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The Normalization of 'Sensible' Recreational Drug Use:
Further Evidence from the North West England Longitudinal Study

- **Howard Parker**
  University of Manchester
- **Lisa Williams**
  University of Manchester
- **Judith Aldridge**
  University of Manchester

ABSTRACT

Five key dimensions of normalization are identified: availability/access; drug trying rates; usage rates; accommodating attitudes to 'sensible' recreational drug use especially by non users; and degree of cultural accommodation of illegal drug use. A review of recent UK research is provided for each measure. The NW England Longitudinal Study continues to monitor normalization based on the recapture of 465 young adults (in year 2000) of a cohort previously surveyed/interviewed across their adolescence (1991 to 1995). The availability of drugs remains high with over 90% having been in drug offer situations. Accessibility is highest for cannabis, followed by 'dance drugs', with cocaine showing the steepest climb. Drug trying rates have risen incrementally from 36 percent at 14 to 76 percent at 22. At 18 over half reported past year drug use and at 22 the rate is unchanged (52 percent). Past month use at 32 percent has declined slightly. Males are now slightly more likely to be drug-involved on all measures. Socio-economic differences are not significant. Cannabis dominates recent usage (average three episodes a month). Half the abstainers have friends who have used cannabis. Nearly two thirds of abstainers held tolerant or approving attitudes of drug takers. Half held different views about different drugs, with cannabis use being most tolerated. The

paper concludes that 'sensible' recreational drug use is becoming increasingly accommodated into the social lives of conventional young adults.

KEY WORDS
adolescence / longitudinal research / normalization / recreational drug use

Introduction

The Concept of Normalization

The term normalization was developed during the late 1950s in Denmark in respect of creating 'normal' living conditions for people with learning difficulties. The term has become increasingly influential in service development for disadvantaged groups and particularly people with disabilities (Emerson, 1992). Its leading proponent has continuously revised the term and established it as both a principle and a theoretical perspective (Wolfensberger, 1972, 1984).

Essentially normalization is about stigmatized or deviant individuals or groups (and to some degree their social behaviour) becoming included in as many features of conventional everyday 'normal' life as possible, from life's rhythms and routines to economic and environmental 'standards' of life (Nirje, 1980). Wolfensberger 'sociologized' normalization by linking it to societal reaction or labelling theory yet, at the same time, arguing that difference (e.g. 'handicap') remained and could not be wished away by libertarian pronouncements of total equality or sameness (Wolfensberger, 1980). The removal of cultural stereotypes about people with disabilities, which were often sustained and transmitted through conversation culture and mass media, could nevertheless be struggled for (Bogdan et al., 1982) whereby difference could become valued in a socially integrated world. Emerson notes that Wolfensberger's conceptualizations are 'purportedly applicable to any social group who are devalued or at risk of devaluation in any society' (Emerson, 1992).

The application of the concept of normalization as a way of exploring and explaining an unprecedented increase in the drug involvement of young Britons across the 1990s was introduced by the authors' research group in the mid 1990s. It was an attempt to make sense of the findings of a unique longitudinal study of several hundred 'ordinary' young people's experiences of growing up 'drugwise'. Having monitored this cohort annually from when they were 14 (1991) to 18 (1995), we had to explain why they increasingly knew so much about drugs, why they were highly likely to be drug triers and why drug involvement – an illegal activity – was as prevalent in young women as men and across all socio-economic profiles. In particular we were perplexed by the apparent social accommodation of 'sensible' recreational drug use by abstainers

and more cautious young people. As they reached late adolescence they, too, even without personal drugs involvement, appeared fairly drugwise and increasingly willing to acknowledge that different types of drug use and drug user existed. Sensible, occasional, recreational drug users, particularly users of cannabis, were condoned rather than condemned (Measham et al., 1998; Parker et al., 1998).

From rather crude beginnings (Measham et al., 1994) we have attempted to better define and re-test the concept of normalization and hopefully improve its utility in respect of understanding the growth of recreational drug use (Measham et al., 2000). One immediate problem with re-utilizing the concept of normalization, as operated in the disability and learning difficulty field, is that it is disabled people who have long been and continue to be stigmatized, more than their behaviour. Although problem drug users, whose physical appearance and social behaviour deteriorate, actually present as 'junkies' or 'smackheads' and thus become stigmatized by persona and behaviour, this is not really the case for young recreational drug users.

For societies which maintain and enforce blanket prohibition of all popular illicit drugs and refuse any review of their drugs laws, the notion of normalization to explain the growth of recreational drug use is anathema because it highlights the loss of moral and social authority of the law and, by implication, the government and enforcement agencies. However, for societies which are committed to social inclusion and a pro-active approach to recognizing that social policy and laws must adapt to social and cultural change, the concept is positively helpful.

Van Vliet (1990: 467) notes how the term was purposefully applied to Dutch drugs policy at the end of the 1980s:

> Normalisation essentially means the admission – as a government and as a society – that extensive drug abuse has obtained a firm footing in society, as already in the case with alcohol and tobacco…it proves to be an unrealistic option to eradicate drugs….It is far more realistic to try to contain the damage caused by drugs and abuse, to cope with the problems and manage them as well as possible….Normalisation also means setting limits to what society can and cannot tolerate as part of establishing clearness about obligations and rights of drug users as members of an organized society.

From our point of view normalization is a multi-dimensional tool, a barometer of changes in social behaviour and cultural perspectives, in this case focusing on both illicit drug use and users. Normalization is always a two-way street. So, for instance, cigarette smoking became normalized across the last century, yet there was only briefly a majority of regular smokers in the community. The smokers were tolerated by the non smokers. Smoking also became prevalent in all socio-economic sectors and involved both men and women. However in the new decade we see cohabitation and accommodation reducing. Smokers are no longer so easily tolerated, their social space is being restricted and their habit increasingly challenged, even stigmatized as anti-social. So, in trying to map and

explain the increased accommodation of 'sensible' recreational drug taking utilizing the normalization perspective, the potential for limits being reached or processes reversing always remains.

The dimensions of this conceptualization with which to measure the scale and limits of normalization are: access and availability, drug trying rates, rates of drug use, attitudes to 'sensible' recreational drug use by adolescents and young adults, especially of non users, and the degree of cultural accommodation of illegal drug use.

Access and Availability

The first dimension concerns the accessibility and availability of illicit drugs without which normalization cannot develop. There have been substantial increases in the availability of a wider range of drugs over the past ten years which are being sustained. One measure of this is seizures. Seizures of all the main street drugs in the UK have climbed dramatically, probably tenfold in ten years (Cabinet Office, 1999), although rates vary by particular drug through time, with heroin and cocaine currently showing the strongest seizure 'gains', where ecstasy did so in the mid 1990s. With street prices stable or falling and purity levels maintained, the authoritative overview is that the supply of drugs has been growing rapidly and is being sustained (Corkery, 2000; Independent Inquiry, 2000). Moreover, the fall in the street price of drugs, for instance, cocaine, appears to generate increased use (Grossman and Chaloupka, 1998).

Across the last decade school surveys have also documented rises in accessibility and availability and have consistently shown that nowadays a majority of respondents can from around 15 years old access drugs, particularly cannabis, quite easily. A recent national survey of England found 61 percent of 15-year-olds had been offered at least one drug (Goddard and Higgins, 1999). A large longitudinal study in Northern England is finding incremental rises in drugs offers and availability, with 80 percent reporting being in offer situations by 16 years (Aldridge et al., 1999). Household surveys identify similar patterns with two thirds of 14–16 year olds being in offer situations, rising with age, whereby nearly 90 percent of 20–22 year olds report these situations (HEA, 1999).

The key to easy accessibility near the point of consumption is not primarily a product of aggressive drug-dealing. Most young people, even clubbers (Measham et al., 2000), obtain their drugs through social networks and friends-of-friends chains (Parker et al., 2001) connected to small dealers. Because most recreational drug users are otherwise fairly law-abiding, 'sorting' each other acts as a filter or social device which allows them to obtain drugs without venturing into the world of dodgy dealers and so risk apprehension or trouble. That probably half of young Britons have breached the Misuse of Drugs Act in terms of possession and perhaps a quarter have acquired and distributed drugs in a way which makes them arrestable for 'intent to supply' is a key measure of normalization. Passing on ecstasy tablets to friends and acquaintances for

instance, if defined as supplying a Class A drug, can lead to a long prison sentence – yet this is exactly the way that most drugs are procured at the point of consumption (Parker et al., 2001). The routinization of breaching the law in respect of 'recreational' drug use is a robust measure of normalization to the point that authoritative sources are now recommending a change in the law to accommodate the realities of 'sorting' (Home Affairs Committee, 2002; Independent Inquiry, 2000).

Drug Trying Rates in Adolescence and Young Adulthood

Because we must measure normalization utilizing long term indicators, the analysis becomes more complex in the new decade. We must investigate not only the drugs status of the children of the 1990s, now young adults, but also today's 'new' adolescents. There are complicating differences in consecutive birth cohorts.

It became clear by the late 1990s that adolescent drug trying in the UK had been rising steeply across the decade. Young Britons are the most drug-involved in Europe. In 1996 Scottish and English adolescents in particular had the highest rates of drug trying of 26 European countries (ESPAD, 1997) and four years later the situation is basically the same (ESPAD, 2001). For 'synthetic' dance drug use, the UK heads the league table by quite mammoth proportions (Griffiths et al., 1997). Indeed at the end of the decade rates of lifetime use of many drugs in the UK had matched those of American high school students (NHSDA, 1999).

The highest rates of drug trying have been found in Scotland (Barnard et al., 1996; Meikle et al., 1996) and Northern England (Aldridge et al., 1999) where between 50 and 60 percent of mid adolescents disclose drug trying, predominantly of cannabis, followed by amphetamines. Other studies have found lower rates down to about 30 percent for lifetime prevalence (Goddard and Higgins, 1999; Sutherland and Wilner, 1998).

However there are now clear signs that, as this 'first wave' of drug experienced adolescents move into adulthood, their successors are slightly less drug experienced. Beginning evidence of this epidemiological shift comes from the large scale, on-going surveying of secondary school children by Exeter University (Balding, 1999). Similarly, a national UK-wide survey of 15–16 year olds in 1995 (Miller and Plant, 1996), having discovered over 40 percent reporting trying a drug, has recently (1999) found that today's 15–16 year olds disclose significantly less, around 36 percent, drug trying (Plant and Miller, 2000). Despite identifying very early onset of drug trying, a longitudinal study in Northern England is also finding signs of plateauing in drugs experience in the 16–17 age band at a lower rate than a previous cohort three years older (Egginton et al., 2001).

All this said, two recent, large scale, national time series surveys have noted recent increases in young people's drug use (Flood-Page et al., 2000; Office of National Statistics, 2000) and the tentative conclusion at this stage must

therefore be that a plateau is being found whereby all those young people who wish to try drugs are doing so. This epidemiological process is to be expected whereby a levelling off of drug involvement is eventually found in each birth cohort.

The 'children of the 1990s', today's new young adults, are however still trailblazing and their rates of drug taking appear to be continuing to increase. We know far less about post-16s and must largely rely on what can be gleaned from household surveys and surveys of college students. The British Crime Survey 'system', despite under-estimating drug use (Gore, 1999), has actually identified significant increases in drug trying amongst young adults. Whilst part of this will be a product of early 1990s adolescents retrospectively reporting earlier drug experience, there are signs of later onset. Thus for 20–24 year olds lifetime prevalence has increased from 44 percent (1994) to 49 percent (1996) to 55 percent (1998) over the past three bi-annual surveys with 58 percent of males in this age group now disclosing drug experience. More unexpectedly we find a similar scale of rise for 25–29 year olds (39% → 41% → 45%) (Ramsay and Partridge, 1999) which suggests 'late' initiation into drug involvement occurred amongst twenty-somethings during the 1990s.

Universities provide one of the few arenas for the easy capture of young adults and a clutch of studies of undergraduates (Makhoul et al., 1998; Webb et al., 1996) and medical students (Ashton and Kamali, 1995; Birch et al., 1999) has been generated. All these studies variously suggest that the majority of university students, up to 60 percent, have some drug experience, a figure which has doubled over the past 15 years. Cannabis dominates this involvement, with only 13 to 18 percent having ever used dance drugs. The application of personality and general health measurements and assessing views about drug use in some of these studies has led to the conclusion that drug experienced students are very little different from the 'normal population of students' and that drug taking has 'become part of the lifestyle of a significant and non-deviant proportion of students' (Makhoul et al., 1998).

Recent and Regular Drug Use

Research suggests recent drug use rises with age from 15 into the early twenties. Larger school-based studies find around 20 percent of mid adolescents nationally (e.g. Goddard and Higgins, 1999) to higher rates of 28 percent in Northern England (Aldridge et al., 1999). The household surveys tend to replicate these rates, noting a peak either in the 16–19 age group (Ramsay and Partridge, 1999) or the 20–22-year-olds. The HEA household survey of England found over a quarter of 20–22-year-olds were recent users (past three months). Interestingly when the sampling limitations of these surveys are reduced by pooling data, more significant increases are found, particularly in young adult 'stimulant' use (Gore, 1999). The most persuasive evidence of increased drug use comes from the Youth Lifestyles Survey. The first sweep in 1992–3 found past year drug use for 14–25s was 22 percent. In the second survey in 1998–9

it had risen to 32 percent. In 1998–9 past month drug use was 26 percent for 18–21-year-olds (Flood-Page et al., 2000), several percent higher than reported in household surveys at the beginning of the decade.

The university student studies quoted earlier offer some help in measuring regular drug use. Between 20 and 25 percent of the samples were deemed via self nomination to be regular drug users, primarily of cannabis, with only around 10 percent reporting they use dance drugs 'often' (Makhoul et al., 1998; Webb et al., 1996).

Once we actually focus on drug-using populations and turn to the night-club scene, drug involvement rates inevitably climb sharply. The cluster of studies undertaken during the last decade all paint very similar pictures. The clubbers are at the 'serious' end of recreational drug use. They are immensely drug experienced with lifetime rates of cannabis trying at nearly 100 percent, rates for amphetamines, LSD and ecstasy in the 60–90 percent range, with cocaine slightly lower but rising (Measham et al., 2000). For current use most are daily users of cannabis and regular weekend users of the dance drugs and they mix these drugs and alcohol as a matter of routine (Akram, 1997; Forsyth, 1998; Hammersley et al., 1999; McElrath and McEvoy, 1999; Release, 1997).

It is in this 'going out' sector that those who use drugs 'beyond' alcohol and cannabis are most often found. The clubbers, however, are a conundrum for the normalization debate (Measham et al., 2000) because, as we shall discuss later, certainly outside club land, their poly-drug use and 'risky' nights out potentially clash with the notions of responsible, sensible recreational drug use which is at the core of our conceptualization.

In summary, we cannot make robust estimates of the scale of regular drug use. On the measures we have and over-relying on too few studies, it appears that 10–15 percent of late adolescents are recent, regular recreational drug users, with this proportion rising to 20–25 percent amongst young adults. This drug use is dominated by cannabis taking but with perhaps around 10 percent of the 18–25 year old population using stimulant drugs, primarily amphetamines, ecstasy and cocaine recreationally, mainly at weekends. These rates have been rising for several years.

Social Accommodation of Sensible Recreational Drug Use

An essential measure of the scale of normalization is the extent to which recreational drug use is personally and socially accommodated by abstainers and 'ex' triers. We can only expect to find this potential accommodation in younger Britons, although, certainly in respect of cannabis, over thirties' attitudes are becoming more liberal (Independent Inquiry, 2000) as they become 'educated' by their drugwise children.

Shiner and Newburn (1997) argued in this journal that young drug users feel guilty about illicit drug-taking and that abstainers are steadfastly against such behaviour. Unfortunately the empirical study they undertook to support this view was not really appropriate to test the normalization thesis. The sample

was very small, many interviewees were actually attending an anti-drugs workshop at which the researchers were present, the views of 11–13-year-olds were not distinguished from 15–16-year-olds, quotes relating to views about brothers' and sisters' drug-taking were mixed up with more general opinions and distinctions between different drugs were lost. However if Shiner and Newburn are correct about drug use being strongly rejected by young non users and that users feel guilty and uncomfortable with their drug use, then the normalization perspective has severe limitations.

Aside from one study which produced equivocal findings (Wibberley and Price, 2000), all the remainder of a clutch of independently undertaken qualitative studies with young Britons note the presence of a rational, consumerist, decision-making process which distinguishes between drugs, their effects and dangers and identifies a style of recreational drug use which can be accepted or at least tolerated by non users or cautious drug triers. These investigations in Southern England (Hart and Hunt, 1997), around Merseyside (Young and Jones, 1997) in S.E. England (Boys et al., 2000), Sheffield (Hirst and McCameley-Finney, 1994) and nationally (Perri 6 et al., 1997) all reach conclusions broadly consistent with the notion of increasing accommodation of 'sensible' drug use into the perspectives of young people. This does not mean the risks of drug use to health, performance or 'getting caught' are ignored or dismissed. Dependent or over-frequent drug use, and heroin and crack cocaine taking, for instance, were condemned by users and abstainers alike. This accommodation was strongest for cannabis and more equivocal for ecstasy (Boys et al., 2000).

Despite all these studies generally supporting the normalization thesis in respect of young people's knowledge, decision-making processes and attitudes to 'sensible' recreational drug use, we must continue to take the attitudinal dimension very seriously. The whole area is very complex because young people change their minds about so many issues through time and can anyway hold negative attitudes about a social habit even though they continue to indulge in it, for instance as with smoking, 'excessive' drinking and unprotected sex. Indeed, given the persuasive evidence of normalization in respect of the increasing availability, trying rates and regular recreational drug use, it is with this dimension – the attitudes and social behaviour of non drug-using young people – that much rests. The hypothesis which has emerged from the authors' longitudinal studies is that, whilst abstentious early teenagers often display strong anti-drugs attitudes, these attitudes 'mellow' with age and life experience amongst the majority (Parker et al., 1998). Student surveys support this in finding that abstainers (18–22 years) respect the rights of others to take drugs 'sensibly' and that most have current drug-using friends (e.g. Pirie and Worcester, 1999).

Cultural Accommodation

Assessments of the extent to which the realities of recreational drug use are being accommodated in cultural understandings of normality are very difficult

to make. Our view is that there are multiple indicative signs of recreational drug use being accepted as a 'liveable with' reality by the wider society. The blurring of the licit (e.g. alcohol) with the illicit (e.g. cannabis and cocaine) in 'going out' social worlds and as part of weekend relaxation is now routinely referred to in television dramas and serials (e.g. *This Life*, BBC2). Drug-taking adventures are a key source of inspiration in stand up comedy (e.g. *Ali G*, Channel 4) and youth movies (e.g. *Human Traffic*, 1999). Drugs realities are nowadays discussed in youth magazines in a wholly practical 'how to' way. The drug-taking of film and popular music 'stars' are increasingly described in neutral rather than condemnatory terms. For cannabis, in particular, we find public opinion surveys showing a majority of Britons in favour of some decriminalization (Independent Inquiry, 2000). Even senior politicians can now admit to drug experience. And, with influential broadsheet newspapers articulating the same views and official government strategy reluctantly moving towards the decriminalization of cannabis use and sidestepping the ecstasy phenomenon, whilst concentrating on heroin and cocaine as drugs which 'do the most harm', we see the same hierarchy of dangerousness first articulated by drugwise youth now being reflected in official thinking and even parental attitudes. In other words the conclusions reached by 1990s youth from their social experience about different drugs and their benefits and risks during the 1990s are now beginning to be understood and acknowledged in more cautious and conservative cultural and institutional arrangements and by adult worlds. All this is consistent with the move towards normalization.

Methods

The North West Longitudinal Study began in 1991 (Year 1) when over 700 14-year-olds formed the original cohort. This sample was tracked, annually, utilizing self report questionnaires, initially for five years until, in Year 5, they were 18 (1995). The initial aim of the investigation was to explore how 'ordinary' English adolescents were growing up in respect of their introduction to and subsequent consumption of alcohol and illicit drugs. The study was also concerned with lifestyles and leisure and how illicit drugs related to these (Parker et al., 1998).

The cohort was initially representative of young people in two mixed metropolitan boroughs in North West England. The subjects attended eight secondary 'high' and grammar schools which were picked to represent evenly middle class and working class catchments. However there was substantial attrition at 16 (Year 3) when, fairly predictably, a proportion of primarily working class respondents, most of whom were male, were lost. A small number of respondents from Asian and Muslim backgrounds also withdrew. There was little further attrition at Years 4 and 5 (see Table 1).

The cohort was successfully recaptured as part of a follow up during 1999 when 465 successfully completed and returned a new questionnaire. With gap Years 6–8 this follow up occurred at Year 9 (see Table 1). The follow up initially

Table 1 Total returns from Year 3 to Year 9 follow up

	Total
Year 3, 4, 5 & 9	301
Year 4, 5 & 9	53
Year 3, 4 & 9	16
Year 3, 5 & 9	21
Year 3 & 9	15
Year 4 & 9	9
Year 5 & 9	20
Year 9*	30
	465

*25 of these respondents completed returns for either Year 1, 2 or 1 & 2
5 returners at Year 9 had clearly made earlier returns but could not be matched via their ID codes.

involved sending a humorous Christmas-type card to over 700 potential respondents who had variously been attached to the study primarily at Years 4 and 5. The card also had a return slip to help establish a current residential or contact address, given that up to half of this sample had been away to college/university and were anyway at an age where leaving the parental home becomes likely. Several months later, after a further postal/telephone contacting exercise, 711 questionnaires were sent out although over 200 addresses had been 'unconfirmed' since 1995–6. A £10 music token was promised upon the satisfactory completion and return of the questionnaire. Accounting for decliners and questionnaires returned by the postal service, the response was 71 percent.

The 465 returners proved fairly representative of the cohort at Year 5 (n = 529) with the small attrition leaving the gender and social class composition largely unaffected. In this article we particularly compare Years 4/5 data with the new Year 9 results and have complete returns for these three surveys for 354 respondents with the remainder having one or more missing annual returns (see Table 1).

The normalization thesis which developed around this cohort study also involved utilizing qualitative data. Back in 1994–5 when they were 17 years old, 86 panel members had been interviewed in-depth (Parker et al., 1998). During 2000 and by coincidence, exactly 86 subjects were interviewed in depth as part of the follow up. Every effort was made to make this interview sample representative of the recaptured, surveyed cohort. Quota sampling was used in respect of gender, ethnic origin, income and different drugs status. The sample included 29 percent abstainers who had never tried an illicit drug, and 29 percent ex-triers who declared they had no intention of re-taking an illicit drug. The other 42 percent were opportunistic drug users (occasional drug users) and

regular current users.

Given the need to gather information on the gap years and take into account the cohort's new adult status, we redesigned and piloted the questionnaire. Its basic structure remained the same, as did that of the interview schedule, but numerous minor changes were required. As well as a revised section to disclose any drugs involvement across the gap years, new questions focused on feelings of security/insecurity in respect of personal, occupational, financial and domestic situations, given the transitional life-course phase the cohort was negotiating.

Longitudinal studies offer quite different challenges in terms of reliability than the usual one-off or time series surveys. Whilst there was some inconsistent reporting by a small minority of subjects in the early years, both internal and inter-year consistency became very high. In short, what subjects checked one year they accurately repeated in subsequent years. One inconsistency, however, was noticeable in respect of reporting lifetime prevalence of solvents – which fell, independently of any attrition. The interviewees confirmed this was a product of re-definition. At 14 sniffing solvents was seen as a drugs experience; at 17 and far more drugwise, it was thought a childish act. This process of biographical reconstruction is well known to panel studies (e.g. Plant et al., 1985). In the recapture we have also seen occasional examples of this process, primarily around whether an earlier incident, such as taking a puff on a cannabis spliff being passed around, is, for an abstainer, a 'real' drugs experience (especially if no effect was experienced), thereby changing their lifetime status. Through time the tendency is to deny this episode particularly, if one's social identity is presented as abstentious.

Finally, in respect of reliability, we asked all those in the interview sample who had taken a drug how accurately they felt they could recall a drug-taking event and its timing by 'gap' year. The vast majority (84%), given a scale of one to 10, scored their recall as seven or more – an encouraging result.

In Table 2 the demographic characteristics of the sample at Year 5 and the Year 9 follow up are presented. The new attrition has done little to disturb the picture. The sample remains fairly balanced by socio-economic status but continues to under-represent males. Given that the males still in the study are now more likely to be drug users (males ever had drug 79.2%, females also 73.3%) this should be borne in mind when interpreting the results.

Results

'Offer' situations provide the established measure of drugs availability. However longitudinal surveys inadvertently also capture changes in availability of all or particular substances as, despite being asked to utilize an 'ever' lifetime measure, young respondents routinely use shorter recall periods. Table 3 nevertheless clearly demonstrates how drug offers have increased with age for any drug. There are incremental increases for all but one of the main drugs.

Table 2 Demographic characteristics of sample at 18 (Year 5) and 22 (year 9)

	Year 5		*Year 9*	
	n size	%	*n size*	%
Sample size	**529**		**465**	
Male	224	(42.3)	197	(42.4)
Female	305	(57.7)	268	(57.6)
Protestant		51.8		53.1
Catholic		15.3		13.8
Muslim		3.8		3.2
Other Religion		4.7		5.4
Atheist/Agnostic/None		15.1		18.1
Don't know		8.9		6.3
Black		2.7		1.3
Asian		4.9		3.7
White		92.0		93.8
Other		0.4		1.3
Middle class		69.1		68.8
Working class		30.9		31.2
Still living in parental home		64.6		56.6
Became a parent		–		7.2
In higher education		39.3		26.4

Table 3 Drugs offers age 14–22 years inclusive (in hierarchical order at year 9)

	Year 1	*Year 2*	*Year 3*	*Year 4*	*Year 5*	*Year 9*
n size	*776*	*752*	*523*	*536*	*529*	*465*
Column percentage	%	%	%	%	%	%
Cannabis	54.6	61.6	72.7	77.4	83.9	89.0
Amphetamines	29.6	40.6	47.9	60.0	67.0	76.1
Amyl nitrites	24.1	37.3	41.7	51.4	58.9	63.9
Ecstasy	21.4	32.9	36.3	49.7	62.3	62.1
LSD	40.4	55.0	56.1	65.3	65.6	56.3
Cocaine powder	8.0	12.7	12.4	18.3	22.9	46.5
Magic mushrooms	24.5	32.5	29.2	26.9	26.2	32.4
Solvents	25.6	27.2	23.1	33.7	27.3	21.8
Tranquilisers	4.3	11.4	7.1	12.8	14.4	15.2
Crack cocaine	–	–	–	5.6	5.7	11.6
Heroin	5.4	8.2	5.4	6.6	5.4	8.9
At least one drug	59.1	70.9	76.5	87.5	91.1	93.1

Cannabis is the most available with cocaine powder showing a rapid recent presence in this cohort's social worlds. Only LSD shows a fall in availability.

Interviewees generally supported the notion that drugs had a greater availability and presence in their everyday lives and that there had been changes in the accessibility of different substances:

> It (access to drugs) has sort of changed quite a lot. You seem to be able to get it (drugs) anywhere nowadays.
>
> (63497, female current drug taker)

> When I was at University all I used to do was to take acid, and now I can't get it for love nor money at all. So it's very much like an ecstasy kind of generation and that is dead easy to get hold of and now I'm getting into a circle where like you can bump into a coke dealer whenever you want as well.
>
> (83X40, female current drug taker)

Now in young adulthood men (93.9%) are slightly more likely to be in offer situations than women (92.5%) with a significant difference found in respect of cocaine (55.5% against 40.0%). However, because of the shortcomings in the established 'offer' questions, in terms of ambiguous meaning and recall difficulties, the sample was asked in the recapture how easy, difficult or impossible it would be for them to obtain illicit drugs if they had the time, motivation and money. Table 4 thus provides a more accurate, contemporary picture of drugs access and availability. This said, the picture is similar to the offers measurement with cannabis, by far the most accessible drug, followed by the stimulant dance drugs – amphetamines, ecstasy, nitrites and cocaine powder. The reduced availability of LSD is well illustrated by the high 'difficult' assessment. Overall nine in 10 respondents felt it was easy to get at least one illicit drug.

During the Year 9 survey respondents were asked how they usually obtained their drugs. For the majority (65.1%) friends or 'friends-of-friends'

Table 4 Ease of access reported for individual drugs by 22-year-olds (in hierarchical order)

	Easy	*Difficult*	*Impossible*	*Don't know*
n size	*465*	*465*	*465*	*465*
Column percentage	%	%	%	%
Cannabis	84.3	2.8	1.1	11.8
Solvents	60.3	3.7	1.7	34.3
Amphetamines	57.8	13.5	2.2	26.3
Ecstasy	49.5	15.2	2.6	32.7
Amyl nitrite	48.8	6.9	3.9	40.4
Cocaine powder	39.1	15.6	5.1	40.0
LSD	24.9	21.9	4.7	48.4
Magic mushrooms	16.6	20.3	7.3	55.7
Tranquilisers	14.7	12.6	6.1	66.0
Crack cocaine	11.7	12.3	8.7	66.9
Heroin	9.1	18.0	10.2	62.8
GHB	5.0	9.5	8.2	76.6
At least one drug	90.9	–	–	–

Table 5 Lifetime prevalence of illicit drug taking (age 14–22 years inclusive) by individual drug

	Year 1	*Year 2*	*Year 3*	*Year 4*	*Year 5*	*Year 9*
n size	*776*	*752*	*523*	*536*	*529*	*465*
Column percentage	%	%	%	%	%	%
Amphetamines	9.5	16.1	18.4	25.2	32.9	41.8
Amyl nitrites	14.2	22.1	23.5	31.3	35.3	45.2
Cannabis	31.7	41.5	45.3	53.7	59.0	69.9
Cocaine powder	1.4	4.0	2.5	4.3	5.7	24.6
Crack cocaine	–	–	–	0.6	0.8	2.4
Ecstasy	5.8	7.4	5.4	12.9	19.8	28.5
Heroin	0.4	2.5	0.6	0.6	0.6	0.9
LSD	13.3	25.3	24.5	26.7	28.0	28.8
Magic mushrooms	9.9	12.4	9.8	9.5	8.5	12.6
Solvents	11.9	13.2	9.9	10.3	9.5	10.3
Tranquilisers	1.2	4.7	1.5	3.9	4.5	5.8
At least one drug	36.3	47.3	50.7	57.3	63.1	75.8

were nominated as the sourcing contact. Drug 'dealers' (14.5%) are not, as popular discourse would have it, the key retail outlet although this cohort's definitions are largely socially constructed whereby a *de jure* supply offence is re-defined as 'sorting' and a small time opportunistic dealer becomes 'like a friend' (13079, male). This acquaintance network is also believed to ensure better quality drugs 'well I trust my mates and they trust the people they get it off' (63515, male).

Turning to lifetime trying rates for the samples since Year 1, trying rates for any drug have climbed incrementally from 36.3 percent at 14 years to 75.8 percent at 22 years (see Table 5). The gender symmetry in early adolescence continues to fall away with the emergent differences at 17–18 years continuing with 79.2 percent of men but only 73.2 percent of women now having tried a drug. At recapture we can see how ecstasy, as a later onset drug associated with access to bars and night clubs, and cocaine, as an increasingly available popular 'recreational' drug, have increased significance. This said, the dominance of cannabis (69.9%) stands out again. The same small gender differences are present for each individual drug.

Turning to recency measures Table 6 describes past year drug use right across the study but with Years 6–8 based on recall at recapture. The increases in past year use, noted in mid adolescence, appear to have peaked at 20 (Year 7) and essentially having plateaued, look set to fall. Past year use of some drugs, notably amphetamines and LSD, has declined whereas the millennial cocaine phenomenon again stands out.

Table 7 describes very recent 'past month' use. It was felt that any attempt to obtain accurate past month use in the gap years was unrealistic. At Year 9, however, nearly a third of the sample (31.2%) disclosed a recent drug experience but, as high as this is, it is a reduction from rates in late adolescence.

Table 6 Past year prevalence of illicit drug taking (age 14–22 years inclusive) by individual drug

	Year 1	*Year 2*	*Year 3*	*Year 4*	*Year 5*	*Year 6**	*Year 7**	*Year 8**	*Year 9*
n size	*776*	*752*	*523*	*536*	*529*	*465*	*465*	*465*	*465*
Column percentage	%	%	%	%	%	%	%	%	%
Amphetamines	4.1	6.8	8.8	16.6	24.0	25.6	20.9	17.1	11.0
Amyl nitrites	5.3	9.8	10.3	17.4	20.4	23.1	17.2	13.9	10.3
Cannabis	9.2	12.3	11.3	44.0	47.8	45.7	47.3	46.9	46.8
Cocaine powder	0.4	1.5	1.1	2.6	4.0	5.2	8.2	14.2	16.2
Crack cocaine	–	–	–	0.0	0.4	0.2	0.6	0.6	0.9
Ecstasy	2.3	2.7	1.9	9.5	17.4	14.0	15.1	14.9	14.5
Heroin	0.2	0.8	0.6	0.4	0.2	0.0	0.2	0.0	0.2
LSD	6.3	8.7	9.4	13.2	15.2	15.1	10.3	4.3	2.8
Magic mushrooms	3.2	4.8	4.2	4.0	4.2	4.9	4.2	1.1	1.7
Solvents	4.1	4.0	1.5	2.2	1.1	3.9	0.5	0.0	0.0
Tranquilisers	0.7	2.3	0.8	1.9	1.5	2.2	1.9	1.1	1.1
At least one drug	30.9	40.6	40.5	46.1	52.9	56.3	58.2	56.8	52.1

*Based on longer term recall disclosed at Year 9 survey

Although the small attrition of male respondents at recapture will partly explain this fall, we are at the very least seeing a plateau and perhaps the beginnings of a fall in recent drug use. The dominance of cannabis is even more apparent on this measure with only the stimulants and dance drugs used by the partying, clubbing minority (less than one in ten of the sample), showing any real increase. The developing gender gap is particularly apparent on this measure. For instance, at 17 years (Year 4) 35 percent of men reported past month cannabis use, compared to 28.5 percent of young women, a 6.5 percent difference which at 22 years has increased to 12 percent.

Utilizing Year 9 data to assess the frequency of past month cannabis use we find the mean rate of use was three episodes. Five per cent of these past month users are daily (i.e. 30 times+) users. Males were heavier users (8.2% male daily users; 2.6% females). For all the other drugs used in the past month frequency was essentially 'once', suggesting that stimulants are used for special occasions or occasional clubbing weekends. We describe elsewhere the articulate and positive accounts these current drug users give for their recreational drug use. These users, whilst concerned about 'getting caught', actually hold measurable positive or pro drugs attitudes and nominate positive reasons for their use (Williams and Parker, 2001). Personal guilt was neither nominated nor detected, except amongst some ex-triers.

Turning to the scale of social accommodation of 'sensible' recreational drug use, particularly amongst abstainers and ex-drug triers, the recaptured sample was asked how many of their three closest friends had taken illicit drugs. Based on a far more sophisticated assessment of drugs status utilizing attitudinal scales, self-nominated status, recency and frequency of use and future intentions (see Parker et al., 1998), Table 8 describes the results by these four dominant drugs status groups in respect of at least one friendship.

Table 7 Past month prevalence of illicit drug taking (age 14–22 years inclusive) by individual drug

	Year 1	*Year 2*	*Year 3*	*Year 4*	*Year 5*	*Year 9*
n size	*776*	*752*	*523*	*536*	*529*	*465*
Column percentage	%	%	%	%	%	%
Amphetamines	3.8	5.4	4.8	7.4	9.6	3.7
Amyl nitrites	4.9	6.5	5.6	6.6	7.8	4.1
Cannabis	17.7	22.1	25.3	31.4	31.6	25.8
Cocaine powder	0.8	0.9	0.2	1.1	1.5	7.0
Crack cocaine	–	–	–	0.0	0.0	0.0
Ecstasy	2.6	3.2	1.4	6.4	7.8	8.3
Heroin	0.3	0.4	0.0	0.2	0.2	0.0
LSD	5.2	12.8	4.7	4.1	1.1	0.0
Magic mushrooms	3.5	3.4	0.8	1.4	0.8	0.9
Solvents	4.5	2.9	0.6	1.2	0.6	0.0
Tranquilisers	0.4	1.5	0.2	0.6	0.2	0.2
At least one drug	20.4	26.2	27.7	34.1	35.2	31.2

Table 8 Percentage of 22-year-olds by drug status who have a least 1 close friend who has tried individual drugs

	Current drug taker	*Opportunistic drug taker*	*Ex-drug taker*	*Abstainer*	*Total*
n size	*130*	*73*	*159*	*101*	*463**
Column percentage	%	%	%	%	%
Amphetamines	91.5	60.3	71.0	28.0	65.9
Amyl nitrites	84.4	52.2	65.0	16.0	57.7
Cannabis	99.2	86.3	96.2	50.5	85.5
Cocaine powder	77.4	33.8	46.8	16.0	46.4
Crack cocaine	23.4	5.6	13.9	5.0	13.1
Ecstasy	85.6	47.1	56.9	25.0	56.3
GHB	9.5	1.4	5.1	2.0	5.1
Heroin	11.2	9.7	5.6	3.0	7.2
LSD	83.0	38.5	52.2	17.9	51.3
Magic Mushrooms	67.2	19.7	35.6	12.0	36.8
Solvents	30.3	9.8	15.9	5.0	16.7
Tranquilisers	29.0	5.6	14.6	2.0	14.5
At least one drug	100.0	100.0	97.3	72.9	93.9

* 2 respondents were unclassifiable in terms of drug status

As expected, cannabis is the key drug, with the majority of respondents (85.5%) having friends who have taken this drug. Remarkably half the abstainers (50.5%) and almost all the ex-triers (96.2%) indicated at least one (and often more) friends have tried cannabis. Unsurprisingly, current users (99.2%) and occasional opportunistic users (86.3%) also have very high rates.

In relation to dance drugs such as amphetamines (65.9%) and ecstasy (56.3%) over half of the sample have at least one close friend who has tried these drugs. As would be expected, current drug takers reported the highest friendship rate; however, over a quarter of abstainers have close friends who are drug experienced in relation to amphetamines and ecstasy. In all cases, with the exception of heroin, ex-drug takers are more likely to have close friends who are drug experienced compared to opportunistic drug takers. The data suggest that, whilst abstainers are not personally drug experienced, they do associate with close friends who have tried drugs. The vast majority (93.9% any drug) have at least one friend with some drug experience.

During interviews subjects were asked how they felt about others who take drugs. Nearly two thirds of abstainers (61.5%) held approving attitudes. Ex-drug takers (53.8%) were similar in their tolerant attitudes. Repeatedly, abstainers and ex-drug takers commented: 'it's up to them'. Two ex-drug takers summarize how many felt about people taking drugs:

> I mean they know about the hazards or the benefits of whatever. So I mean it's up to them, they know the risks, so if they want to … it's up to them. If they benefit

> from taking drugs then that's their decision and if something happens to them because of the drug, I mean the decision is solely up to them.
>
> So if someone is a drug user I won't hold it against them and if someone doesn't use drugs, you know, I won't like judge that person as well.
>
> (53409, male, ex-drug taker)

The second interviewee, a non smoker, non drinker, actually lived in a 'cannabis house'. He'd only ever smoked cannabis once yet:

> If you're in this house a lot you'll notice what I'm talking about. I mean there are no dangers, no negative things, against it. It's just that it isn't my thing….It doesn't bother me at all….it's their business and like I say I'm not on drugs and it makes no odds to me.
>
> (73748, male, ex-trier)

To explore these attitudes further abstainers were asked if they held different views about different types of drug taking. The results are evenly balanced with 45.8 percent reporting they hold different views about different types of drug-taking behaviour. Cannabis was the drug which received most tolerance or accommodation.

> Only a few weeks ago we went to a car show in Doncaster and when we were all finished we stopped and just sat in this field. It was the brothers of one of Johnny's friends and they were sat there quite happily all smoking cannabis and everything. And that wasn't like a really odd situation.
>
> (43341, female, abstainer)

> If they're just smoking cannabis I don't have any problems with somebody doing that, I've been in, sort of a room and people have been, and that doesn't bother me as long as it's not, as I say, right in my face. I mean any harder drugs I do object and I would leave the company.
>
> (33661, female, drug abstainer)

This said, some steadfast abstainers still classify all illicit drugs together and negatively, and decline to make distinctions.

> …don't (accept differences)…I wouldn't say that I'm more sort of against one than the other because I just wouldn't tolerate any of it.
>
> (43341, female)

> All drugs are drugs to me.
>
> (83X52, female)

Finally, whilst this panel study cannot easily measure macro social accommodation, one key feature of this dimension is the way the licit (alcohol and tobacco) and illicit (illegal drugs, solvents, nitrites) are 'blurred' by consumption patterns. This combining of substances was evident at 18 years but is now remarkably prevalent. No less than three quarters of the sample who dis-

closed drug taking (n=327) drank alcohol (75.5%) and just under two thirds (62.3%) smoked tobacco the last time they took illicit drugs. Men (82.8%) were more likely than female peers (69.1%) to have been drinking but conversely women (66.3%) were more likely than men (57.6%) to have smoked tobacco. A key reason for this blurring is found in weekend time out adventures whereby drug use is prevalent in licensed bars and clubs and at, ostensibly, drinking parties.

Conclusions

The normalization thesis in respect of sensible recreational drug use can only be comprehensively assessed using long term epidemiological and social trends data. The new evidence from this longitudinal study supports the notion that 'sensible' recreational drug use is continuing to be gradually further accommodated into the lifestyles of ordinary young Britons. In line with the national picture the availability and accessibility of illicit drugs continues to increase in the new decade, with a wider range of substances, particularly cocaine, becoming easily available. For the half of this sample who are drug involved, access to their drugs of choice is straightforward. Moreover, because demand is so high amongst educated and employed, otherwise conforming, young adults, an informal drugs distribution system at the point of consumption has developed (Parker et al., 2001) whereby friends and friends of friends 'sort' each other, thereby putting physical and symbolic distance between the user and 'real' dealers. That so many otherwise law-abiding citizens have collectively socially reconstructed an illegal act, the supplying of controlled drugs, which carries severe penalties, is a good example of the interplay of the dimensions of normalization; availability and access of drugs continues to grow but is only made possible by socio-cultural accommodation of 'sorting' by youth populations.

Whilst adolescent drug trying has found its level and at the highest rate in Europe, drug taking amongst young adults continues to increase on the main established survey measures. The same has occurred with this cohort with significant late onset over the 18–21 life stage. Lifetime prevalence for this cohort is now up to 76 percent. In terms of current on-going drug involvement, half of this sample, based on past year disclosures, remains drug active. Only with past month measures can we see any beginning signs of moderation. Traditionally we have invariably recorded the impact of maturation and settling down processes and pressures in reducing drugs consumption amongst their predecessors for this age group. However, thus far, their drug involvement is only plateauing and at a high rate. It is only with their increasing tendency to become cannabis-only users despite previous, more florid drugs repertoires, that these users are showing signs of moderation. There were 81 'past year' cannabis only users at recapture, of whom 80 had previously taken other drugs as well.

Overall all this strongly suggests that in post modern times, with longer, more uncertain and risky journeys to full adult citizenship, 'settling down' will

be delayed or deferred (Williams and Parker, 2001). The continuing use of psycho-active substances for recreational 'time out' purposes and beyond traditional markers, thus seems very likely and will certainly be the case for this cohort. Their consumption decisions are increasingly framed by new responsibilities and weekday work demands, well illustrated by the increasing focus on substances which do not impact negatively on getting up for work. LSD and amphetamines are being left behind whereas cocaine powder, with its role in energizing for socializing but with, for most, a short life in terms of after-effects, is becoming increasingly popular.

All this said, however, rates of regular stimulant use are low and the stimulants-dance drugs are consumed sparingly. This suggests that such 'serious' recreational drug use will remain a small minority activity for this cohort, as it is nationally. The limits of 'sensible' are thus being defined both by drug users and, as importantly, abstainers who are overall far less comfortable with friends who take Class A drugs. We argued in the mid 1990s that it would be with cannabis that normalization would proceed and we were equivocal about the dance/stimulant drugs (Parker et al., 1998). This remains our position. Indeed, depending on the scale of uptake and accommodation of cocaine use over the next few years, we are increasingly of the view that, whilst cannabis has already met the normalization criteria of availability, trying and use rates and cultural accommodation, there is little prospect of other drugs being viewed similarly. Clearly the partying – clubbing scene is the main setting for extensive recreational poly-drug use and whilst the clubbers offer much support for the normalization thesis (Measham et al., 2000), their excesses are not as acceptable outside this semi-private setting. Moreover, because the dance drug users report so many negative effects from their long weekends (Measham et al., 2000; Winstock, 2000), even though they suffer these willingly, these costs represent the very reasons why more cautious peers remain uncomfortable with such consumption. Stimulant drug use has clearly, on each dimension, moved towards normalization but compared with cannabis the case is not proven and we must simply wait and see. What the Class A stimulant drug users have done, however, is pose a very knotty political dilemma. As primarily educated, employed young citizens with otherwise conforming profiles, they challenge the war on drugs discourse which prefers to link drug use with crime and personal tragedy and utilizes this discourse as a reason for not calling a truce.

Unsurprisingly the children of the nineties constantly stir the drugs debate with their 'defiance'. As something of a vanguard generation, they appear to have 'educated' the rest of society about cannabis and, by expounding a clear hierarchy of dangerousness in respect of illegal drugs, have actually encouraged official and respected sources to follow their lead. The softening of attitudes to cannabis reported in public opinion surveys are now showing up in middle aged populations. At 22 our interviewees reported their parents as far more 'realistic' and tolerant of cannabis use than they were a few years ago.

This loosening of public attitudes, plus ever stronger demands for some review of the drugs laws in respect of cannabis possession and the informal

supplying ('sorting') of recreational drugs (Independent Inquiry, 2000), poses a challenge for drugs policy and strategy in the UK. Whilst cannibis is currently being declassified so that personal possession is no longer an arrestable offence, the scale of normalization of sensible drug use suggests further demands will not go away.

Whilst the UK drugs strategy (Cabinet Office, 1999) has much integrity it neither fully sanctions nor overtly encourages secondary prevention approaches. Yet, once again, the scale of drug involvement amongst UK adolescents and young adults begs for such a public health/harm reduction component to be bolted on. The rise in cocaine use was predicted several years ago, yet there is very little official and impartial information being transmitted to warn new users that, for a minority, cocaine will in due course generate health and dependency problems. Instead, we will see cocaine users learning from experience and mishap transmitted through informal drugs stories until collective drugs wisdom has been updated.

The normalization debate will no doubt continue, not least because the term itself has been acquisitioned by official and academic drugs discourses. The further evidence from this longitudinal study is that it is only with the recreational use of cannabis that the normalization criteria have been adequately satisfied. Whether the 'sensible' use of stimulant drugs like ecstasy or cocaine will come to be so fully accommodated remains to be seen.

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Howard Parker

Directs SPARC, a small research consultancy and training centre focusing on alcohol and drug use issues and problems. He is based in the Department of Applied Social Science at the University of Manchester.

Address: Professor H.J. Parker, SPARC, Williamson Building, University of Manchester, Manchester M13 9PL, UK.

E-mail: howard.parker@man.ac.uk

Lisa Williams

Is a Research Associate with SPARC at the University of Manchester. She was lead researcher for the follow-up to the North West Longitudinal Study. Her research is in the area of young people and recreational drug use.

Judith Aldridge

Is Lecturer in Criminology and Social Policy in the Department of Applied Social Science at the University of Manchester. She is co-author of *Dancing on Drugs* (Free Association Books, 2001) and *Illegal Leisure* (Routledge, 1998). Her research is in the area of recreational drug use, with a particular focus on quantitative and qualitative methods in relation to measuring drug use.