effects of substances and intoxication, effort, peer encouragement (‘pressure’), the management of use based on a judgement of internal states and personal experience, and an (overstated) perception of ability to control and manage use and issues, all being found to affect stated and actual use practices.

In some cases what was said by the participants and what was actually done were two different things. Therefore, an un-sceptical belief in young people’s adherence to stated practices and avoidance of harmful practices should be challenged. This highlights an important and key strength of the methodological approach of my study, as the interview and survey data was able to be combined with observational data to provide a more illuminating insight into the participants’ stated and actual practices, and the influence upon these practices. Encouraging young people’s reflection of the ‘effectiveness’ of self-control and adherence to stated harm-reduction strategies may increase perceptions around vulnerability to issues by highlighting that they do not always follow stated practices and engage in controlled use. However, even with knowledge and experience of the adverse effects of substance use, moderation and amendment, and not desistance, were typically sought. This further undermines the perspective of young people being simply deterred from substance use if presented with potential harms (see Chapter Two), as their perceptions around risk and their presumed abilities to control use superseded the potential for harm.

My study’s findings can help explain why some young people engage in ‘risky’ practices, despite being expected to avoid and minimise engagement with ‘risk’ and despite stating avoidance of risk, and highlights how some may ignore or resist ‘expert’ and ‘official’ knowledge which presents and highlights the risks and harms of substance use. Indeed, the belief in ability to control and manage use, the difficulties in conceptualising potential future harms, and the highlighting of pleasurable effects all shaped perceptions and practices. Crucially, the young people cannot be said to be irrational, ignorant or negligent because they were not avoiding or minimising ‘risks’. Despite populist and classed notions of young people’s, especially disadvantaged young people’s, careless engagement with ‘risk’ (Blackman, 2011; Haydock, 2014), many of the young people identified with, valorised and conformed to several public health values, e.g., they were concerned with avoiding and minimising harm, they sought engagement in controlled use, and they used ‘valued’ knowledge to inform their practices. However, they simply defined and perceived ‘risk’ and

the potential for risk as being different to ‘expert’ and official perspectives due to their experiences.

### Managing Substance Use Practices

The participants legitimised their substance use practices in various ways, highlighting the accommodation of use, denying harm, and positioning themselves away from ‘risky’ use. This was done through ‘scapegoating’, ‘othering’, symbolic boundary creation, ‘comparing between risks’, and highlighting self-confidence in abilities. This echoes the techniques of neutralisation as noted in Chapter Five. The young people did not perceive their own or more ‘general’ substance use as being morally wrong, but they did suggest that other people’s use could be seen as problematic, and thus they attempted to legitimise their practices to protect against judgment and stigma, and to position themselves away from negative associations. The participants attempted to justify ‘risk’ practices they currently engaged in and ones they previously engaged in, by positioning themselves as engaging in more responsible and responsibly undertaken practices, even if these were similar to the practices other individuals were engaging in. The dichotomised ‘othering’ of ‘them’ (risk takers) and ‘us’ (controlled users) highlights how the young people used symbolic and subjectively created boundaries to perpetuate and favourably position themselves as sensible and responsible, and to pathologise and construct the ‘other’ as inferior and participating outside of appropriate norms (see Douglas, 1992, 2003).

The use of such positioning highlights the continued importance of cultural boundaries in managing use echoed throughout the recreational substance use literature (Hathaway et al., 2011; Kolind, 2011; Rødner, 2005; Sznitman, 2008). Subjective notions of normality and respectable practices were created through the positioning and opposition of abnormal (the addicted, e.g., the ‘smack-head’ and ‘mamba-head’), with the young people using available and popular discourses to condemn others and positively position their use. The ‘other’ held symbolic importance both by codifying the socially unacceptable and reinforcing acceptable practices, enabling the young people to offset and negate the potential health risks of their own practices through comparison. Troublingly, the participants were often more occupied with justifying their use than reflecting upon the potential implications of their use. Indeed, in legitimising their use through the discussion and comparison of other people’s ‘riskier’ practices, and through perceiving an ability to control and manage issues, e.g., through engagement in physical activity, the young people would often not reflect upon the

harmfulness of their practices, equating their perceived lower risk with safety. Thus, perceptions of harm were shaped by comparisons to ‘riskier’ others.

Despite the male dominated nature of the sample there was evidence of gendered moralities around risk perceptions and the managing of substance use, specifically in relation to the spaces of substance use, the level of intoxication and types of practices engaged with. For many of the young females, adverse consequences of intoxication were positioned as ‘embarrassing’ and ‘shameful’, but for many of the young males such features were embraced and positively reconstructed, discussed in relation to humour and being used to enhance social bonding, with this promotion of humour mitigating stigmatisation and negative judgement. Socialising helped positively re-frame ‘negative’ aspects of substance use. This suggests that intoxication can facilitate the performance of masculinity, but jeopardise the performance of femininity. This supports dominant themes in the literature which note substance use practices to (still) be highly gendered (see Atkinson and Sumnall, 2016; Blackman, et al., 2015; Holloway et al., 2009; Measham, 2002; Thurnell-Read, 2015), and highlights how there are different and ‘traditional’ interpretations of ‘controlled’ and ‘acceptable’ use structured by gender.

#### *Avoiding the Association of ‘Addiction’*

It was evident that some ‘risks’ and negative consequences of substance use were accepted by some participants (e.g., hangovers, over-intoxication, vomiting), with this perspective of ‘risk trade-offs’ (Mythen, 2004) and ‘acceptable risks’ being neglected in dominant risk theorising. However, being associated with ‘out-of-control’ use or ‘addiction’ was a concern and a potential threat to status, with such associations being actively defended against. The notions of ‘addiction’ were profoundly important in shaping substance use practices, patterns and perceptions.<sup>109</sup> The young people frequently used and engaged with established stereotypes around ‘addiction’ and ‘problematic’ use, as well as the ‘hard’/‘soft’ drug dichotomy to justify practices and position use as acceptable by comparison (Bell and Keane, 2014; Keane, 2002; Peretti-Watel, 2003). This highlights how stigma around ‘hard’ drugs is perpetuated and remains embedded and entrenched, irrespective of the experience and exposure to substance use generally. The young people’s identities as ‘controlled’ and ‘non-problematic’ users were inextricably intertwined with substance use practices, with the management of this being an important finding of my study. This study adds to the literature around the role of

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<sup>109</sup> It may be that the participants’ proximity to ‘addicted’ users (via the overlapping use of street-based leisure spaces (see Chapter Six)) made the potential association with, and avoidance of, ‘addiction’ a salient issue.

‘addiction’ and its associated practices, in organising subjects and shaping social and cultural practices (Fraser, 2017), and crucially highlights how ‘addiction’ is used in the subjective positioning of substance use practices to justify use as acceptable by comparison.

Importantly, the potential of becoming addicted to different substances was conceptualised and evaluated differently (typically along a ‘hard’/‘soft’ dichotomy), and shaped by the perceived effects of a substance alongside its social and cultural associations. For example, nicotine was perceived as addictive but less serious and more manageable than the addiction from other substances, such as heroin and SCRA which were perceived to have immediate issues, physical effects, as well as established links with harm. Certain practices and substances (e.g., ‘hard’ drugs (heroin, SCRA), injecting) were used to represent addictive use, with these implying personal failure (Keane, 2002); that is, such practices and the people engaging or associated with such practices were reviled and were denied pleasure by the participants, just as illicit substance use is denied pleasure in policy discourse (Duff, 2008).

### SCRA Use to Stigma

An important point highlighted in my study is that perceptions of a substance’s risk and harm, as well as their use rates, were not directly related to legality but were more generally consistent with localised social and cultural norms. This was evident in relation to SCRA which were at one point a popular substance within the field site. It is thought that their popularity rested on their potency, price and legality/accessibility, but the use and popularity of SCRA reduced as stigma and condemnation around their use grew, both amongst the young people in this study and in wider society. Changing perceptions and use patterns of SCRA amongst my sample was fuelled by experiencing, witnessing and being informed of their nefarious effects and apparent dangers, as well as SCRA use becoming associated with ‘addiction’, street homeless and prison populations (Bilgri, 2016; Blackman and Bradley, 2017; Castellanos et al., 2011; Ralphs et al., 2017; Zimmermann et al., 2009). Changes in SCRA use were occurring before the introduction of legislation to prohibit NPS use, with these changes in SCRA use practices being shaped more by local, social and cultural perceptions regarding perceived harms than the impending legal status. Perceptions of a substance’s potential harm and safety were also found to be associated with their ‘purity’ and ‘naturalness’ (often discussed in terms of being ‘clean’ or ‘dirty’ (see Douglas, 2003)), this appears to have contributed to the stigma around SCRA, with their ‘synthetic’ nature implying harm and their juxtaposition with being ‘dirty’ implying connotations of addiction. For the young people in my study SCRA moved from within to outside the realms of social

acceptability despite their ‘legal’ status, with this being driven by social and cultural perspectives. There was an initial concern from the government that NPS (‘legal highs’) would ‘take over’ the drugs market, however, this does not appear to have occurred. The label of ‘legal’ did not promote use through inferring safety or did not attract a cohort of new and novice users, with SCRAs use being confined to groups of existing drug users and being added to existing repertoires; this echoes the literature around the position of NPS products more generally (Home Office, 2014, 2017; Moore et al., 2013). The data from my study suggests that SCRAs were used as a (temporary) substitute for ‘traditional’ cannabis, as many young people returned to using, and preferred traditional cannabis following the growing stigma around SCRAs.

While stigma and social disapproval may inoculate future use and promote the avoidance of specific practices and substances (e.g., heroin, SCRAs, drug injecting), it is not advisable to use this approach of stigmatisation to discredit and deter the use of ‘established’ recreational drugs, as the ingrained positive accommodation of many substances may result in such attempts being ignored. The process of SCRAs stigmatisation occurred due to their juxtaposition with the positively accommodated cannabis, suggesting that such deterrence by stigmatisation is more effective if other, more positively viewed substances are available for reference. Something similar can be seen in the enduring use of the ‘smack-head’ descriptor by the young people to position their practices. Whilst ever there is a ‘smack-head’ the young people have an established aberrant ‘other’ to position and compare themselves against, and an ‘other’ which can help to legitimise their practices as controlled and acceptable.

The majority of SCRAs use and continued use appeared motivated by the young people’s disadvantaged circumstances, e.g., their accessibility and affordability. This echoes Rolles and Kushlick’s (2014) suggestion that no substantial market for SCRAs would have evolved if cannabis had been regulated and legally available. The ‘branding’, advertising (both formal and informal) and discussion of substances as ‘strong’ or ‘potent’, appeared to promote use. This was seen across the study around SCRAs experimentation and use, as well as in relation to ‘skunk’ and e-cigarettes, and has also been noted in the literature more broadly in relation to the marketing of ‘super-strength’ or higher purity ecstasy tablets (EMCDDA, 2016b). This is potentially due to the young people’s tendency to associate ‘strong’ and ‘potent’ with excitement and ‘edge’ experiences (Lupton, 1999), as well as ‘value for money’ products. This suggests that the discussion of substances whilst using such terms may promote use and experimentation by implying pleasure, despite being used in official discourse to imply

potential harm. For the young people in my study ‘strength’ was a positive association which shaped substance use practices.

### *7.1.2 The Use of ‘Lay’ and ‘Expert’ Knowledge*

The participants’ substance knowledge bases, perceptions and beliefs were built from an amalgamation and integration of various ‘expert’ and ‘lay’ sources including, news stories, social networking sites (SNS) and the internet, friends, peers and locally derived (and often embellished) ‘folk myths’, and personal experience. The young people did not use a purely individualised and ‘expert’ appraisal in their response to risk. An important point highlighted in my study is while a variety of different knowledge sources were discussed, access to such sources was often relative to situations, skills and technological resources (see below). The participants would often employ and utilise the most accessible, valued, ‘credible’ and trusted, and not the ‘objectively’ most accurate knowledge they had access to (with this appearing to be peer knowledge, often originating from online sources), with their experience and exposure shaping how knowledge was evaluated and utilised.

It is worth noting that while contemporary young people have access to different and more numerous knowledge sources than previous generations did, peers still appeared to be extremely important, trusted, credible and valued sources and filters of knowledge within the young people’s cultural milieus (Becker, 1963; Foster and Spencer, 2013; Pilkington, 2007b; Tulloch and Lupton, 2003). Indeed, the peer and friendship group provided a safe and trusting environment to participate in substance use, with the peer group shaping beliefs, perceptions and practices around substance use by providing access to experience, exposure, support, encouragement and rationalisations. This suggests that being submerged in a cultural milieu which condones substance use may shape perception and practices. My study highlights that not all peer and ‘lay’ knowledge was inferior, negative and dangerous, despite such knowledge potentially being inaccurate and biased, with the participants’ practices and perceptions challenging the embedded assumption that only scientific knowledge is beneficial and valued as ‘expertise’. ‘Lay’ health warnings de-normalised substance use practices and some harmful practices; this has occurred both nationally in relation to smoking (McKeganey et al., 2016) and locally in my study in relation to the deterring of SCRA use. Nevertheless, this was also noted to result in the scepticism of potentially safer practices (e.g., the adoption of e-cigarette use), as well as promoting confused perceptions around the potential harms of certain substance use practices, e.g., rolled tobacco, cannabis.

It was evident that the internet, social media and SNS are providing ‘new’ platforms for news and knowledge to be disseminated. The knowledge derived from these sources was often used to build, support, conform and ‘scientifically’ ground personal beliefs, ‘folk myths’ and ‘youth mythology’. While the internet and SNS have become an increasingly used and apparently credible sources of knowledge for young people (Chan-Olmsted et al., 2013; Reuters Institute, 2016; Sago, 2010), access to such sources requires relatively expensive technologies. It is important to highlight that not all young people are digitally ‘native’ and have instant and unrestricted access to digital technology as they are often presumed to do, despite technology becoming more prominent in young people’s lives (Craft, 2012; McMillan and Morrison, 2006; Rallings, 2015). My study highlights how online sources were accessed both directly and indirectly (through being informed by peers), and that this knowledge can be used to shape perceptions and subsequently practices around substance use. My study adds to the questioning of the accuracy and validity of online knowledge, and the issues in young people’s abilities to assess, evaluate and utilise such knowledge due to financial and educational disadvantages (Benigeri and Pluye, 2003; Gray et al. 2005; Purcell et al., 2002; Vance et al., 2009). An important point evident across my study concerned the assessment of ‘risk’ in a local but globalised ‘news’ context, where much knowledge appears to be available and accessible, but this was often accessed indirectly, or filtered through peers and second-hand reports. Thus, locality still appears to play a considerable role, not only in access but also in the use and assessment of knowledge.

‘Expert’ knowledge was typically used as a foundational knowledge base which was drawn upon and used when discussing and understanding concepts (e.g., addiction) or substances the young people had little or negative knowledge, experience and exposure to. However, ‘expert’ knowledge was superseded and upgraded by access and awareness to localised and experiential knowledge which was typically perceived as more credible and trustworthy. A key finding of my study is how perceptions and subsequent substance use practices can be shaped by an influx of alternative perceptions from personal, social and cultural sources. However, what is important to note is that new and available knowledge only needed to outweigh (based on perceived trust and credibility) and not outnumber other forms and sources of knowledge for it to be prioritised. Importantly, there was not an inherent scepticism, automatic rejection or general homogenised doubt and confusion around ‘expert’ knowledge (see Chapter Two), but a selectivity around which ‘expert’ knowledges to use, with this being shaped by how knowledge was assessed by experience and exposure to

substances and assessed through local, social and cultural norms and values. Indeed, the young people accepted, valued and used aspects of ‘expert’ knowledge when it conformed to their beliefs or wider social and cultural beliefs, whilst simultaneously discrediting, ignoring and rejecting other aspects of ‘expert’ knowledge if it did not. This challenges the dominance of ‘expert’ knowledge in influencing practices and deterring risk engagement, as while such knowledge was important, it was typically superseded by more credible localised and experiential knowledge. However, this study highlights what other studies exploring young people’s perceptions and scepticism around ‘expert’ and ‘official’ substance related knowledge tends to neglect, in that such avenues of knowledge can be and can become valued and trusted, and are not inevitably viewed with scepticism (see Farrugia and Fraser, 2016). Thus, there is not an unbreachable ‘credibility gap’ between ‘expert’ and ‘lay’ knowledges (Measham, 2006).

There were evident differences between how the participants perceived and engaged with substance related risks. However, such differences in perceptions appeared more important than simply being a user, trier or abstainer, with distinctions being more neatly based on experience, exposure and knowledge around substance use. This alludes to why nuanced perceptions and opinions can be found both between and within drug users, triers and non-triers, with these differences being based on their levels of experience and exposure to substance use. This suggests an issue of relying on dichotomised and arbitrary terms of ‘trier’ and ‘abstainer’ to imply levels of substance related knowledge and experience.

### ***7.1.3 Socioeconomic Disadvantage***

The young people involved in this study were not socially and financially emancipated young people discussed in much youth studies literature. Instead they were financially, culturally and geographically excluded from a variety of desirable and culturally valued spaces and activities, and various forms of consumption due to their disadvantaged situations as well as their ages (see also Loader, 1996; MacDonald and Marsh, 2005). Socioeconomic disadvantage limited the leisure lives of the participants, with their leisure practices (substance use, leisure activities, leisure spaces used) reflecting their impoverished economic circumstances. Indeed, many of the young people’s leisure choices were not ‘free’ (Bennett, 2000; Miles, 2000) but bound by their disadvantages. These exclusions limited the means to participate in desirable and ‘appropriate’ practices, resulting in the participants engaging in alternative practices in available locations. My study highlights how the appropriation of public spaces is not just a benign signifier of socialisation, but represents exclusion and more

general marginalisation (see also Robinson, 2009). The use of such space was typically the result of constraint and not choice. Due to the participants' situations and disadvantages, most had few externally imposed routines to their days. In such conditions the participants' spaces of participation and assembly, and their leisure practices and social interactions, became an important and valued part of their day-to-day lives (see also O'Gorman, 2016).

The findings of my study add to the literature around recreational substance use amongst young people which tends to focus on the context of licenced venues in the night-time economy (NTE) as the primary spaces where substance use occurs (see Measham and Brain, 2005; Measham and Moore, 2009). In contrast, the young people in my sample desired participation and substance use in 'adult' spaces but were often excluded, not only by age, but also financially, culturally and geographically, and thus would create and manage their own 'nightlife' and leisure spaces at the edge of and away from official spaces, using and adopting available spaces (Chatterton and Hollands, 2003). This highlights a consequence of exclusion from the NTE, as when the NTE spaces designed for intoxication are inaccessible, other available spaces, which can be accompanied with various risks and stigmatisation, are occupied instead. While some of the participants were old enough to participate in the NTE many of these could not due to financial issues, and while some reported engagement in the NTE this could not be described as a 'full' 'big night out' that more affluent youth engage in (Pennay, 2012). It appears that disadvantaged young people are having to manage their desire for pleasure and leisure in a context of rising cost of participation in the NTE, but also one of diminishing funds (see below). The expense of participation in the NTE and the 'success' of measures regulating the NTE has forced some young people into non-commercialised and unsupervised locations (e.g., street-based use, house parties, parks). The increasing privatisation of public space (Garland, 2001) and the regulation of young people's (anti-social) practices, is resulting in young people being forced into more concealed, isolated and potentially 'riskier' spaces (Measham, 2008; Townshend and Roberts, 2013; Wilkinson, 2015). My study notes an important overarching point around the relationship between disadvantage, socioeconomic class, health and substance use practices, where disadvantaged young people are excluded from various aspects of 'desirable' consumption (i.e., specific substances and spaces) and subsequently have to participate in alternative, and potentially more harmful, practices and spaces. While supervised sites can provide protection and regulation, the spaces available for socioeconomically disadvantaged young people can

present risk and stigmatisation, seemingly due to the ‘visibility’ of such space. Thus, while such space was free to use, engagement had the potential for other forms of costs.

A prominent ‘risk’ of substance use, specifically public use, was the social and cultural stigmatisation of ‘erroneous’ use (e.g., over-intoxication, use in ‘inappropriate’ spaces). The ‘appropriate’ use of substances was mobilised as a marker of maturity, with the acquiring and displaying of knowledge and competencies around substance use practices simultaneously distancing themselves from youth and highlighting their maturity. The erroneous use of substances was often condemned as being ‘immature’ and ‘chavy’ (see also Ander et al., 2017; Adams and Raisborough, 2011). However, despite condemning certain practices (e.g., street-based substance use), many of the young people were found to engage in such practices, attempting to justify this through positioning their use as controlled, as well as noting the expense and exclusions from ‘appropriate’ and desirable spaces. Therefore, despite potential stigmatisation, such practices were often still engaged with due to financial, cultural and geographical exclusions. The participants’ available substance use locations subjected them to greater police attention due to their ‘visibility’. However, many did not express concern around the potential for criminal records due to the (perceived) impact of austerity altering police priorities resulting in a *de facto* decriminalisation of public substance use, and a decreased likelihood of being convicted. Indeed, a key finding of my study is that substance use in public spaces was not defined as risky or deterred due to potential criminal repercussions and the regulation of this space by police, but due to the potential peer stigmatisation and social consequences of ‘erroneous’ use. Interestingly the police were not conceptualised as a form of risk or safety, just as a potential ‘hassle’ (e.g., from substances being confiscated). Despite the narratives of the young people suggesting that the police were not prioritising visible substance use due to stretched police budgets and time, the legal risk of use may still be a considerable one. It was clear that the participants’ experiences and beliefs shaped their perceptions and practices, with this having potential negative consequences in respect to the implications of criminal records on their futures. My study provides data around how the leisure spaces disadvantaged young people occupy mediates risk and harms, and highlights how these spaces constitute different risks than the spaces in the NTE which have been more extensively explored (Hunt et al., 2011).

The disadvantaged young people in my study were not only ‘priced-out’ of leisure practices and spaces, but also desirable substances and substance use practices. The cost and affordability of substances appeared to shape substance use rates, practices and the forms

(types/brands) of substances used (e.g., rolling tobacco over bought cigarettes, the initial use of SCRAAs), with practices often being driven by a perceived ‘value for money’ appraisal (see also O’Gorman, 2014), and substances being used due to availability, affordability and the desire for pleasure, even in light of knowledge of the negative issues and potential harms. Affordability was a present issue in the young people’s substance use. However, it is important to note that despite the importance of price, combatting substance use should not be presumed to be as simple as altering cost. This strategy of controlling substance use through decreased affordability is built on a flawed rational actor model, which neglects individual agency, wider motivations and how young people’s practices can be shaped by a wide range of criteria, wider than a rational actor model might normally assume. Indeed, while some studies have suggested that young disadvantaged people are more price sensitive (see Amos et al., 2011; Gilmore et al., 2015; Katikireddi et al., 2017), affordability is relative, not only to financial abilities but also desirability, with the participants often continuing substance use in altered forms despite increased cost, as well as seeking cheaper products in alternative markets. Chikritzhs et al. (2009) for example noted how the price increase of ‘alcopops’, which were previously popular amongst young people, drove use towards undiluted spirits. Thus, while the UK government has introduced laws which came into effect in May 2017 around minimum packet sizes for cigarettes and rolling tobacco (The Standardised Packaging of Tobacco Products Regulations, 2015), in attempt to make smoking less financially accessible for young people, these laws may simply drive sales towards different markets. While affordability did limit substance use practices for my sample in some ways, it appears that affordability simply drove young people to alternative and potentially more harmful practices. Indeed, despite being aware of negative issues and potential harms, substances were used due to availability, affordability and the desire for pleasure. Thus, risk and harm were evaluated through filters of context and inequality. This highlights the complicated relationship around substance use, desire, context and cost.

Socioeconomically disadvantaged young people can be subject to and forced towards specific substances and practices (e.g., the cheapest substances, use in available not desirable spaces) through a lack of choice and ability. This highlights how disadvantages and substance use practices interlink in problematic ways, with disadvantage restricting abilities and the protections more affluent young people possess (e.g., the frequenting of licenced venues, the ability to buy in bulk and reduce product cost, the anonymity of online purchasing (Measham et al., 2010; van Hout and Bingham, 2013)). Thus, while more affluent individuals are able to

avoid culturally undesirable and ‘inappropriate’ substances, practices and spaces, not all young people have such abilities, with disadvantaged young people being exposed to social and cultural stigma and potential harms (e.g., criminalisation) for engaging in practices that more affluent young people can avoid. Disadvantaged conditions subject young people to potential risks, typically stigmatisation and criminalisation due to their visibility, and thus issues that inclusion and economic advantages can negate.<sup>110</sup> Thus, it appears that social exclusion can preserve and perpetuate prejudices around young people (Blackman and Rogers, 2017).

The study’s findings detailing how disadvantage can facilitate harmful outcomes, sits in the broader context of public health, sociology and social class studies literatures which highlight how socioeconomic disadvantage and locality are profoundly linked to health inequalities, social problems and wider life chances (MacDonald et al., 2005; Matthews, 2015; Rowlingson, 2011). Indeed, generally, socioeconomically disadvantaged groups have been found to have greater susceptibility and lower resilience to the harms of substance use (Hiscock et al., 2012; Katikireddi et al., 2017), with material circumstances and wider inequalities increasing vulnerability to health harms. Therefore, while some risks and harms of substance use may be more likely to be experienced by disadvantaged young people, it appears disadvantaged youth do not necessarily possess an increased perceived susceptibility. My study adds to the literature around the adverse effects of socioeconomic disadvantage by highlighting how place and locality still appear to be significant moderators of lived risk experience (see Crawshaw, 2001; Farrugia, 2014), and how disadvantage is salient in shaping young people’s leisure and cultural experiences.

### Socioeconomic Disadvantage and Substance Use

Despite there being some diversity in substance use practices and repertoires (e.g., the types, frequencies, quantities, locations and methods of use), there were more general patterns of homogeneity across the participants’ substance use practices, highlighting wider and deeper influences. While youth substance use levels have been noted to be falling and stabilising over the last decade in the UK, it has been highlighted that levels and trends vary between different localities (Public Health England, 2016a). Indeed, the young people in my study appeared to be more drug experienced than the general youth population, as well as being considerably more experienced NPS (SCRAs) and tobacco users, but they had lower levels of

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<sup>110</sup> Nevertheless, such inclusion provides access to a domain accompanied with its own risks (e.g., regular ‘binge’ drinking (Haydock, 2016)).

alcohol use. These variations appeared to be a consequence of their socioeconomic disadvantages, wider situations and exclusions from adult leisure spaces (e.g., the NTE). My study highlights disparities between local and regional substance use practices, and how these can be missed by general population surveys. This shows that substance use related harms can become concentrated in localised pockets even when use amongst young people is falling more generally.

While young people, especially disadvantaged young people, are often portrayed as risky, hedonistic and lacking discipline (Blackman and Wilson, 2014; France, 2007; Moore, 2010) and framed as engaging in negative, problematic and escape-orientated substance use in settings of anarchy where ‘anything goes’ (Moore and Miles, 2004), the concept of ‘out of control’ youth is countered in my study, as it is by much of the wider literature around young people’s substance use (see for example Hackley et al., 2008; Lindsay, 2009; Measham, 2004, 2006; Moore, 2010; Parker et al., 1998; Percy et al., 2011). The participants’ accounts highlighted a range of pleasure-associated effects (e.g., fun, hedonism, social bonding, enhancing sociability, increased confidence, lowered inhibitions, elevated mood and relaxation) associated with substance use, with these effects and motivations for use echoing those noted in previous research (for example Aldridge et al., 2011; Duff, 2008; Fuller, 2015; Hunt et al., 2007; Measham et al., 2001; Newcombe, 2009; Parker et al., 1998). However, problematically, young people are criticised not only for their pleasure seeking, but for the ‘type’ of pleasure they seek and their means of achieving this pleasure (e.g., street-based substance use), despite these being bounded by their social, cultural and structural contexts.

While locality and socioeconomic disadvantage have been noted to affect engagement with ‘risky’ practices and problematic drug and alcohol use (Davidson, 2013; Jones and Sumnall, 2016; Pampel et al., 2010; Stringhini et al., 2011; Wikstrom, 2012), my study highlights that despite living in disadvantage and possessing various ‘risk factors’, the majority of the young people did not engage in problematic or even regular drug and alcohol use. Attitudes ranging from condemning to condoning were found across the sample, as have been found amongst disadvantaged and socially excluded young people more generally (see MacDonald and Marsh, 2002, 2005; Shildrick, 2002), highlighting how growing up in disadvantaged conditions and experiencing ‘disengagement’ does not inevitably culminate in problematic substance use. My study’s findings help counter established discourses which promulgates the juxtaposition of poverty, disadvantage and substance use by highlighting how many young people in disadvantaged areas hold similar perceptions, and attempt to engage in

similar practices to the wider youth population. Further, it highlights the disjunction between young people's presumed (uncontrolled) and actual (bounded, limited) practices (see also Haydock, 2014; Percy-Smith, 2007). Indeed, the participants' disadvantages and exclusions bounded their practices in various ways. Despite the lack of problematic use noted in my study, the potential embeddedness of the health inequalities of substance use and socioeconomic status must be appreciated. The participants' 'troubled' transitions, structural positions and socioeconomic disadvantages prolongs exposure to risk, with this providing the potential conditions for problematic and harmful use patterns to develop.

#### ***7.1.4 Transitional Issues: 'Hoping to Labour'***

Social and structural changes over the past few decades have extended and elongated young people's transitional periods from youth to adulthood, increasing the time spent existing in periods of semi-dependency (Bryant and Ellard, 2015; Furlong and Cartmel, 2007). While some of the participants were experiencing relatively 'smooth' transitions from and through education to employment, many were not, with periods of progress, stalling and disengagement being frequently experienced, resulting in many young people struggling to achieve the 'typical', 'stable' and meaningful descriptors of adulthood. Such issues of social exclusion are recognised in the literature around disadvantaged young people's transitions (Fahmy, 2017; Finlay et al., 2010; MacDonald and Marsh, 2005), with these contributing to the potential of being caught in the enduring and limiting 'low pay, no pay' cycle (Shildrick et al., 2010).

While there has been a tendency to highlight individual ability (responsibility) and downplay the role of structure in youth transitions (Rudd and Evans, 1998), there appears to be general patterns in transitional abilities shaped by locality, with experiences becoming more individualised but life chances still being constrained by structural issues and economic and cultural limitations. The participants' disadvantaged situations exposed them to considerable amounts of 'risk', with this exposure occurring over an elongated period of time. The young people were required to manage a variety of issues during their transitions, despite them possessing little of the social, cultural and financial resources needed to succeed in navigating contemporary transitions (Shildrick et al., 2016). It appears that the most disadvantaged young people are those who are required to navigate the most uncertain, risky and complex transitions.

The young people's abilities and situations, such as a lack of internet access, deficits in literacy skills, lack of educational attainment, and access to necessary resources including finances for travel, prevented many from effectively seeking employment. Indeed, many did not know, or were unable, to employ holistic online job search methods, with this highlighting an issue of job searching in an increasingly online world for disadvantaged young people. The findings of my study critique the dominant narrative of much youth studies literature which suggests that most young people are technologically proficient, and have internet access and an online presence (Craft, 2012; McMillan and Morrison, 2006; Rallings, 2015), and thus adds a caveat in moves towards online processes to engage and provide solutions for young people. More generally, the participants' disadvantages and disengagement prevented many from accessing relevant support, while the continued reduction of various youth services due to funding cuts exacerbates such problems (Adfam, 2016; Beatty and Fothergill, 2013; Clayton, 2015; 2016; O'Hara, 2014; Iacobucci, 2016; Wylie, 2015). This presents a negative picture for disadvantaged and disengaged populations who require guidance and assistance, and who typically lack good educational attainment and relevant experience. It is apparent that once disengaged, young people are hard to target and engage, and as being NEET is noted to have a 'scarring' effect (Scarpetta et al. 2010; Simmons et al., 2014), as well as being linked to substance use and various mental health issues (Harris, 2013; Simmons et al., 2014), it is important to prevent prolonged engagement with being NEET.

My study's findings repudiate the simple suggestion of a ubiquitous 'culture of worklessness' in disadvantaged and deprived areas, and highlight that being NEET is not simply a chosen path but a structural problem. My study challenges erroneous neo-conservative notions of 'worklessness' which forward a perception that marginalised and socially excluded young people hold 'workless' attitudes and little motivation. My study contributes to the growing literature which challenges 'cultures of worklessness' being evident in disadvantaged youth populations (see MacDonald and Marsh, 2005; Shildrick et al., 2010, 2012a, 2012b; Simmons et al., 2014), and highlights how the young people held mainstream attitudes and opinions, high ambitions and knowledge of the social and moral value of working, as well as a strong work ethic and a desire to work. This was evident even in response to the precarious forms of un-secure work the young people were typically exposed to. However, despite the majority of the young people speaking of a desire to work, this work often had to fit specific criteria, with many holding strict ideas over what jobs they would, and more prominently,

would not do (as discussed in Chapter Six). Thus, the young people's aspirations, expectations and preferences shaped their engagement in available employment. While the main issue facing deprived young people has been noted as an inability to keep work due to its precarious and temporary nature (Shildrick et al., 2010), for many of the young people in my study finding work, or finding work with requirements that matched their educational attainment, work experience and preferences, appeared to be a more salient issue. Indeed, the young people struggled to find 'suitable' employment as they lacked the educational attainment to achieve desirable jobs, and were unwilling to take available jobs due to much available work being low-paid, 'feminised', menial and not secure. It is ironic that the governments drive to increase young people's aspirations (Spohrer, 2011) may be contributing to such employment selectivity, and consequently associations with 'workless' attitudes.

It appears that the young people in my study were less learning to labour (Willis, 1977), and more hoping to labour in a context of uncertainty. While the 'culture of worklessness' thesis is set out in a binary manner, the accounts presented in my study highlight how it cannot be applied to young people in such a dichotomised way, as the young people's situations and perceptions around work are more complicated. The participants' employment positions were influenced by a selectivity in working preferences, a lack of educational attainment and relevant experience, a lack of suitable and desirable jobs in accessible locations, a lack of knowledge, proficiency and abilities regarding searching and applying, and, an inability to seek change due to disadvantage and disengagement limiting knowledge and abilities around accessing support. Thus, it was wider forces and not simply individual issues and attitudes which contributed to their situations.<sup>111</sup> Crucially, it is important to appreciate that there are job shortages and precarious forms of employment, as well as 'selective' young people. What is clear is that young people do not need educating on the 'value' of employment, nor do they need coercing into jobs through stigmatisation and welfare cuts, they simply need 'better' jobs and in many cases help to secure employment.

Many young people are having to balance negotiating a context where there is rising inequality and rising stigma around those unemployed and those in poverty, with the discursive framing around NEET youth acting to marginalise young people (see Shildrick, 2016). There was an evident stigma and shame from the participants around being NEET,

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<sup>111</sup> Such as the general move towards internet based job searching and applying (also see Chapter Six).

with many justifying and defending their current positions, and participating in a ‘class-based othering’, using derogatory terms (e.g. ‘chav’, ‘dosser’) to describe other young people, and to position themselves more favourably through contrast. None of the participants spoke of class explicitly, but class was commonly used and implied through ‘moral euphemisms’ (see also Sayer, 2005; Skeggs, 2004, 2005), with certain individuals and groups being constructed as being unintelligent, inferior and lacking taste (see Kehily and Pattman, 2006; Lawler, 2005; Skeggs, 2004). However, this was not simply a ‘superior’ class practice as many of the young people used such moral judgments to describe individuals in similar positions to themselves. This highlights how such ideological discourses and perceptions of the inferior, poor or ‘workless’ are not simply constructions of opposing groups imposed through a top-down mechanism, but are held, felt and employed laterally by many individuals, directed at what are ostensibly people in the same economic position as themselves. People do not exist in a vacuum, they make judgements using ‘*available ways of thinking about such matters*’ (Sayer, 2005:142), thus discourses around ‘chavs’ ‘the underclass’ and ‘worklessness’ were employed due to their ubiquity. The stigmas and stereotypes associated with disadvantaged young people and their situations, often enforced by media portrayals (Blackman and Rogers, 2017) and recited by the young people (e.g., being NEET, experiencing employment searching issues, accessing ‘treatment’ services, the burgeoning stigma around SCRA), impacted upon their willingness to seek help and access services that could resolve their issues. Therefore, reducing the stigma and stereotypes associated with seeking support and treatment could help engage those at the greatest risk. However, what is vital to appreciate is that changing perceptions and encouraging engagement with such services may be a redundant aim in light of the expansive and continued cuts to frontline youth services, as increasing willingness to engage is limited if there is little to engage with.

While young people consume images and discourses of affluence and cosmopolitanism, opportunity and success (Shildrick et al., 2009), structural impediments, financial limitation and access to necessary resources make such realities intangible for many young people. However, despite their personal, economic and wider situations, many of the young people discussed their issues as surmountable barriers, and perceived ‘risk’ as being able to be managed and negated. Indeed, there was evidence of optimism, resilience and ‘aspirational identities’ from the young people with similar aspirations being found in previous research exploring disadvantaged youth in relation to their futures and achievement of their transitions (see Arnett, 2015; Riddell, 2010; Sinclair et al., 2010). This confidence around future success

resulted in a lack of concern around current situations. This interestingly mirrors the findings noted above around the participants' lack of concern around long-term and future harms of substance use, and highlights the optimistic perceptions the young people held. Growing up in disadvantaged localities does not appear to promote entirely negative and fatalistic perceptions (Kintrea et al., 2015). Nevertheless, it must be noted that such aspirations may culminate in disappointment and frustration, especially as young people with the most disadvantaged backgrounds are noted to have the most 'troubled' transitions to adulthood. Indeed, there is a need to engage young people who are currently or are becoming 'disengaged', as it appears that such young people can hold optimistic attitudes around their future abilities to find work despite their situations (e.g., skills, qualifications) not changing. This is especially important in light of the issues and stigma around disengagement inhibiting seeking help (see above). Therefore, despite the governmental drive to continually raise aspirations (Spohrer, 2011), many young people appear to already possess high aspirations which may be damaging. Encouraging aspirations without addressing the systemic inequalities and 'opportunity structures' that limit life chances (Roberts, 2009) and without providing labour market opportunities, may only culminate in disappointment, rejection and further issues, producing a context where young people are set up to fail.

### Transitions and Substance Use

The participants' 'troubled' transitions and associated issues contributed to many existing and participating in liminal periods of semi-dependency and uncertainty, with this shaping the leisure activities and substance use practices engaged in. It appeared that much of the young people's substance use was undertaken during their leisure time, often as a tool to facilitate socialisation and to help them deal with the pressures, stresses and uncertainties of their lives. Substance use was endorsed by the participants as an effective strategy for coping with perceived 'stress' (see also Krueger and Chang, 2008; Peretti-Watel et al., 2009). The continued association of substance use (specifically tobacco use, as well as cannabis) with 'stress relief', and a continued belief in the efficacy of using substances in response to 'stress' suggests that the young people's disadvantaged lives and their precarious transitions may promote use and continued use. For many young people, especially those whose lives are constrained by poverty, boredom and limited opportunities, substance use can be an exciting, pleasurable and voluntarily undertaken practice (see Lyng, 2014; Mythen, 2004; Presdee, 2000; Reith, 2005). It is important to note that substance use was not used to induce 'escapism' or relied upon as a panacea for the pressures and stresses of life, with substance

use acting as an aid to ameliorate experiences for the young people, often through facilitating socialisation, social bonding and relaxation. Nevertheless, it appears that short-term resolutions to issues (e.g., stress relief through substance use) were being prioritised over longer-term solution seeking (e.g., pursuing official assistance and guidance). This suggests that substance use may become increasingly relied upon in a context where other 'solutions' (e.g., youth services) are becoming ever more scarce. This again highlights the mechanisms by which dwindling support services interact with young people's substance use practices.

Much criminal transition and desistance research has traditionally been dominated by life-course perspectives, and how the achievement of adult descriptors (independent living, full-time employment, parenthood) and the engagement and 'investment' in such roles can function as drivers towards desistance (Laub and Sampson, 2003), with the assumption that 'youth' terminates when arbitrary transitional markers are gained. However, it is important to note that achieving the 'typical' descriptors of adulthood is becoming increasingly difficult (Borlagdan, 2015; Hardgrove et al., 2015) and that achieving such descriptors should not simply be perceived in binary terms of being 'incomplete' or 'complete'. My study suggests that alterations in substance use practices involve more than transformations in circumstances and the achievement of 'adult descriptors', with more subjective processes occurring within transitions (e.g., there being menial jobs and more fulfilling jobs which can initiate alterations in young people's practices). Thus, it appears that it is the nature not the number of transitions completed which shapes substance use practices. However, in the contemporary context of uncertain times, the young people's situations may not be providing stable foundations which initiate an incentive for change.

It is important to note that understanding youth substance use is more complex than suggesting that latent hedonism erupts in response to disadvantage, 'unstructured leisure' and free-time, and a lack of formal ties to wider society (see also Blackman, 2011). Substance use was occurring in responses to the 'stresses' of being both NEET and EET, and thus it was not simply (individualised) 'disengagement' shaping substance use, with substance use occurring amongst 'engaged' young people, albeit typically in different (typically reduced) forms. The 'value' the young people ascribed to their substance use suggests that engagement in substance use cannot simply be prevented through providing alternative and diversionary activities, or that substance use can be 'solved' through engagement in 'adult' roles and the

‘completion’ of transitions. Crucially, while these features shaped substance use practices, use was typically amended and altered to more ‘appropriate’ use.

The participants conceptualised their substance use as being phasic, episodic and a temporary youth pursuit. Situating their substance use in this way potentially contributes to their difficulties in perceiving long-term and latent harms, as many believed they would desist from use in the future. However, the substance use patterns and practices developed in youth, especially in disadvantaged cohorts, may be maintained and carried forward into adulthood (Jackson et al., 2012; Viner et al., 2012), with substance use being found to be evident and maintained, albeit often in different forms, in middle-aged and older populations (see Aldridge et al., 2011; Moxon and Waters, 2017; ONS, 2016a). The literature highlights that disadvantaged groups are more likely to smoke, have higher smoking rates and be less likely to quit (Health and Social Care Information Centre, 2015; Hiscock et al., 2012; NHS Digital, 2017). Indeed, my study notes the enduring participation of socioeconomically disadvantaged individuals engaging in smoking practices, suggesting that these young people are likely to become the smokers of the future (ASH, 2017). My study’s findings suggest that many of the young people were not conceptualising the potential of continued substance use as they age, with them acquiescing to dominant narratives of ‘growing-out of use’. This appeared to shape the participants’ perceptions of potential future harm, with their risk perceptions being relative to their current and intended future practices. It is therefore important to draw attention to this potential continuation of substance use into adulthood, and provide continued support and knowledge around harm reduction in order to combat potential long-term health issues, even if these are not anticipated at the time by young people. However, the decreasing levels of support and services following on from austerity cuts, and the young people’s beliefs in abilities to avoid potential future harms, does not provide a positive picture in terms of future health for many disadvantaged young people such as those who participated in my study.

### ‘Same Shit, Different Decade’: Continuity and Change in Young People’s Lives

My study highlights an underlying theme of continuity and change in respect to young people’s transitions, leisure practices and wider experiences, with the social and cultural changes of the late modern world being marred by the continuity of socioeconomic disadvantages which restrict capabilities. It appears that there is great continuity in the issues experienced by disadvantaged young people, but this is occurring in a context of considerable social change. Therefore, while one participant remarked that his life involved dealing with

perennial and ever-present issues, encapsulating this in the phrase ‘*same shit, different day*’ (Barry aged 18, in Chapter Six: Section 6.3.2), a more apt conceptualisation of ‘same shit, different decade’ may encapsulate the broader picture. Disadvantaged young people appear to be experiencing various issues during their elongated transitions to adulthood, with them having to negotiate financial hardship, precarious labour market conditions and troubled home lives in a context of austerity, social and economic change, and individualised responsibility. The young people’s conditions appear to be delaying and preventing many from achieving ‘stable’ descriptors of adulthood. It appears that socioeconomic disadvantage and locality can limit social mobility (Savage, 2011) and leisure activities, as well as bounding educational, employment and various social opportunities.

## 7.2 Conclusion

This section summarises the main points and contributions of my study, and concludes with suggestions around how future research and policy may develop from the study’s insights. The conceptual and methodological approach of the study is argued to have produced novel insights, and a more holistic understanding of the participants’ substance use perceptions, practices, and the meanings and motivations underpinning their substance use.

### 7.2.1 Implications of the Findings

The broad aim of this study was to explore how the participants understood, assessed and managed the risks, harms and pleasures they identified in relation to substance use. Perceptions of risk were conceptualised around the potential for experiencing harm. However, while there was an appreciation of risk, immediate, acute, tangible and visible harms as well as threats to social and cultural credibility, were more prominent than chronic and long-term harms in the young people’s assessments and evaluations of risk.<sup>112</sup> The participants’ beliefs around their abilities to control, manage and avoid harms shaped their assessments of substance related risk, with many neglecting the potential for long-term harms. The participants perceived themselves as being generally less susceptible to harms than other young people due to their abilities to control their substance use, with such beliefs shaping substance use practices, the implementation of harm reduction strategies, and the management of current and future substance use practices.

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<sup>112</sup> For Example, the ‘risk’ of exploding e-cigarettes was commonly discussed, while the potential long-term harms of tobacco smoking were not (see Chapter Four).

Perceptions of the risks, harms and pleasures of substance use were malleable and shaped by the experience and exposure to substances, social and cultural norms, and trusted substance-related knowledge. The participants were not passive recipients of knowledge, but actively engaged with different sources. The participants had access to various sources of knowledge, but typically employed the most trusted and not necessarily the most 'objectively accurate' knowledge when building their perceptions. Experience and exposure shaped how knowledge was evaluated and used. 'Expert' knowledge was not met with inherent scepticism, but was typically superseded by access to more 'valued' and trusted knowledge, typically localised and experiential knowledge. The precarious nature of the labour market and the elongation of the transitions taken to achieve traditional adulthood descriptors, produced unstable foundations for many young people, resulting in the most disadvantaged (still) having the riskiest transitions to navigate. The participants' socioeconomic disadvantages, social positions and 'troubled' transitions contributed to them having extended but constrained amounts of 'commitment-free' leisure time. These constrained yet extended free time and choices shaped their leisure practices and spaces, peer engagement and substance use practices. However, there was not an inevitable culmination in problematic or even regular substance use for the young people. Substance use was found to be a deeply embedded social practice, and an important part of youth cultural engagement which provided an accessible, pleasurable and relatively inexpensive tool of leisure.

The data presented in my study challenges established notions of substance related risks, harms and pleasures. My study contributes to ongoing debates which challenge young people's 'risk' taking as an inherently problematic and negative activity (Duff, 2008; Harrison et al, 2011; Moore, 2010), and which challenge defining young people who use substances as a 'social problem group' (Blackman and Wilson, 2014). It appears that a myopic and negative framing of 'risk' is limited in helping to understand young people's substance use perceptions and practices. The exploring of young people's perceptions and understandings around 'risk', and what they perceive to be risky as opposed to the 'presumed' and 'official' risks which have been identified by 'experts', contributes to the understanding around young people's risk and harm perceptions, and crucially risk assessments within young people's immediate social, cultural and structural contexts. This appreciation of how 'risks' and 'harms' are perceived and assessed, and how there can be divergence and disjunction between 'official' understandings and young people's actual understandings, can help explain why some young people use, try, moderate, avoid and

refrain from substance use, and why 'risky' practices for some young people are engaged with. Indeed, an important finding of my research is how substances and practices which were not perceived to be associated with 'immediate' harms were differentiated as less risky, irrespective of their potential for long-term harm. Exploring how young people perceive the risks, harms and pleasures of substance use provides greater insight into the patterns, motivations and consequences of substance use perceptions and practices. This helps elucidate understandings of risk assessments, as well as providing a better position from which to develop harm reduction support and education for young people.

My study provides important contributions to emerging bodies of knowledge regarding the experiences of socioeconomically disadvantaged youth (Kintrea et al., 2015; MacDonald and Shildrick, 2005; Shildrick, 2006) by providing insights and understandings around the substance use practices and more general transitional experiences of a typically underexplored cohort of young people. The findings contribute to the growing body of work around the issues socioeconomically disadvantaged young people are experiencing and negotiating during their transitions to 'adulthood' within a context of cuts to support services. My study highlights how socioeconomic disadvantage continues to structure experiences, including leisure and substance use practices in various ways. A crucial finding of my study is that due to their socioeconomic disadvantages many of my sample did not have instant and unrestricted access to the internet and digital technologies (e.g., smartphones). Similarly, many of my sample were found to have deficits in 'meaningful' use of the internet (e.g., ineffective job searching skills, see Chapter Six). These findings critique the dominant narrative of most young people being technologically proficient and having internet access and an online presence (Craft, 2012; McMillan and Morrison, 2006; Rallings, 2015), and highlight a nuanced appreciation of the 'digital divide' within and between disadvantaged and more advantaged youth (Cameron et al., 2011; Collin and Burns, 2009; Livingston and Helsper, 2007). My study importantly highlights how within disadvantaged localities and samples, not all young people should be assumed to have unlimited and direct access to the internet. Such findings allude to the novelty of my study and sample by noting the bounded experiences and abilities of disadvantage young people which have often been missed, even in studies looking at young people in disadvantaged localities (Batchelor et al., 2017).

A key aspect of my study is that it moves away from blaming and denigrating disadvantaged individuals, towards a greater appreciation of the bounding and limiting effect of their situations. Indeed, my study unsettles dominant and often presumed discourses which

characterise disadvantaged and disengaged young people as ‘workless’, ‘feckless’ and ‘reckless’ substance users, and which position such young people as inevitably culminating in disordered substance use; these are suggested to be potential but not deterministic associations. The consistency of my study with other research exploring divergent, typically more affluent, cohorts (for example see Measham and Moore, 2009) provides an important contribution, highlighting how youth irrespective of backgrounds hold similar attitudes (e.g., around engaging in ‘controlled’ substance use) despite undertaking different practices and engaging in different leisure spaces. Nevertheless, it is the ‘classed’ notions around these practices which propagate negative and stigmatising discourses and stereotypes around disadvantaged and disengaged young people.

My study provides a different insight than the dominant literature on youth leisure, substance use and mainstream NTE spaces by enhancing knowledge and understandings around the ‘unspectacular’ spaces in which disadvantaged and ‘excluded’ young people (have to) use substances, the influence such spaces have upon substance use practices, and the associated and perceived harms these spaces possess (Chatterton and Hollands, 2003; Ravn and Duff, 2015; Rhodes, 2002). My study adds to the literature around how different spaces engender substance use practices (Ander et al., 2017). Further, my study contributes to wider debates around substance use space and ‘visibility’, and the perceived unevenness of alcohol and drug policing, by highlighting how perceptions of policing priorities, as well as perceptions of (available) leisure space, shape risk perceptions and subsequently leisure and substance use practices. An important finding of my study is the lack of reported use of polydrug use in the sample (see Chapter Four). This contrasts the findings of much NTE youth research and general population surveys (Measham and Moore, 2009; Measham et al., 2010; Home Office, 2017), and highlights a key point regarding how not all young people are engaging in such polydrug use practices. The lack of polydrug use appears to be shaped by my samples socioeconomic disadvantages (e.g., the cost of purchasing multiple drugs), as well as how the use of certain substances and their effects were perceived as being inappropriate and undesirable in relation to their available leisure spaces (see Chapter Six). This highlights how disadvantages, exclusions (e.g., financial, leisure space) and cultural perceptions of substances interact to shape substance use practices in crucial ways.

My study adds to the youth substance use literature by highlighting how substance use perceptions and practices are relative to, and filtered through, social and cultural norms (Duff, 2008; Farrugia, 2014; Hunt et al., 2007; Lupton and Tulloch, 2002), as well as how substance

use perceptions and practices are reflected, reproduced and reinforced by wider structural forces. My study highlights how perceptions of the risks, harms and pleasures of substance use are built and employed by young people, with this contributing to the understandings around how young people assess, value and utilise different forms of, ‘expert’ and ‘lay’ knowledge within a local but globalised news context. This can help us understand why some young people engage with, utilise, ignore or ‘disobey’ different forms of knowledge and advice, depending upon how such knowledge is valued. Importantly, the findings of my study question the approach which underpins much government policy and which assumes that young people will change their behaviour if presented with ‘official’ (‘expert’) knowledge, highlighting instead that various sources of knowledge can be perceived as ‘expertise’ and that practices can be shaped by various forces. The young people in my sample cannot be said to be irrational due to not adhering to official advice. Indeed, the young people should be seen as rational actors who used their agency to access, assess and value knowledge in more nuanced ways than is typically appreciated in official perspectives. The young people’s experiences, available knowledge’s and access to social and cultural norms shaped how they assessed, weighted and used different criteria, with this shaping their risk, harm and pleasure assessments and their substance use practices.

My study contributes to the growing data around NPS use, practices, perceptions and motivations by providing initial insights into how young people, specifically socioeconomically disadvantaged youth and those excluded from the NTE, perceive and engage with NPS products. My findings extend knowledge and contribute to a growing body of literature around the perceived stigmatisation of SCRAAs and their adverse effects (see Bilgri, 2016; Blackman and Bradley, 2017; Castellanos et al., 2011; Ralphs et al., 2017; Zimmermann et al., 2009), and highlights how this stigmatisation is socially constructed and disseminated, and how this can relatively quickly shape perceptions and use practices. An important finding of my study is that perceptions of risk and harm around substances were more consistent with localised social norms than legal status. Indeed, despite NPS being ‘legal’ during the data collection period the young people did not automatically perceive them as being ‘safe’, with this being an official concern (Home Office, 2014).<sup>113</sup> SCRAAs use practices were related more to associated social and cultural stigma, and the perceived harms, dangers and effects associated with use (e.g., addiction, physical harms, see Chapter Four)

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<sup>113</sup> My data was collected between April 2015 and January 2016, before the implementation of the Psychoactive Substances Act (PSA) 2016 in May 2016 (see Footnote 9).

than the legal status of NPS. For my sample, prohibition and impending legal status had little effect in shaping SCRA use practices as the participants had essentially made up their own minds against SCRA use, using their experience and exposure, and localised social and cultural norms, values and perceptions to do so. Crucially the young people did not need the criteria of illegality to infer harm and danger, they developed these perceptions themselves. This finding, as well as others throughout the thesis, undermines popular and policy discourses which tend to frame young people as naïve and immature in their understandings of substances. This adds to and supports the youth drug literature by highlighting that young people have a level of competence in the evaluation of substance related risks and harms, and thus are not ignorant and uneducated in their practices.

My study has highlighted the changing and changeable nature of local substance use practices, and the varied influences upon substance use perceptions and practices, as well as the change and continuity in issues affecting disadvantaged young people in contemporary society as they negotiate their transitions to adulthood. What is clear is that substance use practices do not exist in isolation of social, economic and structural contexts. Indeed, an extremely important theme running throughout this thesis is that of the enduring relationships between socioeconomic disadvantage, health inequalities and young people's substance use.

### ***7.2.2 Potential Future Research Trajectories***

Future research should continue to collect data from localised contexts, and explore young people's personal perspectives and subjective notions of risks, harms and pleasures of substance use in order to further understand the motivations and meanings of substance use practices. Further research is needed to enhance and gain a more complete understanding of the substance use practices of disadvantaged, hidden and hard-to-reach populations within 'unspectacular' locations and leisure spaces. There is for example, little research on young people's substance use in domestic spaces (e.g., house parties). These points are particularly salient, specifically in relation to developing education and harm reduction strategies which address and respond to localised issues and needs, and which incorporate local service funding, provisions and scope. Also, reflecting upon the lack of female participation in my study and the evident gender divisions in substance use perceptions, practices and experiences noted from the participants' accounts, further exploration into gender, class and substance use in localised contexts would be beneficial.

While several participants spoke of altering and desisting from substance use in the future, such suggestions were unable to be explored. However, the wider literature suggests that substance use can continue for some young people into adulthood. Therefore, longitudinal research would be beneficial to explore the roles that extended and precarious transitions to adulthood are having upon substance use perceptions and practices, as well as exploring the junctures at which individuals perceive a need for behavioural change. It also appears important to explore the longitudinal implications of the social and cultural accommodation and stigma upon substance use perceptions and practices, as these were noted to shape the use of SCRA and e-cigarettes for the participants in this study. Future research must continue to explore varied cohorts of young people's perspectives and explore why they start, continue, alter and stop using substances, in order to develop effective interventions and support.

### *7.2.3 Suggestions for Policy and Practice*

The general UK policy response to young people's substance use has consisted of a prevention based approach with some inclusion of harm reduction strategies. Public health policy and governmental discourse tends to be problem-orientated, abstinence-based and focused on the harms and risks of substance use (HM Government, 2017; Moore, 2008), with this focus neglecting an appreciation of why many people use substances (Moore and Measham, 2012a). It is clear that pleasure is a significant motivating factor in substance use. However, when pleasure is acknowledged in official discourse it is typically discussed around the 'sensible' use of socially sanctioned substances, and in terms of functionalist effects (e.g., increased confidence, staying awake) with little acknowledgment of the implicit and social pleasures experienced and discussed by young people. Acknowledging 'pleasure' in official discourse will not signal a condoning of use, but could facilitate a more appropriate response to substance use. The problem orientated focus of much policy around the 'risks' and long-term implications of substance use does not appear to resonate with young people's perceptions regarding their potential for harm. This disjunction between official perspectives and the conceptualisations and experiences of young people (e.g., that some 'risks' can be pleasurable) may explain why health-based messages can have little effect on practices, and highlights the need for greater resonance between official perspectives and 'lay' experience.

The flawed presumption that individuals rely upon 'official' knowledge to minimise their exposure to harm has resulted in drug policy aiming to provide 'uninformed' individuals with the 'correct' knowledge (e.g., the 'risks') around substance use in order for them to make 'appropriate' decisions. In light of the importance of social and structural factors in shaping

substance use and the social determinants of health, it is remarkable that much public health and harm reduction discourse is still orientated around individual responsibility, choice management and ‘educating’ (changing) individual practices and perceptions, especially when these prevention approaches appear to have limited success (Baum and Fisher, 2014; Cohn, 2014; Hutton, 2012; Szmigin et al., 2011). While ‘expert’ knowledge is ubiquitous, and was apparently used by the participants, such knowledge was often superseded by knowledge from a more trusted or credible source. As the participants’ accounts highlight there was not an inherent distrust of expert knowledge, thus it appears that ‘official’ sources and public health messages could become trusted and utilised knowledge sources if such knowledge was presented in a more balanced and ‘objective’ way, and if they appreciated and resonated with young people’s perceptions and experiences. It appears prudent to utilise the perspectives of young people to develop effective responses (Farrugia and Fraser, 2016; Hunt et al., 2007). A clear concern of substance use was the threat and potential damage to reputation (e.g., social stigma), as well as physical health impacts (e.g., visible effects). Thus, these may provide a complimentary, but not total, direction for harm reduction interventions. Incorporating young people’s views (e.g., assumptions around the ability to avoid issues, the lack of enduring harm in the absence of ‘noticeable’ effects) into the development of policy and practice could develop better informed and more relevant and credible harm-reduction strategies. However, much policy eschews the value systems of young people, and the meanings and motivations of their substance use, rejecting instead of understanding (Hackley et al., 2013; Haydock, 2016), and forwarding ‘science’ (or political and moral standpoints) over what shapes subjective experience. Little progress can be achieved until such gaps are bridged.

While incorporating such suggestions would be beneficial, it is important to appreciate the broader picture. Issues must not be viewed in isolation but tackled as part of a comprehensive strategy to address wider inequalities (Stead et al., 2009). Strategies to reduce socioeconomic disadvantage, health inequalities and targeted interventions to address structural factors are required, as substance use practices are unlikely to significantly change without concurrent and substantial improvements in employment, education and housing. However, the expansive funding cuts to various support services currently being experienced produces a negative picture for such holistic strategies. Nevertheless, what is clear is that the meanings and motivations of substance use, the perceptions and assessments of risks, harms and pleasures, and the wider contexts of individuals’ lives must be appreciated when developing

harm reduction and public health approaches, as it is not only the drug but the disadvantage which underpins many issues.

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## Appendices

### Appendix One: Information Sheets and Consent Forms

#### Attachment 1 - YOT Parent/Guardian Information/Consent Sheet



[Date of mailing]

Dear Parent/Guardian,

My name is Nicholas Woodrow and I am a PhD researcher based at Lancaster University. I am undertaking research on the attitudes, views and thoughts of young people around drug/tobacco/alcohol use, with an aim of improving young people's education and service experience. I would like to ask your son/daughter if they would like to take part in this study.

The [The Town] Youth Offending Team (YOT) is partnering this project and has provided me access to contact you and your son/daughter, but the YOT will not have direct access to the information that your son/daughter provides. The information that your son/daughter provides will remain private.

The attached sheet gives more information about the research.

If you are happy for me to ask your son/daughter if they would like to take part, you do not need to do anything.

If you do NOT want your son/daughter to take part, please contact Nicholas Woodrow as soon as possible, before [add date - two weeks after mailing].

If you have any questions please contact me by phone (work phone number: 07927 602076) or e-mail me at [n.woodrow@lancaster.ac.uk](mailto:n.woodrow@lancaster.ac.uk).

Yours sincerely,

Nicholas Woodrow  
PhD Researcher

**Project on young people's tobacco, alcohol, drug and novel psychoactive substance (NPS) use in a South-Yorkshire town**

What is the research and survey/interview about?

The aim of this research is to explore the thoughts and ideas of young people, looking at attitudes towards tobacco/drug/alcohol use. There are no right or wrong answers; I want to hear about your son/daughter's views, opinions and attitudes. The research will be used to improve and develop approaches for promoting young people's health, education and service experience, so your son/daughter has the opportunity to make a positive future impact in such services.

What will your son/daughter be asked to do?

Data collection will take place at the YOT office. Your son/daughter will be asked to complete a short survey (5 minutes), and will be invited to take part in a digitally recorded interview (30-60 minutes). For taking part in the interview your son/daughter will receive a £5 gift voucher.

Will anyone find out what they say?

The data will only be heard and read by me. Your son/daughter will not be named or identified. The data they provide will be private, and kept confidential and anonymous. However, there are limits to confidentiality. I have a duty of care regarding the health, safety and wellbeing of your son/daughter, and there may be situations where I have to pass on some information which they have spoken about. I will not tell anyone what is spoken about, unless an extremely serious or child protection issue is raised. The data will be encrypted and will be securely stored in accordance with the terms of the Data Protection Act (1998). After completion of the project the data will be securely and electronically stored in the UK Data Archive, and at Lancaster University; the data will be fully anonymised before being stored.

Do they have to take part?

Your son/daughter has the choice to take part in one, both, or no aspects of the research. If after taking part, yourself or your son/daughter changes their mind and decides to withdraw the provided data, this can be done by contacting me up to two weeks after the data was collected and quoting a personal survey/interview number which will be available on a take home consent form. The data will be then withdrawn and destroyed.

If you are happy for your son/daughter to take part you do not have to do anything. If you do NOT want your son/daughter to take part in this study, please fill in and return the form below using the enclosed envelope (it does not need a stamp).

If you have any questions please contact Nicholas Woodrow (Work Tel: 07927 602076, email: [n.woodrow@lancaster.ac.uk](mailto:n.woodrow@lancaster.ac.uk)).

Thank you,

Nicholas Woodrow.

-----  
I do not want my son/daughter to take part in this study.

Name of son/daughter: \_\_\_\_\_

Your name: \_\_\_\_\_ Your signature: \_\_\_\_\_

**Project on young people's tobacco, alcohol, drug and novel psychoactive substance (NPS) use in a South-Yorkshire town**

What are you being asked to do?

I would like you to fill out a short survey at the YOT. The survey should only take about 5 minutes to complete and nearly all the questions just need you to tick a box.

What is the research and survey about?

The aim of this research is to explore the thoughts of young people, looking at attitudes towards tobacco/drug/alcohol use. There will be questions about you and your opinions. There are no right or wrong answers. The research will be used to improve and develop ways for promoting young people's health.

Who is undertaking the survey?

My name is Nicholas Woodrow and I'm a PhD researcher at Lancaster University.

Do I have to take part?

Taking part in the survey is voluntary. If you do not want to answer a particular question, that is fine. You do not have to take part if you do not want to, and you can stop at any time without giving any reason. Also, if you later decide to withdraw your data, (you can do this by contacting me and quoting your survey number) you must contact me by [add date - two weeks after data collection] to do this.

Will anyone find out what I say?

All the answers you give will be private and securely kept by me. The YOT or your parents will not have direct access to the information you give as you are protected by confidentiality. You will not be named or otherwise identified at any point. The data will be encrypted and will be securely stored in accordance with the terms of the Data Protection Act (1998). After completion of the project the data will be securely and electronically stored in the UK Data Archive, and at Lancaster University; the data will be fully anonymised before being stored.

I really appreciate your help with this. If you have any questions about my research, or would like to see a copy of the findings, please ask or contact me. My phone number and email address are at the bottom of the page.

Thank you again for your time. I look forward to finding out about your thoughts.

[date]

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**Project on young people’s tobacco, alcohol, drug and novel psychoactive substance (NPS) use in a South-Yorkshire town**

	<u>Yes</u>	<u>No</u>
I have been fully informed of the nature and aims of this research and consent in taking part.		
I have had the opportunity to ask questions about this study.		
I understand that I have the right to not answer any of the questions asked, and that I have the right to withdraw my survey before <u>[add date]</u> without giving any reason.		
I understand that the data will be kept in secure conditions, and no other person will have access to the data.		
I agree for the data I provide to be stored at the UK Data Archive and at Lancaster University after the project.		
I have been informed that all data will be treated as strictly confidential and handled in accordance with the Data Protection Act 1998, and that no information that could lead to me being identified will be included in any report or publication resulting from this research.		

If ALL your answers are YES please sign your name below:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Researcher: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Project on young people's tobacco, alcohol, drug and novel psychoactive substance (NPS) use in a South-Yorkshire town**

You are being invited to take part in my research study. Before you decide to take part it is important to you to understand why this study is being carried out. Please take time to read this before making any decision. Please ask if there is anything that concerns you or is not clear to you.

What are you being asked to do?

You are invited to take part in an interview having a discussion with me for about 30 minutes/1 hour about your thoughts, ideas, and attitudes. The research project will take place at the YOT. You will receive a £5 gift voucher for taking part in the interview.

What is the research and interview about?

The aim of this research is to explore the thoughts of young people, looking at attitudes towards tobacco/drug/alcohol use. There will be questions about you and your opinions. There are no right or wrong answers. The research will be used to improve and develop ways for promoting young people's health.

Who is undertaking the interview?

My name is Nicholas Woodrow and I am a PhD researcher at Lancaster University.

Do I have to take part?

Taking part in the interview is voluntary. If you do not want to answer a particular question, that is fine. You do not have to take part if you do not want to and you can stop at any time without giving a reason. Also, if you decide to withdraw your consent later on, (you can do this by contacting me and quoting your interview number) you must contact me by [add date - two weeks after data collection] to do this.

Will anyone find out what I say?

All the answers you give will be confidential and kept securely by me. The YOT or your parents will not have direct access to what you say as you are protected by confidentiality. You will not be named or otherwise identified at any point. However, there are limits to your confidentiality. I have a duty of care regarding your health, safety and wellbeing, and there may be situations where I have to pass on some information which you have spoken about. I will not tell anyone what we speak about, unless an extremely serious or child protection issue is raised, or something suggests there may be a clear risk of significant harm to yourself or other people. Then I may have to pass such information on to a

relevant authority. If such an issue arises we will talk about what we can do to deal with the issue, and what will happen next.

The Interview will be recorded by a digital recording device. This is just so I do not have to write notes while we are talking. I will be the only person with access to the recording and the content of discussion will be kept confidential. Your identity will be protected by using a pseudonym (e.g. person 1) and there will be no way of tracing your response to you. The data will be encrypted and will be securely stored in accordance with the terms of the Data Protection Act (1998). After completion of the project the data will be securely and electronically stored in the UK Data Archive, and at Lancaster University; the data will be fully anonymised before being stored.

If you would like to see a copy of the findings from my research, please contact me and I will be happy to share them with you.

I really appreciate your help with this. If you have any questions about my research please ask or contact me. I look forward to finding out about your thoughts.

Thank you very much for your time.

Nick Woodrow  
PhD Researcher  
Lancaster University  
Lancaster  
LA1 4YN

Email: [n.woodrow@lancaster.ac.uk](mailto:n.woodrow@lancaster.ac.uk)  
Work phone number: 07927 602076

Supervisors contact information:

Dr Anne Cronin Faculty of Arts and Social Science Lancaster University Lancaster LA1 4YN  Email: <a href="mailto:a.cronin@lancaster.ac.uk">a.cronin@lancaster.ac.uk</a>	Dr Karenza Moore Faculty of Arts and Social Science Lancaster University Lancaster LA1 4YN  Email: <a href="mailto:karenza.moore@lancaster.ac.uk">karenza.moore@lancaster.ac.uk</a>
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**Project on young people’s tobacco, alcohol, drug and novel psychoactive substance (NPS) use in a South-Yorkshire town**

Researcher: Nicholas Woodrow

	Yes	No
I have been fully informed of the nature and aims of this research and consent in taking part.		
I have had the opportunity to ask questions about this study.		
I understand that I have the right to not answer any of the questions asked, and that I can withdraw my consent up until [add date] by contacting Nicholas Woodrow and quoting my interview number.		
I give my permission for my interview to be digitally recorded.		
I give my permission to be quoted (by use of pseudonym).		
I understand how the recording will be stored and that the recording will be securely held.		
I agree for the data I provide to be stored at the UK Data Archive and at Lancaster University after the project.		
I understand that no other person will have access to the recording.		
I understand that my identity will be protected by the use of pseudonym in the research report, and that no information that could lead to me being identified will be included in any report or publication resulting from this research.		
I have been informed that all data will be treated as strictly confidential and handled in accordance with the Data Protection Act 1998.		
I have been informed of my rights as a participant, and of the limitations of confidentiality.		

If ALL your answers are YES please sign your name below:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Researcher: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Project on young people's tobacco, alcohol, drug and novel psychoactive substance (NPS) use in a South-Yorkshire town**

What are you being asked to do?

You are invited to take part in a short survey. The survey should only take about 5 minutes to complete and nearly all the questions just need you to tick a box.

What is the research and survey about?

The aim of this research is to explore the thoughts of young people, looking at attitudes towards tobacco/drug/alcohol use. There will be questions about you and your opinions. There are no right or wrong answers. The research will be used to improve and develop ways for promoting young people's health.

Who is undertaking the survey?

My name is Nicholas Woodrow and I'm a PhD researcher at Lancaster University.

Do I have to take part?

Taking part is voluntary. If you do not want to answer a particular question, that is fine. You do not have to take part if you do not want to, and you can stop at any time without giving any reason. Your consent will be assumed by voluntary completion of the survey. To guarantee your anonymity no identifying marks will be ascribed to the survey; therefore you will be unable to withdraw your data after participation, however, this will allow your identity to be fully protected, allowing you to remain anonymous.

Will anyone find out what I say?

All the answers you give will be confidential and kept securely by me. There will be no way to trace your answers back to you. You will not be named or otherwise identified at any point. The data will be encrypted and will be securely stored in accordance with the terms of the Data Protection Act (1998). After completion of the project the data will be securely and electronically stored in the UK Data Archive, and at Lancaster University; the data will be fully anonymised before being stored.

I really appreciate your help with this. If you have any questions about my research, or would like to see a copy of the findings, please contact me.

Thank you for your time. I look forward to finding out about your thoughts.

[add date]

Nick Woodrow

PhD Researcher  
Lancaster University  
Lancaster  
LA1 4YW

Email: [n.woodrow@lancaster.ac.uk](mailto:n.woodrow@lancaster.ac.uk)

Work phone number: 07927 602076

Supervisors contact information:

Dr Anne Cronin Faculty of Arts and Social Science Lancaster University Lancaster LA1 4YN  Email: <a href="mailto:a.cronin@lancaster.ac.uk">a.cronin@lancaster.ac.uk</a>	Dr Karenza Moore Faculty of Arts and Social Science Lancaster University Lancaster LA1 4YN  Email: <a href="mailto:karenza.moore@lancaster.ac.uk">karenza.moore@lancaster.ac.uk</a>
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What are you being asked to do?

You are invited to take part in an interview having a discussion with me for about 30 minutes/1 hour about your thoughts, ideas, attitudes and behaviours. You will receive a £5 gift voucher for taking part in the interview.

What is the research and interview about?

The aim of this research is to explore the thoughts of young people, looking at attitudes towards tobacco/drug/alcohol use. There will be questions about you and your opinions. There are no right or wrong answers. I want to hear about your thoughts and opinions. The research will be used to improve and develop ways for promoting young people's health.

Who is undertaking the Interview?

My name is Nicholas Woodrow and I am a PhD researcher at Lancaster University.

Do I have to take part?

Taking part in the interview is voluntary. If you do not want to answer a particular question, that is fine. You do not have to take part if you do not want to and you can stop at any time without giving a reason. Also, if you decide to withdraw your consent later on, (you can do this by contacting me and quoting your interview number) you must contact me by [add date- two weeks after data collection] to do this.

Will anyone find out what I say?

All the answers you give will be confidential and kept securely by me. The YOT or your parents will not have direct access to what you say as you are protected by confidentiality. You will not be named or otherwise identified at any point. However, there are limits to your confidentiality. I have a duty of care regarding your health, safety and wellbeing, and there maybe situations where I have to pass on some information which you have spoken about. I will not tell anyone what we speak about, unless an extremely serious or child protection issue is raised, or something suggests there may be a clear risk of significant harm to yourself or other people. Then I may have to pass such information on to a

relevant authority. If such an issue arises we will talk about what we can do to deal with the issue, and what will happen next.

The Interview will be recorded by a digital recording device. This is just so I do not have to write notes while we are talking. I will be the only person with access to the recording and the content of discussion will be kept confidential. Your identity will be protected by using a pseudonym (e.g. person 1) and there will be no way of tracing your response to you. The data will be encrypted and will be securely stored in accordance with the terms of the Data Protection Act (1998). After completion of the project the data will be securely and electronically stored in the UK Data Archive, and at Lancaster University; the data will be fully anonymised before being stored.

If you would like to see a copy of the findings from my research, please ask or contact me and I will be happy to share them with you.

I really appreciate your help with this. If you have any questions about my research please contact me. I look forward to finding out about your thoughts.

Thank you very much for your time.

Nick Woodrow  
PhD Researcher  
Lancaster University  
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LA1 4YW

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Dr Anne Cronin Faculty of Arts and Social Science Lancaster University Lancaster LA1 4YN Email: <a href="mailto:a.cronin@lancaster.ac.uk">a.cronin@lancaster.ac.uk</a>	Dr Karenza Moore Faculty of Arts and Social Science Lancaster University Lancaster LA1 4YN Email: <a href="mailto:karenza.moore@lancaster.ac.uk">karenza.moore@lancaster.ac.uk</a>
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**Project on young people’s tobacco, alcohol, drug and novel psychoactive substance (NPS) use in a South-Yorkshire town**

Researcher: Nicholas Woodrow

	Yes	No
I have been fully informed of the nature and aims of this research and consent in taking part.		
I have had the opportunity to ask questions about this study.		
I understand that I have the right to not answer any of the questions asked, and that I can withdraw my consent up until [add date] by contacting Nicholas Woodrow and quoting my interview number.		
I give my permission for my interview to be digitally recorded.		
I give my permission to be quoted (by use of pseudonym).		
I understand how the recording will be stored and that the recording will be securely held.		
I agree for the data I provide to be stored at the UK Data Archive and at Lancaster University after the project.		
I understand that no other person will have access to the recording.		
I understand that my identity will be protected by the use of pseudonym in the research report and that no information that could lead to me being identified will be included in any report or publication resulting from this research.		
I have been informed that all data will be treated as strictly confidential and handled in accordance with the Data Protection Act 1998.		
I have been informed of my rights as a participant, and of the limitations of confidentiality.		

If ALL your answers are YES please sign your name below:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Researcher: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix Two: Outreach Survey Schedule

1. Sex - (1)Male  (2)Female
2. Ethnicity - (1)White  (2)Black  (3)Asian  (4)Mixed Race  (5)Other  \_\_\_\_\_
3. Age (group) - (1)14-15  (2) 16-17  (3)18-19  (4)20-22  (5)23-25
4. Where do you live? Not the address, just the village or town: \_\_\_\_\_
5. Occupation:

(1) School (Which? - ((9)full/(10)partial timetable/ (11)excluded/(12)PRU)	<input type="checkbox"/>	(2)Sixth Form/College	<input type="checkbox"/>
(3)Employed full time	<input type="checkbox"/>	(4)Employed Part time /Zero-hours contract	<input type="checkbox"/>
(5)Job Training scheme	<input type="checkbox"/>	(6)Unemployed/looking for a job	<input type="checkbox"/>
(7)Looking after child/family fulltime	<input type="checkbox"/>	(8)Other: _____	<input type="checkbox"/>

6. Have you ever been expelled OR excluded from school?

(1)Yes  (2) No  --- If YES, what age(s): \_\_\_\_\_

7. Do you smoke - (1)Yes; daily  (2)Yes; non-daily  (3)No  (4)Vape/E-cigarette

(1)1-5 a day <input type="checkbox"/>	(2)6-10 a day <input type="checkbox"/>	(3)11-15 a day <input type="checkbox"/>	(4)16-20 a day <input type="checkbox"/>	(5)21+ a day <input type="checkbox"/>
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If YES, what age did you first try smoking: \_\_\_\_\_

8. Do you drink alcohol - (1)Yes  (2)No; have stopped drinking  (3)No: never tried

If YES, what age did you first try drinking: \_\_\_\_\_

[If no, please move to question. 10.]

If Yes, how often do you usual drink alcohol:

(1)Every day <input type="checkbox"/>	(2)A few times a week <input type="checkbox"/>	(3)Once a week <input type="checkbox"/>	(4)A few times a month <input type="checkbox"/>	(5)Other: _____ <input type="checkbox"/>
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If YES, what age did you first try drinking: \_\_\_\_\_

9. How much do you drink in a typical session? (Number of **B**ottles/**P**ints/**G**lasses)

	<b>B</b>	<b>P</b>	<b>G</b>		<b>B</b>	<b>P</b>	<b>G</b>
Beer/Larger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcopops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spirits/Shots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Where do you normally use alcohol?

(1) At home <input type="checkbox"/>	(2) Pubs/bars/clubs <input type="checkbox"/>	(3) Places you hang out ((5) park/(6) streets/(7) town centre): _____ <input type="checkbox"/>	(4) Other: _____ <input type="checkbox"/>
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11. Do you use, or, have you ever tried a drug? (1) Yes  (2) No

If YES, what age did you first try a drug: \_\_\_\_\_

12. Do you use, or have you ever tried a legal high? (1) Yes  (2) No

If YES, what age did you first try a legal high: \_\_\_\_\_

[If you have never tried drugs or legal highs please move to question. 21.]

13. In the same session have/do you ever combine?

(1) Alcohol and drugs <input type="checkbox"/>	(2) Alcohol and legal highs <input type="checkbox"/>	(3) Drugs and/or legal highs <input type="checkbox"/>	(4) No <input type="checkbox"/>
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14. Please complete the following table:

	(1) Never had	(2) Had	(1) Had in Last Year	(2) Had in Last month	(3) Had in last week	(4) Had today	Planning on using later 1(yes) 2(no)
Cannabis							
Skunk							
Cocaine							
Ecstasy							
MDMA powder/crystal							
Ketamine							
Speed							
GHB/GBL							
Semeron							
Heroin							
Benzodiazepines							
Mephedrone							
Steroids							
Legal High cannabis							
Legal High stimulant							
Legal High psychedelics							
Other: _____							

Names of legal highs that you use: \_\_\_\_\_

15. Where do you normally get your drugs/legal highs from?

	(1)Friends	(2)Dealer	(3)Internet	(4)Head Shops	(5)Other:
<u>Drug</u>	<input type="checkbox"/>				
<u>Legal High</u>	<input type="checkbox"/>				

16. Where do you normally use drugs/legal highs?

	(1)At home	(2)Pubs/bars/clubs	(3)Places you hang out ((5)park/(6)streets/(7)town centre):	(4)Other: _____
<u>Drug</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Legal High</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. How often do you use drugs/legal highs?

	(1)Everyday	(2)A few times a week	(3)Once a week	(4)A few times a month	(5)Other: _____
<u>Drug</u>	<input type="checkbox"/>				
<u>Legal High</u>	<input type="checkbox"/>				

18. Reasons for using drugs/legal highs:

	(1)Makes you relaxed	(2)Makes you sociable/friendly	(3)Allows you to escape from problems	(4)Changes your mood	(5)Makes you energetic	(6)Other:
<u>Drug</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Legal high</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. [If applicable] Reasons for using legal highs over illegal drugs

(1)Other illegal drugs not available	<input type="checkbox"/>	(2)Safer than illegal drugs	<input type="checkbox"/>	(3)Better quality than illegal drugs	<input type="checkbox"/>
(4)They are legal to buy	<input type="checkbox"/>	(5)Cheaper than illegal drugs	<input type="checkbox"/>	(6)Other: _____	<input type="checkbox"/>

20. [If applicable] If legal highs became illegal would you

(1)Continue to use them	<input type="checkbox"/>	(2)Stop using them	<input type="checkbox"/>	(3)Use established drugs	<input type="checkbox"/>
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21. Would you know where to go for help/information around substance misuse and treatment?

(1)Yes  (2)No

22. Have you ever had any formal contact with a treatment OR substance misuse service?

(1) Yes  (2) No

23. Have you ever through that you needed help from a treatment OR substance misuse service?

(1) Yes  (2) No

24. What would prevent you from accessing a treatment OR substance misuse service?

(1) Don't know how to access (location/method)	<input type="checkbox"/>	(2) My substance use isn't that bad (not addicted)	<input type="checkbox"/>	(3) I don't want to be associated with places like that	<input type="checkbox"/>	(4) Other: _____	<input type="checkbox"/>
--	--------------------------	--	--------------------------	---	--------------------------	------------------	--------------------------

25. Where have you collected most of your information about tobacco/alcohol/drugs/legal high from?

	(1) School/ Education	<input type="checkbox"/>	(2) Friends	<input type="checkbox"/>	(3) Personal experience	<input type="checkbox"/>	(4) Internet	<input type="checkbox"/>	(5) Other: _____	<input type="checkbox"/>
<u>Alcohol</u>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<u>Tobacco</u>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<u>Drug</u>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<u>Legal High</u>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

26. Have you ever been in trouble with the police in relation to?

(1) Alcohol <input type="checkbox"/>	(2) Drugs <input type="checkbox"/>	(3) Legal highs <input type="checkbox"/>
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27. Reasons for **not** using tobacco/alcohol/drugs/legal high (if applicable)

	(1) Cost	<input type="checkbox"/>	(2) Risk of damage to health	<input type="checkbox"/>	(3) Illegal	<input type="checkbox"/>	(4) Bad past experience	<input type="checkbox"/>	(5) Risk of becoming addicted	<input type="checkbox"/>	(6) Other: _____	<input type="checkbox"/>
<u>Alcohol</u>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<u>Tobacco</u>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<u>Drug</u>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<u>Legal High</u>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

### Appendix Three: Interview Schedule

<ul style="list-style-type: none"> <li>• Do you agree to take part? - Have you got any questions before we start?</li> <li>• How old are you?</li> <li>• Who do you live at the moment? What do your parents/guardians do?</li> <li>• What area do you live in? How would you describe your area? What is it like living in your area? Is there much to do?</li> <li>• What do you normally do... after school/work... through the week ... at the weekends? What do you normally do in your free/leisure time?</li> <li>• Can you tell me a bit about your friends? - What ages? - Boys or girls? - How long have you been friends? - Why do you think you are friends? -- What 'spaces' do you normally hang out in? What do you normally do together?</li> <li>• What activities do you engage in which might be considered risky? At school/work/leisure time? - with your friends?</li> </ul>
--

#### **Tobacco** - Have you ever tried smoking?

<b><u>Tried</u></b>	<b><u>Abstainers</u></b>
<ul style="list-style-type: none"> <li>• Do you smoke now (bought/self-rolled)? How often?</li> <li>• What are the reasons you tried smoking? Why do you smoke now?</li> <li>• Do your friends smoke?</li> <li>• What do you think about young people smoking? Why do they do it? Is smoking a good or bad thing?</li> </ul>	<ul style="list-style-type: none"> <li>• Do your friends smoke?</li> <li>• What are the reasons you haven't tried smoking?</li> <li>• What do you think about young people smoking? Why do they do it? Is smoking a good or bad thing?</li> </ul>

#### **Vaping/E-cigarette** - Have you ever tried Vaping/an e-cig?

<b><u>Tried</u></b>	<b><u>Abstainers</u></b>
<ul style="list-style-type: none"> <li>• Do you use an e-cigarette now? Do you also smoke?</li> <li>• Why do you use an e-cigarette?</li> <li>• Is it safer than smoking?</li> </ul>	<ul style="list-style-type: none"> <li>• Do your friends use an e-cigarette?</li> <li>• What are the reasons you haven't tried an e-cigarette?</li> </ul>

<ul style="list-style-type: none"> <li>• What do you think about young people using e-cigarettes? Why do they do it?</li> </ul>	<ul style="list-style-type: none"> <li>• What do you think about young people using e-cigarettes? Why do they do it? Is it safer than smoking?</li> </ul>
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**Alcohol** - Have you ever drunk alcohol?

<b><u>Tried</u></b>	<b><u>Abstainers</u></b>
<ul style="list-style-type: none"> <li>• Why did you decide to try alcohol? Why do you drink it now?</li> <li>• When do you normally drink? How often? Where do you drink? Who with?</li> <li>• What do you normally do while you're drinking?</li> <li>• Where do you get your alcohol from?</li> <li>• How would you define being 'drunk'? Have you ever been drunk?</li> <li>• What do you think about young people drinking? Why do they do it? Is drinking a good or bad thing?</li> </ul>	<ul style="list-style-type: none"> <li>• Do your friends drink alcohol? In what contexts?</li> <li>• How would you define being 'drunk'?</li> <li>• What are the reasons you haven't started or tried drinking?</li> <li>• What do you think about young people drinking? Why do they do it? Is drinking a good or bad thing?</li> </ul>

**Illegal drug - Novel Psychoactive Substance (NPS)**

Have you ever tried an illegal drug/NPS?

<ul style="list-style-type: none"> <li>• What illegal drug/NPS/s have you tried?</li> </ul>	
<p><b><u>First time use</u></b></p> <ul style="list-style-type: none"> <li>• Can you tell me about the first time you used a drug/NPS? (Age - setting - who with - planned use)</li> <li>• What would you say were your reasons for trying the drug/NPS?</li> <li>• What was it like?</li> <li>• Did you have any worries about any consequences?</li> </ul>	<p><b><u>Abstainers</u></b></p> <ul style="list-style-type: none"> <li>• What are the reasons you haven't started using or tried drugs/NPS?</li> <li>• What would your friends/parents think about you taking drugs/NPS?</li> <li>• What do you think about young people using drugs? Why do they do it? Is it a good or bad thing?</li> </ul>
<p><b><u>Desisting</u></b></p> <ul style="list-style-type: none"> <li>• What were your reasons for drug/NPS use over that period of time?</li> </ul>	

- What were the reasons for you stopping using drug/NPS s?
- What are the advantages/disadvantages of not using now?

#### Current use

- How would you describe your current drug/NPS use? (regular, opportunistic)  
What drug/NPS/s would you say you use most regularly at present? Why?  
How often do you use the drug/NPS/s?  
How much do you use in a typical session? - How much do you normally spend?  
Do you plan to use drug/NPS/s, or just wait for an opportunity to arise?
- In what circumstances (time, location, setting) do you use drug/NPS/s?  
Have you ever used drug/NPS/s alone?
- Have you use several substances together? If so, which? Why? - Why not?

### **General questions**

#### Context

- Do you usually use Tobacco/alcohol/drugs/NPS in the company of friends? - Why?
- Which would you say is the most popular or most frequently used Tobacco/alcohol/drugs/NPS within your group of friends/young people?
- Do you think who you are friends with affects your choices about smoking/drinking/drug/NPS use? How? Why?
- What is your preferred setting for Tobacco/alcohol/drugs/NPS use? Why?
- How would you access: Tobacco/alcohol/drugs/NPS?  
Is access easy? For which substances?  
  
What do you do if cannot access Tobacco/alcohol/drugs/NPS through your normal route?

#### The drug experience

- What would you say are your main reasons for using Tobacco/alcohol/drugs/NPS?
- Do you use different substances for different reasons?
- What do you enjoy about using Tobacco/alcohol/drugs/NPS?  
How do they make you feel?
- Are there positive & negative sides to Tobacco/alcohol/drugs/NPS use? Can you describe/explain them?

### Risk & Harm Perceptions

- How do Tobacco/alcohol/drugs/NPS compare in terms of potential health risks?  
Are some safe - dangerous - addictive?
- How would you define addiction?
- Are you able to control your intake of Tobacco/alcohol/drugs/NPS?  
How do you balance enjoyment and risk/harm?
- Do you ever worry about getting in trouble from the police? And what consequences this may have?  
Do you have ways of trying to hide your activities from the police/family/friends?
- What do you know/think about legal highs?  
What do you think are the differences between cannabis/skunk/synthetic cannabinoids?

### Future perceptions questions

- How do you think Tobacco/alcohol/drugs/NPS might have an impact on your future prospects? How? Does this matter?
- What kind of things/events/people could make you stop/start using drugs?
- [EDUCATION/training] What are your thoughts about life after education/training?  
- What grades/qualifications do you expect to get when you leave? Do you think having a good education is important? Are you looking forward to starting work?
- [WORK] What is it like working? What is it like looking for a job? What kind of jobs are there? What are they like? Do you think having a good education is important? Did your education/training prepare you for work?
- What do you want to do in the future? What do you think you will actually do?
- Do you think you will stay friends with the same group of people?
- Do you think you will move away from The Town in the Future? Why?
- Tell me what becoming an adult means to you (job/family/house)?  
What's good/bad about it?
- What have been the major achievements in your life?  
What would you have liked to have been able to do better/differently?

### Information on local services

- Where do/would you go to receive Tobacco/alcohol/drugs/NPS related information OR support from?
- What are your thoughts on engaging in treatment/with treatment services? Would you engage - Why? When? Why not?
- What information do you think young people need in relation to Tobacco/alcohol/drugs/NPS use?
- What can services do to help young people with substance misuse issues? What kind of things do you think would be good to have/do?
- What would be a more effective way to engage and target young people? [treatment service image -- branding -- location] - is there enough info in school?

Is there anything else you've thought about during this interview that you would like to talk about before we finish? - Is there anything I did not ask that you think may be important?

What have you thought about this interview?

Thank you for your time.

## Appendix Four: Participant Details

Participant	Age	Gender	Substance Use (user (X), tried (x), abstainer (_))				Employment status	Recruitment
			Tobacco	Alcohol	Drug	NPS		
P1 James	16	M	X	X	X	x	NEET	YOT
P2 William	19	M	x	X	x		Full-time employment	Outreach
P3 Liam	17	M	X	X	X		Part-time employment	Outreach
P4 Thomas	20	M		X	x		Full-time employment	Outreach
P5 Lester	17	M	X	X	X	x	Education	Outreach
P6 Jacob	16	M	x	X	X	x	Education	Outreach
P7 Oliver	18	M	X	X	X	X	NEET	Outreach
P8 Chris	20	M	x	X	x	x	Full-time employment	Outreach
P9a Howard	17	M	X	X	X		Education	Outreach
P9b Dennis	19	M	X	X	x		Full-time employment	Outreach
P10a Anthony	18	M	X	X	X		NEET	Outreach
P10b Walter	17	M	X	X	X	x	NEET	Outreach
P11 Joseph	20	M	x	X	x		Full-time employment	Outreach
P12 Amy	20	F		X			Full-time employment	Outreach
P13 Ben	19	M	X	x	x	x	NEET	Outreach
P14 Mike	19	M	x	X			Education	Outreach
P15 Todd	19	M	X	X	X	x	NEET	Outreach
P16 Alfie	19	M	X	X	X	x	Part-time employment	Outreach
P17a Adam	21	M	X	X	x		NEET	Outreach
P17b Frank	23	M	x	X	x		Education	Outreach
P18 Gemma	17	F	X	X	x		Education	Outreach
P19 Scott	19	M	X	X	X	x	Part-time employment	Outreach
P20 David	19	M	X	X	X		Part-time employment	Outreach
P21 Gareth	16	M	X	X	X	x	Education	YOT
P22 Darren	16	M	X	X	X		Education	YOT
P23 Brenden	15	M	X	X	X	x	Education	YOT
P24 Ashley	17	M	X	X	X	x	NEET	YOT