



Illegal Leisure Revisited

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Chapter 7 of *Illegal Leisure Revisited* (London, Routledge, 2011)

Section 'The Runaway Train of Normalisation'

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ILLEGAL LEISURE REVISITED: THE RUNAWAY TRAIN OF NORMALISATION

Looking back over the twelve years since *Illegal Leisure* was first published, no one is more surprised than us by how widely the concept of normalisation came to be discussed, adopted and developed, not just amongst drugs researchers but also within policy circles and amongst practitioners. It is perhaps because normalisation captured something of the zeitgeist of the 1990s, a crossroads in both drug use and drug policy, that it developed as it did. So it is to the historical and cultural context of those early surveys that we first return in our final chapter before providing our concluding thoughts on how the normalisation thesis has developed in the twenty first century.

Reflecting back on the early days of the study, perhaps overshadowed by subsequent developments, is that the primary aim of the original study was to explore the relationship between *alcohol* and offending; indeed the first three surveys were funded by the Alcohol Education and Research Council. What was captured in those early years, by chance, was an unexpected and marked upturn in drug use by young people in their early teens. Having documented the 1980s heroin outbreaks (Parker et al, 1988), the first notable feature of our cohort was that they were the 'post-heroin generation' (Measham et al, 1993). Furthermore, not only was a new generation of teenagers using drugs in new ways, we found few statistically significant differences in terms of gender or school class catchment area: the girls in the leafy suburban schools were as likely to be trying cannabis, speed or LSD in those early days as the lads on the estates. Our surveys were the first to capture this increased adolescent drug use that then came to be replicated in both adolescent and adult drug surveys across the decade across the UK. The question raised for the early researchers on the project was why had drug use increased so much and amongst such a diverse group of young people? The point to note here, then, is that the concept of normalisation emerged, very much *grounded* in the trends that we had uncovered and tied in the early days to these unprecedented prevalence levels that took us all by surprise (Measham et al, 1994).

The political context to the early years of this study also seem significant to us. In writing of the new post-heroin generation that emerged in the early 1990s in the UK, our discussions with the young people that we met in schools suggested a stark contrast to public perceptions of drug use at that time. As discussed in Chapter 1, drug use in the 1980s was characterised by a heroin epidemic which took a heavy toll on working class and socially excluded young people, specifically unemployed young men located in cities, towns and ports with redundant heavy industry. This was very different to the young people who spoke to us in schools about their own, their friends and their families' use of cannabis, amphetamines, perhaps a little ecstasy or LSD at the weekends; to them associated with the pleasures of the weekend, rather than the problems of life. Whilst we wanted to convey our feelings at the magnitude of change in the early 1990s – the 'shock of the new', musically, stylistically and pharmacologically, as the UK emerged out of economic recession – it was also an attempt to challenge both the prevailing discourse of drug users as 'junkies' and the recurrent problematisation of young people and their leisure (Pearson, 1983).

Thus the underlying political thrust of normalisation was an attempt to cast young people in a more positive light, as reasonable, responsible agents making their drug taking decisions, weighing up the costs and benefits of their actions, carefully deciding which drugs to take or to avoid. In exploring the increase in weekend, occasional and 'recreational' drug use at this time, it distinguished such usage from the discourse surrounding 'junkie' slaves to their daily fix, epitomised by the 'Heroin Screws You Up' public health campaign. This pharmacological shift away from the 1980s required also an appropriate explanatory shift away from the structural, subcultural and psychological explanations, all of which presupposed drug use to be evidence of pathology of one sort or another, and which clearly did not fit our data. Thus we utilised a cost-benefit analysis (Coffield and Gofton, 1994), adapting rational actor theory to the 'sensible' adolescent recreational drug use of the majority (Parker et al, 2002), through a detailed consideration of how young people themselves perceived the individual risks and rewards from drug use in order to make their drug decisions.

We concluded that there were two obvious policy responses to the increased drug use that we had uncovered across the social spectrum in the 1990s. Given the sheer numbers undeterred by illegality, criminalisation and potential consequences in later life for possession of an occasional cannabis joint, this raised the question of how a government should respond to mass, low level law-breaking? A government can either persist in its attempts to protect young people and deter drug use and cast its net wide(r) or reconsider the aims and efficacy of a particular law. So one possible policy option discussed in our 1998 conclusion was the depenalisation of cannabis, the most widely used drug. This policy option was subsequently (briefly) considered in 2004-9 when cannabis was downgraded from Class B to Class C (and where the government advisory body the ACMD thinks it should have remained), although Class C penalties were raised to Class B levels. A second policy option we discussed was a commitment to well resourced harm reduction initiatives implemented at the local level through health, education and drugs services, in order to reduce the harm to the individual user, their communities and wider society.

Thus the concept of normalisation was historically and culturally context specific – we attempted to describe what we found at that time in that place. Normalisation made no grander claims in terms of providing an explanatory framework for all drug use. It is therefore with surprise that we note the application, development and even dismissal of the relevance of normalisation as an explanatory model of drug use elsewhere. As the normalisation debate has spread, it has been tested and applied to a wide range of drug users: from Australian clubbers (Duff, 2005) to Scandinavian cannabis smokers (Jarvinen, forthcoming), and with ongoing projects across Europe, North America and Australasia testing and developing the thesis further. Interesting developments include its expansion from the macro to the micro level, for example, in the work of Pennay and Moore (2010).

Critique of the normalisation thesis and our response

Early critique of the normalisation concept as applied to adolescent drug taking emerged in the late 1990s from Shiner and Newburn (1997, 1999), although the first of these was published before *Illegal Leisure*, in which we first comprehensively described the process of normalisation and the evidence we took to support it. Shiner and Newburn's critique pointed to what were seen to be two fundamental problems with the idea of normalisation. The first charge was that we selectively used evidence that exaggerated young people's drug involvement: the 'big' numbers. For example, we were seen to have made more of 'lifetime' prevalence of drug taking, producing figures suggesting drug-involvement amongst our 16 year olds by the majority (51%), when we ought to have highlighted the much lower levels of past month drug taking (28% for our 16 year olds), a statistic much more likely to include only the regular or 'real' drug users amongst our adolescents. In a similar vein, we were criticised for (ostensibly) not having distinguished more between types of drugs, noting, for example, that adolescent drug use was predominantly the use of cannabis rather than Class As, and between different kinds of drug use (for example, between polydrug use, one-off use, or more sustained use that has stopped).

The early publications on which these critiques were based (Parker et al 1995, Measham et al 1994) did, in fact, distinguish between different drugs, as well as between lifetime and more recent use. And the first edition of *Illegal Leisure* (which 'crossed', in publication terms, with these critiques) was the first amongst UK surveys to go beyond the limitations particular to adolescents of using recent drug use as 'proxy' measures for regular use (see Aldridge et al 1999). Thus, we attempted to disentangle the various drug pathways that adolescents took through their drug taking decisions, for example differentiating abstainers from ex-users, and current users from those 'in transition'. Nevertheless, this accusation of exaggeration is important, as it points to a perception implicit in the critique that we were painting adolescent drug taking as 'the norm': as normal as a cup of tea (Shiner and Newburn 1999). To demonstrate, as Shiner and Newburn saw themselves as doing, that far less than a majority of young people were actually regular or committed drug users, was effectively to lay bare the flaw in our argument. But if it was not clear before, the final chapter of *Illegal Leisure* stated plainly that normalisation was never 'concerned with absolutes' or mere prevalence levels; it was enough for us to discover that the majority of our respondents had *tried* an illicit drug by the age of 18. Of the various criteria that we pointed to as evidence of normalisation (availability and use of drugs, drug knowledge, and the cultural accommodation of the illicit), none of these were absolute states that had been reached, finding us at a point where drug taking was 'normal'. Instead, we pointed to *movement* in the perceptions of some kinds of drug taking: from the margins towards the mainstream. Normalisation, for us, was a *process*, and we were certain that this process was a key to understanding the changes underway amongst 1990s adolescents. Parker (2005) came to describe normalisation as a 'barometer of change', ideologically neutral about the rightness or wrongness of drug-taking's social acceptability, but a useful tool in locating the *extent* of social acceptability, and the *direction* of movement away from or towards that point.

The second problem identified with the normalisation thesis in these critiques concerned the extent to which adolescents of the 1990s actually believed drug taking to be acceptable behaviour. Perhaps many more adolescents were taking drugs: but did they really think that doing so was 'normal' and okay? Buried beneath a superficial veneer of approval ('everyone does it', 'it's ok so long as it is only soft drugs') Shiner and Newburn read implicit disapproval. Young drug users, they argued, held the very same values – in common with wider society – that using illegal drugs is wrong. What might appear as approval was instead the attempt by young drug users to neutralise the guilt that resulted from engaging in a behaviour they ultimately felt to be wrong. Far from considering drug taking to be normal and okay, drug using young people, for example, reacted in a strongly negative fashion to the real or hypothesised drug use of a younger sibling (Shiner and Newburn 1997).

Shiner and Newburn's critique used neutralisation theory, as formulated by Matza (1964) and Sykes and Matza (1957). Neutralisation theory stood counter to the contention of subcultural theorists that youthful delinquents rebelled by rejecting the dominant social values of wider society, and replaced these instead with their own delinquent values. Matza and Sykes, in contrast, believed that delinquent youth retained broad commitment to wider societal values, and were able to persist in their delinquency by justifying or 'neutralising' their behaviour – in effect, making excuses to allow its continuation. Shiner and Newburn, following Matza and Sykes, suggested that the expression of these kinds of neutralising statements by young drug users was evidence of their underlying opposition to drug taking. Hence, drug taking was not socially accommodated, even by users, as the normalisation thesis would suggest.

We concur with only some of Shiner and Newburn's analysis. The neutralising statements made by young drug users to interviewers ('everyone does it', 'it's ok so long as it is only soft drugs') probably are in fact neutralisations. But it is from here that we part company with Shiner and Newburn, who go on to suggest that if young drug users are in fact making neutralising statements, they must inevitably share the wider consensus values within society *including that drug taking is bad*. There is no question that the members of our cohort are broadly conforming, as evidenced by the fairly conventional choices that characterise the lives of most of them at the age of 27 and indeed our normalisation thesis in part developed out of dissatisfaction with the relevance of subcultural theory to our cohort of young people. In no way would we suggest that the clear implication of the normalisation thesis is that 'youth culture is rebel culture' (Shiner and Newburn 1999: 151). We suggest, contrary to Shiner and Newburn however, that it may be possible to conform to societal values generally, but to reject some specifics (e.g. 'it's ok to take drugs so long as it's only soft drugs, and it doesn't interfere with your job/family'). Moreover, the use of neutralising statements need not be interpreted, as Shiner and Newburn have, to mean that drug taking is 'wrong'. Instead, neutralising statements can arise simply in *recognition* of existing social sanction. Thus, rationalisations are made – healthily, appropriately – in order to provide a coherent and acceptable personal narrative to a possibly judgemental observer. These are what Maruna and Copes (2005) refer to as 'good' neutralisations, and what Scott and Lyman (1968) refer to as 'justifications' (accepting responsibility for behaviour but rejecting its pejorative sense), as opposed to 'excuses' (accepting the behaviour is wrong, but denying responsibility for it).

We accept, therefore, that young recreational drug users may make neutralising statements, but disagree with Shiner and Newburn that these are evidence of a deeply held belief that drug taking is 'wrong'. And what's more – all of this sits comfortably alongside a general acceptance of consensus values. Our young – and now adult – drug takers for the most part live conforming lives. But doing so does not preclude the rejection of particular aspects of broader consensus values. Indeed, herein lies the process of normalisation we observed during the 1990s – the beginnings of the social accommodation of illicit drug taking – moving from the margins (use amongst groups characterised by difference, and a wholesale rejection of mainstream values) towards the mainstream (use amongst groups that are generally conforming).

There are other problems we identify with Shiner and Newburn's critique. One of the more compelling, on first glance, pieces of evidence for their suggestion that even drug takers believe drug taking to be wrong is the negative reaction of their interviewees to the suggestion of a younger sibling's drug use. We concur with Maruna and Copes (2005), commenting in relation to interviewing in neutralisation research generally, who point to the 'demand characteristics' of the interview situation, which make clear who, between the interviewer and interviewee, is the deviant. Interviews like these are highly likely to produce 'artificially created' neutralisations. We suggest that 'cues' in the research context indicating to interviewees what may be socially acceptable replies may have been especially salient to Shiner and Newburn's interviewees. Their teenage research participants were interviewed as part of an evaluation of the peer approach to drugs education, and interviews took place mostly in schools. Even if these adolescents are

completely honest in their replies, when faced with an adult interviewer that these adolescents are likely to assume hold anti-drug beliefs – justifications for their engagement in illegal drug taking are highly likely to emerge. Indeed, such justifications for drug taking may be cognitively inevitable for those engaging in behaviour for which there are both legal sanctions and disapproval in certain sections of society. Maruna and Copes refer to this as the ‘normality of neutralisations’ (2005: 65): ordinary human behaviour in which we all engage.

We do not contend, in our response to Shiner and Newburn’s critique, that their respondents were less than truthful in their replies to the interviewer. We simply interpret their responses differently. The justifications of these adolescent drug users, in the form of highly negative reactions to the suggestion of a younger sibling’s drug use, are likely to be designed to demonstrate themselves to the interviewer as a certain kind of person: one who ‘cares’ about a young family member. Adolescent drug users must certainly understand that all substance use – including the use of alcohol and drugs – carries health risks, and some forms of substance use additionally carry risks that result from breaking the law. This recognition of risk need not imply that adolescents believe, for example, that occasional cannabis use is morally ‘wrong’ in addition to carrying risk. Who amongst us could resist the opportunity to answer a question – about a younger sibling, a son, a daughter – in a way that casts us in a positive light? Demonstrating that one does not wish a loved one to engage in potentially harmful activity does not (inevitably) mean that one believes that activity to be morally wrong or bad. And none of this means that drug using adolescents themselves are not broadly in agreement with mainstream social values.

A related accusation of exaggeration against the normalisation thesis concerned the extent to which the supposedly sharply rising trends in adolescent drug taking in the early 1990s were as unique as we were making out (see Shiner and Newburn 1999; Shiner, 2009), or whether, taking a longer historical perspective, there was more continuity with the past than we had been prepared to admit. We concluded in Chapter 1 that, based on national prevalence data, today’s generation of adolescents have roughly similar levels of drug taking to that found amongst our cohort’s generation – the teenagers of the early 1990s. This in itself suggests a degree of continuity, though we are careful not to overstate this: levels of drug taking found amongst early 1990s adolescents occurred on the back of increasing trends, whereas the opposite is true for today’s adolescents. Nevertheless, it is correct that our analysis was not grounded in the long view, historically speaking, and the importance of historical perspective is clear. The consumption of psychoactive substances is documented back to ancient times (see Blackman 2004) and across almost all societies and tribal groups (Klein, 2008), and it is inevitable that the social acceptability of substances fluctuates around individual substances, around styles of use, and around sanctions and regulations that have come and gone.

In the first edition of *Illegal Leisure*, we stated very precisely that normalisation referred to the use of only certain drugs, and counted primarily cannabis, but also nitrites, amphetamines, and with less certainty, LSD and ecstasy in the list. We debated the question of which drugs the normalisation thesis should be seen to refer to, and never reached complete consensus amongst ourselves on the question. Was normalisation as a concept only to be applied to the drugs most likely to be taken by young people? Or were specific substances not the issue but instead the ‘sensible’ use of them (see Parker et al 2002)? It is interesting to return to this question now, in light of having revisited the cohort in adulthood. If our teenagers in the mid 1990s were certain of anything, it was that cocaine was in no way acceptable or accommodated by them; it was a drug that went hand-in-hand with heroin, and was for them beyond the pale. But before another decade was complete, nationally, and amongst our cohort, cocaine had become the second most popular drug after cannabis. Does this mean that normalisation as a concept must be changed as fashions in drugs both come (cocaine) and go (LSD)? Can even excess (as opposed to sensibility) be accommodated so long as it is controlled excess (the ‘controlled loss of control’, Measham, 2002), in bounded and negotiated times and places, much as many might agree applies to occasional, even rowdy, drunkenness?

Perhaps all along the concept ought to have been attached, in a definitional sense, simply to the use of substances that for the first time in recent history includes the illegal and illicit amongst them. We may then accept that the characteristics of normalisation – how it manifests itself – will change. This kind of approach allows for the popularity of particular drugs to come and go, and for styles of consumption to allow for more or less ‘excess’ at some times than at others, just as trends in types of alcoholic beverage (from beers to wines and spirits) and styles of alcohol consumption (‘binge’ drinking or home drinking, for example) fluctuate over time. And of course all of this allows for the process of normalisation to be reversed, as has been occurring for cigarette smoking over recent decades.

Developments in the normalisation debate

There are three key strands of development in the debate since we first described our thesis in 1998 which we wish to highlight here. Firstly, in our emphasis on the rationality of adolescents in their drug taking decisions some of the sensuality (Jackson, 2004), the emotionality (Measham, 2004b) and perhaps even irrationality of drug use was overlooked. The work of Griffin and colleagues (2009) has highlighted the allure of altered states of intoxication for young adults in relation to alcohol – the purposeful pursuit of drunken excess to the point of memory loss. In our desire to project the rational cost-benefit analysis and the most reasonableness of young people, some of the compulsions, cravings, passions, pleasures, irrational consumption and simply utter ‘caning’ was lost.

Secondly, our emphasis on agency – on young people as rational beings making calculated drug taking decisions – not surprisingly has led researchers more recently to re-emphasise the role of structure. Despite the apparently ‘free’ choices we make, ‘big’ variables like gender, poverty, ethnicity and social class continue to function to limit and shape these choices, even as we often remain unaware of them. For us, in the context of the early 1990s and grounded in our data on adolescent drug use, variables like gender, social class and ethnic considerations seemed less relevant in explaining drug involvement than in previous decades. Indeed: we found evidence of drug trying and use across the socio-economic spectrum, including not only inner-city youth, and not just boys and young men.

The emphasis on agency over structure in our early formulation of the normalisation thesis became a key area for subsequent refinement and reconsideration. The in-depth interviews provided us with the opportunity to look deeper into the lives of our cohort and in so doing; we uncovered the ways in which structural determinants remain central to young people and to their drug pathways. This reconsideration of structure also became a key feature of recent reconsiderations of the normalisation thesis. Shildrick (2002) and MacDonald and Marsh (2002) for example, developed a notion of ‘differentiated normalisation’ in order to incorporate the relevance of socio-economic class to our understanding of drug use amongst different groups of young people. Shildrick, in her research on drug use amongst socially excluded young people, found the expression of a range of attitudes towards drug use, ranging from ‘cautious and critical’ to ‘tolerant and accepting’ (2002: 44). MacDonald and Marsh (2002) similarly found anti-drug views held by young people who were complete abstainers living in a severely ‘excluded’ part of Northeast England, and even though the area had widespread drug use. This attempt to bridge the divide between research traditions that some have argued downplay the influence of social structures in understanding youth cultures and more mainstream approaches to understanding youth transitions is also apparent in MacDonald and Shildrick’s (2007) invoking of the ‘leisure career’.

The work of Measham (2002, 2004) and Østergaard (2007) has explored the continued relevance of gender to our understanding of the meanings, motivations and consequences of alcohol and

drug use for young people, reminding us, as Shildrick did for social class, that gender remains one of the important 'big' variables that shapes behaviour in ways that explanations relying on human agency alone do not address. Furthermore, in a recent synthesis of the normalisation thesis and its critique, Measham and Shiner (2009) directly address the application of the agency-structure debate to young people's drug use; arguing for the balance to tip back from its 1990s emphasis on agency through an interplay of social structure and human agency. Drawing on the conceptual developments by Laub and Sampson (2003) on 'situated choice' and Messerschmidt (1997) on 'structured action', they explore how individual decisions or actions are understood within the framework and structural limitations of their social condition, concluding that normalisation is "a contingent process negotiated by distinct social groups operating in bounded situations" (2009: 502).

Thirdly, in terms of the political impact of our work, whilst we concluded twelve years ago that our empirical data could support decriminalisation and harm reduction (see also Aldridge 2008), in fact the unprecedented levels of drug use were used to support a decade of drug policy which has instead focused on increased enforcement and prevention; reduced funding for harm reduction; and an absence of treatment initiatives for non offending, non opiate users. As Blackman argues convincingly (2004, 2007): rather than normalisation potentially being a force for positive change, the increased prevalence and associated debate surrounding drugs being as 'normal' as a cup of tea (Shiner and Newburn, 1999) was used as justification for increased policing and enforcement of the Misuse of Drugs Act as regards young people, leading to an increasingly prohibitionist rather than reforming agenda.

Reflections on revisiting our cohort

We have followed our cohort from their early teens through to their late twenties, so where does that leave our concept of normalisation now, particularly given that not only has our cohort aged but the prevalence of drug taking has fallen across the country? For us, unlike for many of our critics (e.g., Shiner and Newburn, 1997), raw prevalence rates were not the only, nor indeed the central component of the normalisation thesis. Our recognition of social change related as much to understanding how the drug decisions that people make influence how drug taking can fit into ordinary, everyday lives. In short, our thesis rested as much on cultural and attitudinal change amongst drug users and non users as upon upward trends in prevalence, and for this reason we can identify the threads of normalisation continuing as we follow our cohort into middle adulthood.

This is not to deny that, as one would expect, we are seeing a 'settling down' with lower levels of drug use as our cohort progresses towards their thirties. Past year use of any drug fell from around five or six in ten respondents from age 18-22, to around one third at the age of 27, and past month use from about one third to one fifth. This downward trend, however, draws our attention to *relative* levels of use – decline – at the same time as it detracts our attention away from seeing the absolute levels of use, on which we are inclined to focus here. By the age of 27, with most in full time employment and in long term relationships, half with mortgages and many with children of their own, our cohort appear to be a fairly conventional and conforming group of young adults. That so many continue to engage in regular drug taking from adolescence well into adulthood speaks to a remarkable stability in drug taking. A wide range of drugs appear to be readily available to them, which sustains diverse weekend polydrug repertoires into middle adulthood (see also Pearson, 2001). Their levels of use at the age of 27 (in 2004) are broadly similar to national levels for their age at around the same time, although we find three times the level of past year cocaine use, and twice the level of ecstasy use, in our cohort compared to national levels. These findings are particularly compelling given that our cohort over the years has become considerably less drug involved than the original sample due to disproportionate attrition of drug users. The fact that they are able to accommodate their drug taking into home,

work and family life demonstrates something of a 'commitment' to drug use (Moore, 2004). In spite of reductions in drug taking across the noughties, levels of use amongst our cohort sit not far from historically high levels, as they do for young people nationally (see also Aldridge 2008).

As social relationships changed from adolescence to adulthood for our cohort, some described how they no longer had easy access to drugs, or how drug use was no longer socially accommodated within their friendship groups, which they offered as an explanation for their total desistance from, or growing moderation in drug use. Interviewees also spoke about moderating use to deal with the problems that over-indulgence had brought, and explained how their drug use must be fitted in around other life responsibilities such as parenthood, jobs or even mundane house cleaning. Whilst this could be interpreted as counter-normalisation (the discourse of 'settling down'), equally it speaks to us as evidence of normalisation rather than its reverse. What is normalisation in adulthood if not the accommodation of psychoactive experiences into everyday life? Similarly, growing concerns about long-term health effects are also a normal feature of adulthood at this age, for both drug users and non users. That our adult drug users regularly spoke of moderating or revising their drug consumption in recognition of possible long term consequences is the normal 'adult' corollary of the short-term consequences that concerned our cohort in their teens, when they, for example, avoided drinking heavily when smoking cannabis to avoid unpleasant 'whiteys'. Far from being frightening and out-of-control drug-taking adults, normalisation speaks instead to drug taking that appears mostly well controlled and accommodated into to ordinary daily life, daily life that is probably not all that different to those who seek evening and weekend time-out, relaxation and fun through alcohol consumption.

Our response to the critique seems realised amongst the drug using adults in our cohort. These adults do not reject mainstream values – their lives, outside of their drug use, sit comfortably amongst these values. And yet, whether we see them as justifying or 'neutralising' their drug taking or not, they appear to accept drug taking as a fairly ordinary, normal activity that is 'okay'. Nowhere is the evidence for normalisation stronger than amongst what we have referred to as the 'opportunistic users' in the cohort. A significant minority of adults are happy to partake when the opportunity arises, but do not vigorously or regularly seek out those opportunities and think little of it whether partaking or not. Indeed, it is this very ordinariness of opportunistic usage that strikes us as evidence of adult normalisation – very similar to the role that alcohol plays in many drinkers' lives. In a world where illicit drugs are not well accommodated, opportunistic users probably would not flourish like this – instead, users would be of the more committed variety, a subcultural and self identified group united against a hostile society (Becker, 1963).

Normalisation and official responses

An additional dimension that can be employed to assess the evidence for the normalisation thesis is the extent to which normalisation may be evident in government responses to drug use. When we wrote the first edition of *Illegal Leisure*, the policy options that seemed obvious to us in recognising the increasing levels and social acceptability of recreational drug taking included harm reduction initiatives and a ratcheting *down* of criminal justice sanctions. But even policy developments that ratchet *up* enforcement through the criminal justice system (see Reuter 2007) can be seen to reflect an acknowledgement that drug taking is an increasingly common – if dangerous – activity (Huggins 2007). Writing in 2005, Parker identified a 'welcome, fundamental shift in the official thinking about the need to recognise recreational drug use being widespread but distinctive from problem drug use' (2005: 213). Indeed, some developments over the past ten years in relation to public health information provision targeted at adolescent recreational polydrug users and the first reclassification (downward) of cannabis represented important moves in this direction.

More recently, however, we see policy developments with decidedly contrary implications for normalisation. If there was one drug that we felt confident could be described as normalised in the 1990s, in terms of prevalence, patterns and attitudes to the drug, then it was cannabis. Yet cannabis has changed in terms of assessments of potential harm to users with the advent of the much more potent strain 'skunk', and associated patterns of use which shows signs of being problematic, daily or dependent, particularly amongst young men aged 16-24. Concerns about links between cannabis and mental illness emerged alongside the hydroponic homegrown market in skunk with a high THC content (Murray et al, 2007) leading to a high profile campaign by the media (Daily Mail, 2007a 2007b). The Daily Mail campaign against skunk continued after its rescheduling, fuelled by research by Murray and colleagues at the London Institute of Psychiatry finding that skunk smokers are seven times more likely to suffer from psychosis (di Forti et al, 2009). In a recent review of the evidence on cannabis, Macleod and Hickman, by contrast, noted that the relationship between cannabis and psychosis may be due to 'residual confounding and measurement error... That is not to say they are not causal - they might be, but it is simply impossible to know.' (2010: 1338). Amidst the calls for evidence-based policy in respect of cannabis and other drugs, we can see the considerable challenges for both researchers and policy makers where 'evidence' is as hotly disputed amongst the academics as policy is amongst the politicians. In such a climate, there is a greater need than ever for stakeholders to forge an understanding borne of respect rather than expectation or obligation, recognizing the complex and non linear nature of the relationship between academic findings, political decision making and the democratic process (Black 2001). The challenge for Britain's coalition government, for academic researchers and for the ACMD is to carry forward a more sophisticated understanding of psychoactive drugs, the positive and negative effects of drug use, as well as of the intended and unintended consequences not just from drug use and supply, but also from drug policy.

As we have noted, current polydrug experimentation continues well into adulthood, with an increased range of drugs in recent years. Whilst we see ebbs and flows in the use of individual drugs like amphetamine, cocaine or ketamine across the years related to availability, price, purity and preferences, overall we can see a robust and continued demand for weekend psychostimulants. Clubbers and party-goers tend to be at the forefront of this experimentation and are amongst the most drug experienced young adults in the UK (e.g. Measham and Moore, 2009); yet such patterns of use also ripple out to the wider population. However, despite two decades of persistent weekend (and sometimes weekday) recreational drug use evidenced in our longitudinal study, there has been a notable lack of policy responses and resources, aside from 'proactive prohibition' (Measham and Moore, 2008). Rather than decriminalise cannabis as we had speculated in the first edition of *Illegal Leisure*, the government has pursued a policy of criminalising the possession and supply of an ever widening array of psychoactive drugs taken by a small minority of the population, including ketamine, GHB, GBL, BZP, synthetic cannabinoids, substituted cathinones and naphyrone, to which can be added their reconfirmation of the Class A classification of ecstasy and the rescheduling of cannabis to Class B (both despite ACMD recommendations for downgrading: ACMD, 2008; 2009).

In most of the above cases, the recency of uptake, the small numbers involved in their use and in some cases the limited scientific knowledge base surrounding emergent recreational drugs mean that the extent of possible social and medical harms is yet to be fully established. But it is not only in relation to these newer arrivals that the government has used the pre-emptive argument: this has occurred for both cannabis and ecstasy as well. The pre-emptive argument is significant because it facilitates the cautious and pro-active criminalisation of drugs *before* evidence has emerged and assessment has occurred of significant harm to users or wider society. On the other end of the spectrum, a longstanding knowledge base in relation to a substance (ketamine for example, used for decades in veterinary, paediatric and palliative practice) is not guarantee of its utility where a drug is taken up as a recreational substance, where different patterns of use may lead to harms not previously identified (e.g. Cottrell et al 2008, where bladder problems are

increasingly being linked to chronic recreational ketamine use). Government policy therefore treads a thin line between playing 'catch up' and pre-emptive force.

Concluding remarks

Throughout the fourteen years of this longitudinal study, our tracking of individual drugs careers enabled us to identify the enormous changes which occur from adolescence well in to adulthood regarding trying and using drugs. Whilst in their teens the general trend is towards greater experimentation and in their twenties the general trend is away from drug use, it is notable that beyond this, there is considerable change, including initiation and experimentation well into mid adulthood. Any future study into drug use should not overlook the magnitude of these adult first time users and of the possibilities of diverse drug careers extending into their thirties, forties and beyond.