



INVESTIGATING ILLEGAL DRUG USE BY SOCIALLY INTEGRATED AND WELL-RESOURCED YOUNG ADULTS IN CAPE TOWN

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Abstract

There is a dearth of data or literature regarding frequent non-dependent drug use by well-resourced, socially integrated South Africans. South African literature regarding drug use – which has primarily focused on dependent drug use accompanied by socio-economic or health crises – is thus incomplete. The purpose of this dissertation was primarily to investigate how well-resourced young adults in Cape Town, South Africa legitimise their illegal drug use habits – and the accompanying potential moral condemnation by society – within otherwise socially conforming lives.

The first leg of the data collection process was an anonymous, self-administered survey, in which 84 young, well-resourced professionals or postgraduate students participated. The second leg of data collection involved semi-structured interviews with ten voluntary participants. A thematic approach was adopted in analysing the data.

Three themes were identified. In the first – the ‘social life’ framework – drug use was posited as playing an important role in enhancing social gatherings or larger social events, and thus being socially accommodated and normalised in certain social contexts. Narratives falling within the ‘relaxation’ framework accounted primarily for habitual cannabis use, which was described as a valid way to unwind after a long day – much like alcohol. In both the first and second frameworks, control and responsibility were emphasised to justify drug use, thus drawing on a neo-liberal conception of the self as autonomous and self-controlled. Finally, the ‘psychedelic adventure’ framework accounted for certain participants’ infrequent and location-specific use of hallucinogenics. Although acknowledged to result in a loss of control, this form of drug use was seen as an escape from the rigours of daily life, in order to rejoin reality revitalised, and not as a departure from accepted social priorities.

The findings of this study align with many modern theories of drug use; most notably normalisation. They further support a policy shift, from punishing drug use as a pathology, to a focus on harm reduction. However, more data and more multifaceted analyses are certainly required.

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1 Introduction

1.1 *Drug use and research in South Africa*

Drug use,¹ like so many other South African sociological and criminological phenomena, has developed against the backdrop of South Africa's oppressive apartheid and colonial past. Post-apartheid South Africa is characterised by high rates of violent crime (Dawson, 2006), the HIV/AIDS epidemic (Burchardt, 2013) and various social, political and economic inequalities, including unequal access to healthcare facilities, schooling and opportunities in the labour-market (Seekings, 2008). These and other structural, socio-economic and political factors have been found to influence or intersect with patterns of drug use and drug-related harms (Scheibe et al., 2017).

Notably, the high prevalence of childhood adversity among South African youth has been found to increase the likelihood of developing substance use problems (Jewkes et al., 2010). Elsewhere it has similarly been found that problematic drug use is disproportionately preceded by systemic disadvantage and damaging childhoods (Buchanan, 2000; Liriano & Ramsey, 2003). Although the extent of the causal connection is difficult to establish and sometimes disputed (Howell, 2015), the literature has also shown that drug use is associated, both directly and indirectly, with increased violence (Buchanan, 2000) and crime (Parry et al., 2004), especially in the case of youth offenders (Parry et al., 2004). Recent research has further identified high levels of violence and trauma among women who use drugs (UNODC, 2019; Scheibe et al. 2020).

Stimulant drug use in South Africa has also been found to be associated with high-risk sexual practices (Wechsberg, Parry, Jewkes, 2010). There is also a high prevalence of drug use amongst commercial sex workers (Scheibe et al., 2016; Parry et al., 2009). Sex workers, who are mostly women, are often of the most vulnerable people in South Africa and in many instances resort to sex work for cash and essential provisions, including food and shelter (Dunkle et al., 2004). Sex workers often use drugs before and after sex as a coping mechanism, or to provide them with the courage to solicit clients, conduct sexual

¹ The term 'drug' is heavily contested and can be interpreted in a number of different ways (Scheibe et al, 2017:198). In this dissertation, the term 'drug' is used to refer to substances that are consumed through whatever means for the psychoactive/pharmacological effects they induce in human beings (Taylor, Buchanan & Ayres, 2016), *but which also*, either as a substance or in the act of consumption and/or acquisition, are deemed illegal or in conflict with the legislative prescripts and schedules found in South African law (primarily those made reference to in Chapter 2 of this dissertation). In doing so, it is acknowledged that the classification of certain substances as illegal, and other not, is the product of economic interests, medical use, racial and cultural bias and social acceptability (Taylor, Buchanan & Ayres, 2016).

transactions and, primarily in the case of male sex workers, prolong sexual encounters (Parry et al., 2009:857). Consistent with other studies (McCurdy et al., 2005), nearly half of the sex workers interviewed in Parry et al.'s (2009) study injected drugs. Risky practices, such as needle sharing and inconsistent condom use were also observed. The use of contaminated needles is common amongst all people who inject drugs in South Africa (Scheibe et al. 2016). In Parry et al.'s study (2009:856), half of the participants agreed to HIV testing, of which 34% tested positive.

In South Africa, several social, structural and political issues add to the health risks that drug users face relating directly to their substance use (Scheibe, Shelly & Verseld, 2020). HIV/AIDS and hepatitis C are major risk factors for most people who inject drugs. HIV prevalence is estimated to be 14% amongst such people in three of South Africa's largest cities and hepatitis C prevalence amongst this group of drug users in Pretoria is estimated to be 65% (Scheibe et al., 2016). Substance use is also a major risk factor for tuberculosis (Deiss, Rodwell & Garfein, 2009).

The stigmatisation of drug users is also pervasive in South Africa (Scheibe, Shelly, Verseld, 2020). Stigmatisation manifests in, and is perpetuated by, the portrayals of drug use in the media, which frequently pathologise drug users. 'Tik'² users, in particular, have been constructed through the lenses of 'criminality, contagion, and victimisation', stirring moral panic. This has served to justify punitive interventions, such as the deployment of the military into informal settlements, to 'eradicate' the 'scourge' of tik, to the exclusion of other interventions (Howell, 2015:138).

Stigmatisation exacerbates the risks drug users face, as it manifests in the treatment they receive at healthcare facilities and social services (Scheibe, Shelly & Verseld, 2020). Consequently, drug users face potential denial of care, conditional or inordinately delayed access to care, shaming and a lack of confidentiality and privacy (Versfeld et al., 2020).

Such discrimination has far-reaching consequences. It is a powerful disincentive for other users to access healthcare in South Africa. It also reinforces low self-worth, thereby inhibiting health-seeking behaviour (Versfeld et al., 2020; Scheibe, Shelley & Verseld, 2020). Self-stigmatisation and low self-worth further contribute to mental illness (Luoma et al., 2007).

² A colloquial term for methamphetamine.

Further, criminal records for drug-related offences limit entry to the formal economy. Incarceration for drug possession – primarily affecting young men from poorer communities – thus often leads to involvement in more serious crimes, as these young men are pushed toward illicit activities and gang membership (Scheibe et al., 2017). The economic attractiveness of the production and distribution of drugs is also influenced by increasing socio-economic disparities and declining labour-market access (Scheibe et al., 2017:197).

It is commonplace for drug users to be arrested instead of more elusive distributors, in part because the performance index used by law enforcement agencies incentivises maximising the numeric frequency and number of arrests made (Faull, 2010). Street users and marginalised persons are thus particularly susceptible to arrest, detention and possible harassment by the police (Marks, Howell & Shelly, 2016). This, despite many police officers realising the futility of the punitive approach to drug enforcement they implement. Racial disparities in drug related arrest rates (Marks, Howell & Shelly, 2016) have also been observed.

1.2 *Research topic*

The above discussion points to the abundance of South African literature on drug use, particularly where it intersects with socio-political issues and health outcomes. However, almost completely ignored by the media and scholars alike is the pervasive use of drugs by well-resourced South Africans at sites of pleasure and leisure. South Africa is the host of some of the largest electronic dance music outdoor festivals in the world – attended by thousands of people every weekend in the summer – where such use abounds (Howell, 2015). Attendance is expensive, and is thus reserved for high income, mostly white drug users, who consume by far the widest range of drugs in South Africa (Leggett, 2001: 68). The most comprehensive work on this cohort of users in South Africa was done by Ted Leggett (2001), who studied ravers in South Africa in the 1990s. He described the wealthy white South African youth as forming part of the international ‘club dance scene’ movement, sweeping the United Kingdom, the United States and Australia in particular (Leggett, 2001:67). The drugs he found most frequently used in these contexts are often referred to as ‘party’ or ‘recreational’³ drugs, being cannabis, ecstasy, methylene-dioxy-meth-

³ The use of the term 'recreational' to describe certain drugs is contested. As discussed in Chapter 3, implicit in the use of the term is a contentious dichotomy between 'recreational' drug use on the one hand, and 'problematic' drug use on the other. The term is used here due to its wide-spread description of the controlled use of these drugs as 'recreational' drug use (eg. Parker et al., 1998).

amphetamines ('MDMA'), a range of other stimulants generally referred to as 'speed'⁴ and cocaine, amongst other lesser used ones such as gamma-Hydroxybutyric acid ('GHB') and ketamine. Other drugs, often referred to as 'hallucinogenic' or 'psychedelic' drugs, such as lysergic acid diethylamide ('LSD') and psilocybin containing 'magic' mushrooms ('PBMMs') were also commonplace at these raves, Leggett (2001) found.

Since then, there has been a dearth of research on high income drug users. Coupled with the lack of media attention to such drug use, this threatens to distort the South African discourse on drug use, which constructs the people who in fact attend EDM and similar festivals as belonging to a group of South African people who do not frequently consume drugs (Howell, 2015).

The aim of this dissertation is thus to shed light on this understudied cohort of drug users. This research is therefore exploratory; the quantitative data gathered aims to provide a snapshot of the drug use habits of this cohort of users, including their drugs of choice, the spaces and social contexts in which use occurs and how open and transparent they are about their use. However, this research aims to go further than this data capture, and investigate the following question: how do well-resourced and socially integrated young adults in Cape Town, South Africa, justify and legitimise their illegal drug taking habits, and the accompanying potential moral condemnation by society, within otherwise conforming lives? This component of the research project seeks to understand the ways in which these drug users make sense of, and account for their drug use.

'Young adults', for purposes of this dissertation, are people between the ages of 22 and 32. This age bracket was chosen because it captures the period after the completion of undergraduate studies, when young adults transition out of a 'protracted' youth to adult citizenship (Measham & Shiner, 2009), during which time it is theorised, and has been found by some authors, that there will be a trend towards desistance from non-dependent illegal substance use (Sampson & Laub, 1993; Measham & Shiner, 2009).

⁴ Including amphetamine and methamphetamine.

2 The regulation of drug use in South Africa: Legal and policy framework

Internationally, drug use has primarily been regulated through criminal justice systems. This approach is rooted in a perception of drug use as deviant, and of drug users as the ‘problem’, deserving of punishment or ‘rehabilitation’ (Scheibe, Shelly & Versfeld, 2020). This pathologising conception of drug use also underpins South Africa's legislative and policy framework, which is punitive in nature and similarly relies on policing agencies and the criminal justice system as enforcers of drug-related rules (Marks & Howell, 2016).

The primary statute in terms of which the production and cultivation, supply, distribution and possession of drugs is regulated is the *Drugs and Drugs Trafficking Act, No. 140 of 1992* (‘Drugs Act’), as supplemented by other relevant legislation, such as the *Prevention of Organised Crime Act, No. 121 of 1998*, the *Financial Intelligence Centre Act, No. 38 of 2001*, the *Pharmacy Act, No. 53 of 1974* and the *Medicines and Related Substances Act, No. 101 of 1965*. These legislative prescripts, amongst other things, define which substances are deemed illegal, the permissible boundaries of policing activity, and the sentencing structure for crimes relating to production, supply, and possession.

Scheibe et al. (2017) explain that the Drugs Act is notably reactive, punitive and prohibitionist. It is informed by three international Conventions to which South Africa is a signatory, and which guide the approach to drug regulation in United Nations Member States. These are the Single Convention on Narcotic Drugs (UN, 1961), the Convention on Psychotropic Substances (UN, 1971), and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (UN, 1988). These Conventions are products of their time, adopted in the context of America's declaration of the ‘war on drugs’ during the latter part of the 20th century. This is reflected in the language used, with the Conventions obliging nations to ‘prevent and combat’ the ‘serious evil’ of ‘drug addiction’ (Scheibe, Shelly & Versfeld, 2020). The focus of the Conventions is on supply reduction and the punishment of drug-related offences.

Despite South Africa's progressive Constitution, which introduced a human-rights oriented approach to all aspects of governance, South African drug policy remains rooted in overarching conservatism. The Central Drug Authority, housed in the Department of Social Development, is the institution responsible for issuing a guiding policy document regarding the regulation of drugs — the National Drug Master Plan — approximately every five years.

In the context of sustained challenges to the moralistic approach to drug regulation in the late 1990s globally (Leshner, 1997), the first National Drug Master Plan (1999) expressed a desire to minimise harm and promote human rights. However, this paid mere lip service to alternative approaches (Geyer and Lombard, 2014). Supported by the tone of the Conventions, its emphasis was on the punishment and the need to ‘eradicate’ drug use and ‘rehabilitate’ people who use drugs. This emphasis has only increased in each subsequent version of the plan, save for the most recent (Schreibe et al., 2020). Abstinence has accordingly been the ultimate treatment goal in South Africa, despite a lack of data in support of abstinence-based drug rehabilitation (Zulu, 2019). This goal excludes harm reduction interventions that can ‘prevent escalation or achievable alternatives for people wanting to change patterns of use’ (Miller, 1998). The preferred policy approaches are rooted in a view of drug users as the problem, instead of focusing on the contexts and structures within which they exist (Scheibe et al., 2017)

As alluded to above, the latest version of the National Drug Maser Plan, does provide some indications of a partial shift towards harm reduction, by including the following five principles: human rights, scientific evidence, ‘inter-sectionality’, person-centred approaches, and the inclusion of people who use drugs (Schreibe et al., 2020).

Harm reduction is an alternative approach to the regulation of drugs. It was developed as a response to the severe harms caused by punitive drug enforcement, many of which are discussed in Chapter 1, and the failures of abstinence-based approaches. Harm Reduction International defines harm reduction as ‘policies, programmes and practice that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption’ (Harm Reduction International, 2021). Harm reduction is primarily concerned with providing responsive, preventive and supportive health and safety-related services to people who use drugs, which are flexible and context sensitive, and aim to be inclusive (Scheibe et al., 2017).

A common harm reduction intervention is the provision of sterile injecting equipment, which helps to contain the spread of HIV and viral hepatitis in the general population by limiting onward transmission (O’Keefe et al., 2019). Another is providing opioid substitution therapy⁵ through the public health system, which improves quality of life

⁵ Prescription drugs are given to addicts as a substitution for the drug on which they are dependent.

and has been found to lead significantly minimise interactions between heroin users and the criminal justice system (Dutra et al., 2008).

Aside from the more progressive changes included in the latest National Drug Master Plan, the Constitutional Court's judgment⁶ in *Minister of Justice and Constitutional Development v Garreth Prince*, 2018 ('Prince') has effectively decriminalised limited personal, cultivation, possession and use of cannabis by adult persons in private, for their own personal consumption. In *Prince*, the Constitutional Court ruled that the prohibition of such cultivation, possession and use was unconstitutional, owing to its unjustifiable limitation of the right to privacy. It is for Parliament to determine the quantities of cannabis that are appropriate for distinguishing personal consumption from other uses. Parliament has proposed the Cannabis for Private Purposes Bill (B19-2020), which is currently open for public comment.

The State strongly opposed the *Prince* application, and its papers included claims that cannabis has disturbing effects on the brain (*Minister of Justice and Constitutional Development v Garreth Prince*, 2018:42-47). The Constitutional Court, too, referred to cannabis as a 'great social evil', indicative of the persistence of views of drug use as pathological or a contagion.

The legal status of cannabis has been shown to influence non-users' perceptions about users of the drug (Jones & Claster, 2001), which may result in acceptance of cannabis use. However, notwithstanding this legal development, and the indications of progressive change from the Central Drug Authority, overarching conservatism and a dedication to a punitive approach remains. This is evident from the persistence of punitive enforcement practices; the concern with international legal frameworks by law enforcement departments; and continued government support for increasing the availability of abstinence-based drug rehabilitation (Scheibe et al., 2020).

⁶ Including its now-expired interim relief.

3 Theorising drug use

3.1 Introduction: The development of theories of deviance and stigma

Deviance is, in the simplest statistical sense, a variation from the norm. In criminology, the concept is concerned with behaviour that deviates from groups norms and rules (Becker, 1963). Deviance is closely linked to stigma. Stigmatisation functions as a form of societal regulation and control by deterring and socially punishing behaviours, characteristics or identities considered deviant (Grasmick & Appelton, 1977). It refers to the process by which ‘negative’ characteristics are attributed to individuals or a group, leading to social isolation, thereby devaluing social status or identity (Goffman, 1963). Forces of social control operate both through formal, legal structures and through informal mechanisms of control (Foucault, 1977), such as ostracism or withdrawal of affection (Becker, 1963).

Drug use has traditionally been viewed as deviant. Early criminological conceptions of drug use viewed it as a disease found at the margins of society among the ‘sick’ and under-socialised (Young, 1971). However, during the 1960s, a systematic sociology of drug use began to emerge, referred to under the umbrella of the ‘new’ deviancy theories. The work of Becker (1963), Matza and Sykes (1957)⁷ and Young (1971) was central to this development. Their work, albeit different in focus, was tied together by a rejection of the notion that deviance inheres in certain behaviour. Their theories thus constituted a sustained challenge to the ‘correctionalist’ focus of mainstream criminology (Matza, 1969), which is the idea that there is a clear distinction between conventional society and an unambiguously deviant minority, whose behaviour was understood to be a result of individual pathology or social dysfunction (Shiner, 2009). A continuum between normality and deviance was emphasised by the ‘new’ deviancy theorists, who saw rule breaking as commonplace (Plummer, 1979). For Young (1971), in particular, deviance was considered meaningful behaviour involving choice (Shiner, 2009).

The work of Becker, in particular, led to a considerable body of literature developing in the 1960s and 1970s regarding the role of subcultures and labels in the initiation and maintenance of drug use. Becker (1963) argued that a person is labelled an ‘outsider’ if they break a rule established by society. Immersion in subcultures, which have their own value systems, thus assists drug users overcome social control (Becker, 1963). On the other hand,

⁷ See also Matza (1964).

Matza and Sykes' (1957) competing neutralisation theory posited drug users as committed to the values of mainstream society, and do not necessarily subscribe to inverted values of subcultures. Drug users, they argued, thus exercise 'techniques of neutralisation' to justify their actions, and alleviate the guilt they feel for deviating from those values through use of drugs. Similarly, Young (1971) accepted that drug users do not subscribe to a separate, subcultural set of values. Building on the work of Matza and Sykes (1961), he argued that drug use should be understood in terms of the conventional value system, as a 'subterranean value', such as hedonism, which is accommodated in post-industrial societies' due to their need for consumption. Subterranean values are, however, largely subsumed under the dominant ethos of productivity, and can only be legitimately expressed if – and when – the right to do so is earned through hard work and productivity.

Decades later, in the 1990s, in response to the unprecedented increases in youth drug use in wealthy Western countries, a significant body of literature known as the normalisation thesis⁸ developed. At the core of the normalisation framework is the notion that 'recreational' drug use is no longer considered to be a deviant activity, and has moved from the margins of society to the centre of youth culture (Parker et al., 1998; Measham, Aldridge & Parker, 2001; Parker, Williams, & Aldridge, 2002). During the same period, Sampson and Laub (1993) theorised that criminal behaviour, including drug use, tends to decline in a person's mid-to-late twenties due to significant life events, such as marriage and full-time work, which foster stronger social bonds that inhibit criminal behaviour. This is known as the life-course perspective.

Although the normalisation framework has arguably become the most widely accepted in the study of drug use in Western countries (Measham & Shiner, 2009), it has been subject to considerable criticism and development. An overview of the key insights of the 'new' deviancy theorists – set out below – is required to understand both the continuity and change this framework has brought to the sociology of drug use, and to understand the import and limitations of this perspective.

3.2 *Labelling theory and subcultural theories of drug use*

In Becker's (1963) seminal work *Outliers*, he theorised that people are considered deviant when they break societal rules or norms. Pertinently, however, breaking a rule is not

⁸ The normalisation thesis is also referred to as the normalisation framework (Parker, 2005) and normalisation theory (Shildrick, 2002). To avoid any confusion with references to this dissertation (or thesis), the terms normalisation framework and normalisation theory are used in this dissertation.

sufficient for an act to be considered deviant. The act further has to be labelled as such by society. Put differently, deviance is the result of social groups making rules whose infraction constitutes deviance, and then applying those rules to particular people and labelling them as 'outsiders' if rules are broken (Becker, 1963). Deviance, for Becker and other social reaction theorists, is thus contingent on the societal reaction to that act.

Drug users, Becker (1963) observed, have to 'contend with powerful forces of social control that make the act seem inexpedient, immoral or both' (Becker, 1963). He identified three key societal values that drug use has been seen to impinge upon, prompting stigmatising societal reactions whereby drug users are labelled 'outsiders'. These values are that people should never lose their self-control; ecstatic experiences should not be pursued for their own sake (although they can reward hard work or religious fervour), and unhealthy behaviours must be prevented. The perceived infringement of these values has underpinned and provided legitimacy to the prohibition of cannabis (Becker, 1963) and other drugs.

Subcultures, which have their own value system that is an inversion of the values held by society, help users overcome these strong social controls (Becker, 1963). Subcultures also facilitate the learned acquisition of values and norms considered deviant by society, and are thus key to the initiation and maintenance of drug use (Becker, 1963; Zinberg, 1984; Clinard and Meier, 1992). The American subcultural school, including Becker, Albert Cohen and David Matza, focused on deviance and the ways in which social reactions to rule breaking, which label people as deviants, pushed them towards subcultures.

Later research on subcultures in Britain, most notably by the Birmingham school, headed by researchers such as Stuart Hall, Phil Cohen, and Paul Willis (Turner, 2003), provided a series of new contributions focusing on the political nature of subcultures. For the Birmingham School, resistance was the key term. In Hall and Jefferson's (1976) *Resistance through Rituals*, they argued that subcultures were ritualised group responses to oppression by those in society who could not succeed due to structural inequalities. They thus viewed subcultures as proactive responses to societal problems. This school paid less attention to drug use than the American subcultural school. However, to the extent that it was considered by the Birmingham school, drug use was theorised as being accommodated in subcultural groups such as 'hippies' and 'skinheads' because it represented a symbolic challenge to dominant societal values (Willis, 1986). This theory of subcultures thus focused on groups entered into by people from the low-income strata, as a means to resist class oppression.

3.3 *Techniques of neutralisation*

A competing theory to the subcultural perspective – particularly the structural perspective of the Chicago School – is Matza and Sykes' (1957) neutralisation theory. Although formulated as a general theory of delinquency, drug use was one of the delinquent behaviours the authors specifically addressed in their work. Other researchers have also applied and developed this theory with specific reference to drug users (see for example Peretti-Watel (2003), whose work is discussed below). Matza and Sykes (1957) reject the notion proposed by subcultural theorists that youthful 'delinquents' hold a value system that is an inversion of the values held by respectable society'. In reality, Matza and Sykes argue, 'delinquents' remain committed to those values held by the wider society, but exercise specific 'techniques of neutralisation' to justify their actions. This is a cognitive adaptation that allows 'delinquent', such as drug users, to manage the guilt they feel because their actions do not align with their values.

The five techniques of neutralisation identified by Sykes and Matza to justify or excuse delinquent behaviour were (i) the denial of responsibility, (ii) the denial of injury (or harm), (iii) the denial of a victim, (iv) the condemnation of the condemners, and (v) an appeal to higher loyalties. The 'denial of responsibility' and the 'condemnation of the condemners' techniques are those most relevant to drug users (Peretti-Watel, 2003; Sandberg, 2012). In the case of the former, drug users blame circumstances outside of their control for their behaviour. For example, they may explain their drug use with reference to the negative influence of their peers or the prevalence of drug use in the neighbourhood they grew up in. With the 'condemnation of the condemners' technique, drug users justify their use by trying to redirect the moral concern at those who condemn drug use. This may entail drawing a comparison between the actions considered 'acceptable' by their 'condemners' and positioning their conduct as comparatively favourable. As already observed by Becker in 1963, drawing comparisons with alcohol, and the risk associated with its use, is a very common way in which cannabis users, in particular, justify their cannabis use (Peretti-Watel, 2003; Peretti-Watel & Moatti, 2006; Sandberg, 2012).

Since its initial formulation, neutralisation theory has been subject to debate and development (Sandberg, 2012:374). For example, researchers studying drug use have debated to what extent the neutralising statements made by research participants are indicative of enduring internalised stigma regarding drug use, which users try to manage, or function merely as a response to negative cultural assumptions regarding drug use, which

users themselves have not internalised (Shiner & Newburn, 1999; Aldridge et al., 2011a; Askew, 2016).

Although authors drawing on the neutralisation framework often use the terms ‘justification’, ‘rationalisations’ and ‘excuses’ interchangeably when referring to the neutralising statements made by deviants (Askew, 2016), some authors have drawn a distinction between ‘justifications’ and ‘rationalisations’, on the one hand, and ‘excuses’ on the other (Scott & Lyman, 1968; Aldridge et al., 2011a; Askew, 2016). This distinction has been usefully applied in the context of theorising drug use. In the case of ‘justifications’ (Scott & Lyman, 1968) and ‘rationalisations’ (Becker, 1963; Young, 1971), speakers indicate that they accept responsibility for the ‘deviant’ act in question, but reject the stigma associated with his behaviour. An ‘excuse’, however, is different in its function, as the speaker has internalised the behaviour as wrong, but denies personal responsibility for it (Scott & Lyman, 1968). Scott and Lyman, who expanded the neutralisation framework in formulating a general theory of ‘accounts’⁹ – distinguish justifications from excuses. They submit that the ‘denial of responsibility’ technique constitutes an excuse, whereas the other four techniques identified by Sykes and Matza are justifications.

The neutralisation framework has also been subject to expansion in other ways. Peretti-Watel (2003), in his study of French cannabis users, built on the framework developed by Sykes and Matza, and identified neutralisation techniques specific to cannabis use. Peretti-Watel has been particularly concerned with the moral concern temporary societies have with risky behaviours. These behaviours now tend to be labelled as ‘deviant’. In developing the neutralisation theory, Peretti-Watel has identified neutralisations users rely on to justify the risks associated with cannabis use.

The first of these neutralisations (which he referred to as ‘risk denial techniques’) is scapegoating. A user relies on scapegoating where he draws a boundary between ‘us’ and ‘them’. The former refers to ‘safe’ people, of which the user is one; the latter refers to a stereotyped, deviant minority of ‘risky’ people.

The second neutralisation Peretti-Watel identified is self-confidence. This entails users denying risk by distinguishing their own ability to control their behaviour or avoid risky situations from the ability of anonymous ‘others’ to do so, considering their own ability

⁹ Accounts are 'statements made to explain outward behaviour and bridge the gap between actions and expectations' (Scott & Lyman, 1968).

to regulate their use as superior to that of the ‘average’ person. Users may, for example, consider themselves better equipped to remain in control of actions when experiencing the psychostimulant effects of drugs than other users.

Finally, Peretti-Watel identified ‘comparisons between risks’ as a neutralisation. Here, users compare their drug use to similar risks that are already socially accepted, such as alcohol consumption. In the context of drug use, this technique often functions similarly to the ‘condemning the condemners’ technique identified by Matza and Sykes.

3.4 *The subterranean world of play*

Young (1971) argued that drug use was a normal response to the pressures of the world and could be readily understood in terms of the conventional value system. Drawing on the work of Matza and Sykes (1957, 1961), Young (1971) theorised that drug use should be understood in terms of accepted ‘subterranean’ values. The concept of ‘subterranean’ values is underpinning by a rejection of the idea, dominant in early subcultural theories, that society can be split normatively into strata. Matza and Sykes (1961) argued that contradictions occur within the dominant values and that, alongside the ‘official’ values of society, are certain ‘subterranean’ values. This view is informed in large part by their belief that the leisure activities of members of ‘conventional’ society are not so different from the pursuits of ‘delinquents’ in society. One of the examples they give of ‘subterranean’ values is the search for new ‘kicks’. Society allows for certain defined periods during which ‘subterranean’ values, such as this pursuit of excitement or ‘kicks’, are allowed to emerge and to take precedence. They posited that –

‘the search for adventure, excitement and thrill is a subterranean value that...often exists side by side with the values of security, routinization and the rest. It is not a deviant value, in any full sense, but must be held in abeyance until the proper moment and circumstances for its expression arrive.’

The delinquent, then, does not deviate from societal values. Rather, he conforms to commonly ‘subterranean’ values but accentuates them, and does not engage in them at the ‘proper moment and circumstances’.

Building on this notion, Young argued that ‘formal’ values, which serve to maintain diligent, repetitive work, and subterranean values, are mutually dependent on one another in the political economy of ‘late’ or ‘post’ industrial societies. This is because productivity is inextricably linked with consumption: individuals must produce in order to consume, and

consume in order to produce, with the result that hedonism and production are closely linked.

Subterranean values are, however, largely subsumed under the dominant ethos of productivity, and can only be legitimately expressed if – and when – the right to do so is earned through hard work and productivity (Young, 1971). This relationship is expressed and facilitated through the ‘weekend ritual’ (Young, 1971; Hobbs et al., 2013). These expectations did not apply equally across the social spectrum, Young theorised. Some groups, such as young people, were said to exist beyond the ethos of productivity. The privileged position of youth allowed young people to engage in ‘subterranean play’, without having to justify it through productivity. They were, however, expected to invest in their future through education and training (Young, 1971).

3.5 *The normalisation of drug use*

One of the key insights of the labelling tradition is that deviance does not inhere in specific behaviour; rather, it is socially determined. What behaviour is stigmatised and deviant is thus not static. It is shaped by cultural, context and history (Grasmick & Appelton, 1977). How society views behaviour may thus change. ‘Normalisation’ is a concept used to describe the process by which a ‘deviant’ population of people – often subcultural – or their deviant behaviour, is, over time, able to be accommodated into a larger grouping or ‘conventional’ society (Parker et al., 1998:152). The concept of normalisation was first developed in the 1950s, when it was used in respect of people with learning difficulties, who were increasingly becoming accommodated and included in many features of normal everyday life in conventional society (Emerson, 1998).

Drawing on labelling theory, the concept of normalisation was developed into a scientific social theory by Wolfensberger. He viewed normalisation as a social process whereby the status of devalued social groups changed over time, and their behaviour or identities become increasingly socially accommodated, and in some instances even valued (Wolfensberger, 1972; Wolfensberger, 1980; Wolfensberger & Thomas, 1983).

3.5.1 The North West England Longitudinal Study

In the 1990s, Parker et al.’s longitudinal study of both drug-taking and abstaining 14 to 25 year old Britons introduced the idea of drug normalisation into the current literature (Measham, Newcome & Parker, 1994; Parker, 1997; Measham, Parker & Aldridge, 1998; Parker et al., 1998; Measham, Aldridge & Parker, 2001; Parker, Williams & Aldridge, 2002). Parker et al. found that recreational drugs have become readily accessible to and widely used

by adolescents and young adults. They further found that there is a degree of cultural accommodation of drug use, by non-using peers and society more generally (Parker, Williams & Aldridge, 2002). Recreational drug use is thus no longer closely associated with deviance, and has become embraced by young Britons as an integral aspect of youth culture and leisure time (Parker et al. 1998; Parker, Williams & Aldridge, 2002).

Parker et al.'s theory seeks to account for the dramatic increase in drug use in Britain, as observed in their own and other data sets (Rødner-Sznitman, 2008). However, the normalisation theory is not only concerned with the statistical prevalence of drug use. Rather, Parker and his colleagues argued that there has also been a major shift in societal attitudes towards drug users and drug use. Drug use has moved from the margins of society, where it was embedded in deviant subcultures, towards the centre of youth culture and identities (Parker et al, 1998:152). Parker et al. thus argued that drug use is accommodated in users' own social worlds, and is more generally seen by society as an unremarkable feature of lives of adolescents and young adults (Parker, 2005). Drug use simply forms part of the broader search for pleasure, excitement and enjoyment in the context of the consumption-oriented lifestyles of the youth prevalent in postmodern Western societies (Measham & Shiner, 2009:502). In these contexts, it is an acceptable leisure activity, alongside sport, holidays, nights out, drinking and having a laugh with friends (Parker et al., 1998:157). Recreational drug use also functions as a means to 'self-medicate' in order to cope with the tribulations of growing up in 'post-industrial' society, in much the same way as many adults enjoy a glass of wine after a difficult day (Parker, 2002). The normalisation framework thus views drug use as an integral part of postmodernity and mainstream culture (Parker et al., 1998).

The main proponents of the normalisation theory did not, however, claim that the posited normalisation of drugs is equally true for all types of drugs and all instances of drug use. They were careful to point out that their theory applies primarily to cannabis, and only 'equivocally' to amphetamines, LSD and ecstasy, as these drugs are primarily socially accommodated in the semi-private context of clubs and dance scenes, and less so outside of these settings (Parker et al., 1998:152; Measham et al., 2001). Although Parker et al. initially excluded the use of cocaine from their conception, Parker's (2005) later work found that its use had also become socially accommodated. Heroin was, however, explicitly excluded from their conception of normalisation (Parker et al., 1998). Further, their framework is concerned with the normalisation of 'sensible', 'recreational' drug use. Parker et al. (2002:947) thus acknowledged that chaotic, combination drug use possesses a 'conundrum'

for their theory of normalisation, because ‘outside club land, polydrug use and [such] “risky” nights out potentially clash with the notions of responsible, sensible recreational drug use which is at the core of our conceptualisation’.

Parker and his colleagues identified five key components to the normalisation thesis,¹⁰ being (i) high access to and availability of a variety of drugs; (ii) high and further increasing drug ‘trying’ rates; (iii) high rates of drug use, particularly amongst ‘clubbers’; (iv) drug use personally and socially accommodated by abstainers and ‘ex’ triers; and (v) the broader accommodation of recreational drug use in cultural understandings of normality, as evidenced by the blurring of the licit (e.g. alcohol) with the illicit (e.g. cannabis) in popular culture (Parker et al., 2002:947-949). However, few researcher have, sought to test each of these components of the framework (Sznitman & Taubman, 2016). Researchers have rather used Parker et al.’s thesis as a ‘multi-dimensional tool kit’ (Sznitman & Taubman, 2016) to study the ways in which attitudes and behaviour towards drugs and users have changed over time and vary across different geographical contexts (Parker, 2005).

Although the normalisation framework was developed and received much support in Britain (South, 1999; Brain, 2000; Taylor, 2000), it is considered to be a general phenomenon in Western post-modern societies (South, 1999). It has found particular support in Western countries where drug prevalence rates are high, such as Australia, where Holt (2005) found that there had been a normalisation of party drugs, including ecstasy, MDMA, methamphetamine, cocaine, LSD, ketamine, and GHB. However, he also found that this social acceptability was limited to the use of these drugs within the context of the dance and clubbing community. On the other hand, Duff et al. (2004) found that party drugs were increasingly being used in ‘mainstream’ settings and contexts in Victoria, including bars and restaurants, as well as at private parties, dinners and functions.

The normalisation framework has, however, also been well received and further developed, as elaborated on below, in countries where drug prevalence rates are low, such as Sweden (Rødner-Sznitman, 2007; Rødner-Sznitman, 2008)).

Despite the support it has received, the normalisation theory has also been subject to considerable criticism, debate and development (Measham & Shiner, 2009). Key areas of criticism and development surrounded the emphasis Parker and his colleagues placed on the agency and choice of all drug users (Blackman, 2004; Shildrick, 2002), and the extent to

¹⁰ These were later supplemented (see Parker, 2005:213).

which recreational drug use had come to be culturally accommodated, as discussed further below.

3.5.2 The normalisation framework and neo-liberalism

Drug use, for Parker et al., was conceptualised as the outcome of a rational cost-benefit analysis by users, in terms of which young people perceived the individual risks and rewards from drug use and, on that basis, strategically and deliberately decided whether or not to use 'recreational' drugs on any given occasion (Parker et al., 1998; Measham et al., 2001; Williams & Parker, 2001). As Parker (1997:25) stresses, 'drug use for young people today is more to do with preference than peer pressure'. Important to their conception, too, is that users are able to control their consumption and use drugs 'sensibly'. The normalisation framework thus constitutes a distinctive explanatory departure from structural, subcultural and psychological explanations of drug use (Aldridge et al., 2011a).

This explanatory shift was guided by their data, with Parker et al. finding that the normalisation of drug use in Britain was evident across lines of class, gender and race (Pennay & Moore, 2010:558). Several other studies also found that young people make rational, consumerist decisions regarding drug use. These people distinguish between drugs, their effect and associated risks, and identify styles of recreational drug use which can be accepted, or at least tolerated, by non-using or cautious drug triers (Hart & Hunt, 1997; Perri et al., 1997; Young & Jones, 1997; Boys et al., 2000). However, Aldridge et al. (2009, 2011a) acknowledged that there was also an underlying political thrust to the emphasis normalisation theory placed on rationality and choice, as Measham and her colleagues thus wished to '[challenge] the prevailing discourses of both irresponsible and disordered youth, and of the irrational and unproductive nature of intoxication itself' and 'cast young people in a more positive light, as reasonable, responsible agents'.

The initial formulation of the normalisation thesis thus appears to have been heavily influenced by neo-liberal ideas of governance. Neo-liberalism is a political philosophy and form of governance which has come to dominate Western politics, and has shaped common sense notions of subjectivity (Kelly, 2006). A central tenet of neo-liberalism is that the ideal self is constituted as an autonomous citizen who is able to improve himself through the making of free and rational decisions (Rose, 1990; Riley et al., 2010:447). Neo-liberalism thus contemplates that individuals are responsible for their own welfare primarily through economic participation and appropriate forms of consumption (Riley, Morey & Griffin,

2010). Walkerdine (2003) contends that neo-liberalism is inherently contradictory, as it requires individuals to understand themselves as autonomous agents making free choices, but requires that such choices are 'appropriate'.

Critics of the normalisation framework questioned the use of the rational actor model relied on by Parker et al. Blackman (2004), for example, argued that the framework unduly reduced conceptions of drug use to their personal elements, and 'diminished the significance of structural inequality and the ideological power of the dominant order' (Blackman, 2004:145). This criticism was linked to the broader policy concern that the emphasis placed on 'agency' and 'choice' serves to perpetuate increased emphasis on individualisation of both risk and responsibility in society – a hallmark of neo-liberal governance – thereby potentially legitimatising drug policies focused on individualised risk management. This may potentially result in a misapplication of drug research to increase moral and punitive regulation (Blackman, 2004), at the expense of interventions to address systemic crises playing a role in drug use and abuse. Other authors, such as Measham & Shiner (2009), pointed to competing research suggesting that drug users and drug dealers do not always act according to simple rational choice models (for example Caulkins & MacCoun, 2003; Sandberg, 2008)

Shildrick (2002) similarly questioned the generality of the claims regarding normalisation made by Parker and his colleagues. Shildrick argued that the normalisation framework ignores the diverse and complex individual experiences of drug use, which are shaped by a myriad of factors, including social and economic disadvantage. In her study, she explored young people's cultural identification, as well as their attitudes towards drug use, and identified three groups of culturally distinct young people. Drawing on their distinctive group identities, she referred to these groups as 'ordinary youth', 'spectacular youth' and 'trackers', respectively (Shildrick, 2002:36). She found that there was a general acceptance of cannabis use across all three groups. However, although there were indications of normalisation in respect of drugs other than cannabis too, there were notable variations between the groups regarding the range of drugs individuals forming part of the respective groups were exposed to, and the degree of social accommodation of drugs amongst the different groups.

Shildrick accordingly developed the concept of 'differential normalisation'. Differentiated normalisation does not seek to refute the normalisation theory, but rather develops it by drawing attention to the complexity of youth and the differentiated ways in

which drug use in general, and the use of different drugs, is normalised for different groups of young people. The concept of differentiated normalisation has been usefully applied in various countries (MacDonald & Marsh, 2002; Hutton, 2010; Van Hout, 2011; Fitzgerald et al., 2013).

Some of the main proponents of the normalisation perspective have acknowledged that their focus on rational choice, and the attendant lack of focus on the role social structures and group identities play in shaping drug use, was a shortcoming of their initial conception of normalisation (Measham & Shiner, 2009; Aldridge, Measham & Williams, 2011a). While Aldridge, Measham and Williams (2011a) have continued to consider agency to play an important role in drug use, they later developed the view that it should be understood in the context of the broader framework of the social structure. Measham and Shiner (2009), drawing on the work of Giddens (1984) and Messerschmidt (1997), and Sampson and Laub's work (1993, 2003) on agential processes, argued that there is a fluid and complex interplay between structure and agency.

On the one hand, a person's choices are influenced by the social structure within which they occur, and cannot be seen as divorced from it. On the other hand, however, the social structure itself is in part constructed through a person's choices and consequent action. For example, Measham (2002) argues that there is a gendered dimension to drug use, both in terms of how people 'do drugs', but also in the way in which drug use is used is used performatively as a tool to construct certain gender identities. These identities are often constructed through their drug-taking experiences, the socio-cultural context of drugs cultures, and the attitudes and behaviours to drug use within those drugs cultures. Drug use, Measham and Shiner (2009) find, must thus be understood as a product of the interplay between structure and agency. Instead of merely identifying and testing similarities and differences in prevalence rates between socio-demographic groups, regard must be had to the ways in which people use drugs to construct and embody certain identities (Measham and Shiner, 2009).

3 5 3 Managing stigma in a normalising framework

3 5 3 1 *The continued stigmatisation of drug use*

The extent to which 'recreational' drug use is socially accommodated, and no longer considered deviant, has been the focus of much debate. Many authors contend that users continue to manage and negotiate stigma and moral condemnation (Hammersley, Marsland,

& Reid, 2003; Radcliffe & Stevens, 2008; Measham & Shiner, 2009; Pennay & Moore, 2010; Hathaway et al., 2011; Askew, 2016). Although Parker and his colleagues do not contend that stigmatising discourses regarding drug use no longer exist – excluding both ‘dependent’ and ‘chaotic’ drug use, which may be subject to stigmatisation, from their normalisation framework – their conception is premised on a fairly simplistic distinction between ‘sensible’, ‘recreational’ drug use on the one hand, and more ‘problematic’ use on the other (Parker et al., 1998). Recreational use, for Parker et al., is ‘the occasional use of certain substances in certain settings and in a controlled way’. Recreational use, then, is use which is appropriately self-regulated. However, it is not self-evident where the line is drawn between controlled and uncontrolled, and more generally between recreational and problematic.

Shildrick (2002) criticises Parker et al. for drawing this line too sharply in their conception of normalisation. She contends that, instead of ‘recreational’ use and ‘problematic’ use being clearly distinguishable in this way, drug use should be seen as occurring on a spectrum from very controlled to uncontrolled use, without a sharp distinction between the two ends of the spectrum.¹¹ Accordingly, the classification of certain drugs as ‘recreational’ is not objective, but socially constructed in a given social context (Sandberg, 2012:373). The bounds of what is considered ‘recreational’ drug use is thus a social process, and users specifically seek to present their use as ‘recreational’ to manage the stigma associated with ‘problematic’ drug use (Sandberg, 2012). Identifying their use as ‘recreational’ functions as a ‘floating signifier’ (Levi-Strauss, 1987; Mehlman, 1972) or ‘interpretative marker’ (Sandberg, 2012), to which certain meaning is attached and which is constantly being negotiated (Sandberg, 2012). In this way, representations of recreational use function similarly to other drug identities adopted by certain users in certain contexts, such as ‘hustler’ and ‘crackhead’, which Copes, Hochstetler and Williams (2008) describe as identities which are dialectically paired status symbols. In a similar manner, notions of ‘recreational’ and ‘sensible’ drug use can be understood as tools in symbolic boundary work (Lamont & Molnár, 2002), which drug users use to justify and legitimise their drug use, by contrasting it to the more ‘problematic’ use of other. The categories of ‘recreational’ and ‘problematic’ use should thus be studied as social processes, rather than as objective and neutral concepts (Sandberg, 2012).

¹¹ Shildrick also takes issue with the use of the term ‘recreational’ because it suggests that the use it is describing is without harms, which is not necessarily the case.

Consistent with this, several studies have also shown that ‘recreational’ drug takers tend to resist identities and labels such as, ‘addicts’, ‘junkies’ and ‘drug users’, in order to distinguish themselves from the negative cultural associations attached to drug use (Monaghan, 2002; Mayock, 2005; Rødner-Sznitman, 2006; Radcliffe & Stevens, 2008; Riley et al., 2008; Riley et al., 2010; Hathaway et al., 2011; Rhodes et al., 2011).

Resisting the ‘dysfunctional’ drug user label appears to be a particularly important for users to legitimise their drug use, as the neo-liberal conception of the self is central to contemporary stigmatising discourses in respect of drug use. In Pennay and Moore's (2010) ethnographic study of socially-integrated, Australian ‘party’-drug users, they found that recreational drug users are confronted with anti-drug discourses of friends, family and wider society. These anti-drug discourses were found to link drug use with loss of self-control, irrationality and dependence, which constitute a subversion of neo-liberal values. The drug user, most specifically the ‘addict’, is viewed as a threat to neo-liberal conceptions of autonomy and freedom, as drug use is said to deprive persons of these key attributes of neo-liberal actors (Pennay & Moore, 2010), or at the very least compromise free will (Keane, 1999). Drugs, particularly injecting drugs, are further associated with disorder, fragmentation and chaos (Fraser & Moore, 2008; Pennay & Moore, 2010). Stigmatising discourses linking drug use with loss of both agency and identity thus persist (Keane, 2002; Manderson, 2005; Fraser & Valentine, 2008). Pennay and Moore (2010) found that, in light of these negative associations, the socially-integrated users studied sought to distance themselves from labels such as ‘drug user’ or ‘addict’.

Resisting certain labels or assuming certain identities which emphasise recreational drug use is an active way in which users negotiate stigma, and present their drug use as normal. These actions or discursive exercises by users are considered to be ‘micro-social’ processes, which may contribute to the social accommodation of drug use by the users' peers (Askew, 2016). Researchers have identified various ‘micro-social’ processes that users employ in order to negotiate stigma and legitimise their drug use, including engaging in the ‘micro-politics of normalisation’ (Rødner-Sznitman, 2008), ‘normifying’ the self (Hathaway et al., 2011) and engaging in ‘good neutralisations’ (Aldridge et al., 2011a), which are considered below.

3 5 3 2 *The micro-politics of normalisation*

Rødner-Sznitman (2008:455) argued that, because Parker et al. assumed that drug use had already become accommodated in mainstream youth culture, and was no longer confined to the margins as a stigmatised activity, they ignored the ‘potential micro-politics users might have engaged in when trying to challenge the stigma attached to them’. The theorised normalisation of ‘sensible’, ‘recreational’ drug use thus cannot be assumed to be a consequence of changing societal attitudes at the population level, Rødner-Sznitman submitted.

Rather, Rødner-Sznitman (2008) argued, normalisation is a continuous, negotiated social process, which users continue to actively engage in to manage the stigma associated with illicit drug use. She identifies two broad forms of micro-politics users engage in: normalisation through adjustment or assimilation (‘assimilative normalisation’), and normalisation through transformation (‘transformational normalisation’).

Assimilative normalisation is a process that individuals engage in to manage stigma by enhancing their own self-image and skills so as to bring them in line with accepted societal values (Pennay & Moore, 2010:559). Users often do so by stressing that their use is ‘planned’ and part of an autonomous decision-making process (Askew, 2016:118), to convey that their use is functional and controlled (Riley et al., 2010). These claims function to illustrate that the user’s drug use does not impinge upon key societal – often neo-liberal – values. Users engaging in assimilative normalisation thus seek to present their own use as acceptable and legitimate, by presenting it as conforming with ordinary and accepted societal practices and values. They may also do so by resisting labels associated with ‘dysfunctional’ drug use (Rødner-Sznitman, 2008). In these ways, users seek to facilitate the social accommodation of drug use in their local sphere.

However, Rødner-Sznitman (2008) argued, users are not interested in shifting the broader societal perceptions of drug use or drug users. Users engaging in assimilative normalisation themselves draw on mainstream representations of drug use, and draw a boundary between such unacceptable use and their own. In doing so, they produce and reproduce mainstream drug-related practices and discourses (Pennay & Moore, 2010:559).

This assimilative form of managing stigma has much in common with users exercising techniques of neutralisation. Both of these processes accept and draw on mainstream representations of drug use as stigmatised activity, but seek to negate their

applicability to the user in question. Whilst techniques of neutralisation refer to cognitive adaptations drug users rely on to reconcile their own internal conflict about the dissonance between their actions and their values, assimilative normalisation refers to how users try to appear normal and conformist to others, to avoid stigmatising labels being attached to them.

‘Transformational normalisation’, in contrast, contemplates processes whereby drug users resist cultural representations of drug use as stigmatised, and seek to redefine what is considered to be ‘normal’ with respect to drug taking and drug users (Rødner-Sznitman, 2008; Pennay & Moore, 2010). Rødner-Sznitman (2008) acknowledged that while this may occur at the political level through, for example, active campaigns to legalise cannabis. However, she argued, it can also occur at the discursive level. This may take place through users repositioning, reconstructing or offering alternative understandings of drug use to those provided by mainstream discourses, in their interactions with using and non-using peers, and in the context of an interview.

On this understanding of the two alternative methods of normalisation, not all users employ the same techniques in negotiating stigma, and some rather attempt to change what is considered to be ‘normal’. This may entail redefining an attribute of the self that was considered negative by society as a positive (Rødner-Sznitman, 2008:452). Users employing this technique often emphasise the value of ‘carnal pleasure’ (Coveney & Bunton, 2003), being the ‘unregulated, unrestrained, corporeal experience facilitated by the heavy use of illicit drugs’ (Pennay & Moore, 2009:568). In doing so, they reject the notion that the pursuit of pleasure is something to be regarded as immoral, as well as the societal expectation of exercising self-control. This is a form of transformational normalisation.

Users do not necessarily engage in the micro-politics of normalisation of drug use consistently. They may, for example, seek to transform social perceptions in respect of one drug they use, but not another. As found by Pennay and Moore (2010), there may also be contradictory discourses amongst groups of drug-using friends. This illustrates the complex ways in which users of illicit drugs attempt to ‘challenge the stigma attached to them’ (Pennay & Moore, 2010).

However, as alluded to above, it appears that users engaging in the micro-politics of normalisation place a heavy emphasis on narratives and strategies of self-control and regulation of use, as anti-drug discourses are focused on drug use characterised by a loss of self-control, dependence and irrationality (Pennay & Moore, 2010). Reliance on such

strategies illustrates a claim to continuing membership of ‘normal’ society, Rødner-Sznitman (2008) argues, as it constitutes an attempt by drug users to portray themselves as holding commonly shared societal values. However, many of the users who invoke narratives of self-control do not fulfil their expressed desire to reduce their drug use (Pennay & Moore, 2010). These users explain this by declaring themselves as too ‘weak’ to control their desires (Pennay and Moore, 2009:568), thus relying on the idea that ‘excessive’ drug use is merely indicative of one’s status as a flawed neo-liberal subject (Keane, 2002). This functions to absolve the participant in question of personal responsibility for failing to conform to society’s expectations that drug use be controlled and sensible. This is a clear example of the ‘denial of personal responsibility’ neutralisation technique contemplated by Sykes and Matza (1957). The use of this technique to account for behaviour indicates that the user has internalised the stigmatised behaviour, or an aspect thereof, as wrong, but denies personal responsibility therefor (Scott and Lyman, 1968).

3 5 3 3 Normification

Hathaway et al. (2011) submit that Parker et al.’s thesis in respect of normalisation contemplates broader social transformation, which requires transformational normalisation such that such that ‘stigmatised or deviant individuals become increasingly accommodated and perhaps eventually valued’ (465). Hathaway et al. (2011) contend that such transformation has not yet occurred in respect of any drugs. Rather, despite there being a trend toward the normalisation of cannabis, in particular, the social process being observed by researchers is primarily ‘normification’ (Goffman, 1963).

‘Normification’ refers to circumstances where deviant or stigmatised individuals present themselves as ‘normal’, by performing socially expected behaviour so as to appear as ordinary and conformist members of society. In so doing, users ‘normalise the self’ (i.e. present themselves as ordinary, conforming individuals), rather than ‘normalising drug use’ (Askew, 2016:113). Normification thus functions similarly to the process which Rødner-Sznitman refers to as assimilative normalisation: in both instances, the users are concerned with their conduct appearing as if it is consistent with societal values and expectations, rather than challenging or seeking to reorientate the values or rules which underpin the stigmatisation of the behaviour in question. The assimilative agenda of normification, Hathaway et al. (2011:465) argue, draws on ‘the cultural construction of illicit substance use as indicative of failed or flawed neo-liberal subjects’. Assertions or desire for self-control

expressed by users therefore represent a ‘claim to membership in mainstream society’ (Hathaway et al., 2011:465).

3.5.3.4 Good neutralisations

Some of the initial proponents of the normalisation thesis (Aldridge et al., 2011a), in responding to criticism from Shiner and Newburn (1997, 1999), acknowledge that users in their study make neutralising statements (such as ‘everyone does it’ or ‘it’s okay so long as it is only soft drugs’), but reject the notion that such statements mean that they have internalised that drug taking is ‘wrong’. Instead, Aldridge et al (2011a) apply Scott and Lyman’s (1968) concept of justifications (or what Maruna and Copes (2005) referred to as ‘good neutralisations’) to submit that ‘[these] rationalisations are made – healthily, appropriately – in order to provide a coherent and acceptable personal narrative to a possibly judgmental observer’, in recognition of social sanctions. Relatedly, Aldridge et al. (2011a) argue that it ‘may be possible to conform to societal values generally, but to reject some specifics’. By way of example, they provide the following hypothetical: ‘it’s ok to take drugs so long as it’s only soft drugs, and it doesn’t interfere with your job/family’. This is supported by Askew’s (2016) findings that drug use can be legitimised in otherwise conformist lives if users can articulate their ability to control their use and maintain functionality within their lives (Askew, 2016: 118).

The study of the micro-politics of normalisation and the ways in which users may continue to negotiate or neutralise stigmas associated with their drug use provides a more nuanced understanding of the normative dimensions and the context within which drug use occurs, by investigating the signs of transformation and the intransigence of stigmas that have culturally endured (Hathaway et al., 2011: 453). Hathaway et al. (2011) thus argue that the status of, in particular, cannabis and cannabis users should be viewed ‘on a normative continuum that has shown signs of shifting in the theorised direction of greater sociocultural acceptance (or indifference) of the practice, while retaining vestiges of social disapproval that contribute to maintaining a “culture of control”’ (Garland, 2001:453).

3.6 The life-course perspective and the normalisation of adult drug use

It has long been observed that there is an age-crime curve, as delinquents normally age out of crime in their mid-to-late twenties (Sampson & Laub, 1993). The life-course perspective seeks to explain this curve. Elder (1985) defines the life-course as a pathway through the lifespan, involving a sequence of roles, which are culturally-defined and age-

graded, and social transitions, which occur throughout an individual's life. This concept is underlined by two key concepts: trajectories and transitions. The former refers to long-term pathways or lines of development throughout life. The latter refers to short-term events embedded within the trajectories, which are characterised by change, such as getting a new job or getting married. These transitions are knifing off opportunities, and may thus be turning points that alter the trajectory of the life-course (Sampson, Laub & Sweeten, 2006).

In the seminal work on life-course criminology, Sampson and Laub (1993), relying on longitudinal data, developed an age-graded theory of informal social control. This theory suggests that poor informal social controls and consequently weak social bonds, which are influenced by the social structure, explain the onset of offending, the continuation thereof, as well as the desistance therefrom. Sampson and Laub (1993) theorised that when certain culturally determined transitions occur in one's late twenties – most pertinently getting married and getting a job – they create the opportunity to foster new pro-social bonds, and change an individual's investment in social capital. By fostering these bonds and developing social capital, the institutions of marriage and work exercise social control over the person, as the associated obligations and responsibilities inhibit the individual from criminal behaviour. In their later work, Sampson and Laub (2003) add the concept of 'situated choice' to this theory, which recognises the agency of an individual within the confines of structural factors.

Several studies have applied the life-course perspective to study drug use. The findings suggest that there is a heterogeneity to life-course drug use trajectories. Some have highlighted that the same age-graded pattern of crime applies equally to drug use, observing that drug use peaks during the late-teens and early twenties, after which, in the mid-to-late twenties, there is a trend toward desistance (Measham & Shiner, 2009:506; Shiner, 2009). In contrast to other drug use, heroine use has been found to increase steadily throughout the life-course. Cocaine use has shown a similar trend, before some desistance occurs during the late-thirties (Hser, Longshore & Anglin, 2007). There is considerable evidence that, even if there is a trend toward desistance from 'recreational' drugs in the mid-to-late twenties, many users continue to use drugs as adults (Hathaway, 2011; Measham et al., 2011; Askew, 2016).

Both Ramsey and Percy (1996) and Aldridge, Measham and Williams (2011b) showed that having a child played a significant role in drug desistance. Getting a fulltime job also led to drug desistance by some of their research participants. But transitions are not simple, and their impact is not homogenous nor permanent. Other participants in Aldridge,

Measham and Williams' study who went into fulltime employment merely moderated their use to enable them to fulfil their work commitments. Aldridge, Measham and Williams (2011b) also observed that several mothers returned to drug use after their children were somewhat grown up. Entering into intimate relationships¹² – considered a potential turning point by Sampson and Laub (1993) – with a drug user was also found often to have a negative impact of drug use by women in their study. Their male partners 'sorted' them with drugs, increasing their use, and use often desisted after the termination of such relationships (Aldridge, Measham & Williams, 2011b). These findings illustrate the complexity of transitions, and more specifically show that the impact of developing a social bond is context specific, and may vary depending on the dynamics of a particular relationship, including the nature of one's partner and their drug use habits.

Normalisation of drug use and normification of the self pose a theoretical challenge to the applicability of the life-course perspective to understanding continued 'non-dependent' drug use. Measham, Williams and Aldridge (2011b) considered the continued use of drugs by many women in their study following major transitions as indicative of the continued normalisation of recreational drug use into adulthood. In contrast, Hathaway et al. (2011) argued that cannabis use persists into adulthood because the users are able to manage the stigma associated with the practice. They do so through stigma-management techniques such as the use of 'disidentifiers', stressing the moderation of their consumption, and generally trying to present themselves as adhering to societal values. This is akin to 'normification' of the self.

Askew (2016) suggested that both of these perspectives – normalisation and normification – are relevant to understanding drug use by adults, as she finds multifaceted representations of drug use by her participants. These representations include evidence of the social accommodation of the use of moderate amounts of cannabis in the evenings as part of a conformist routine of relaxing after work, and of drug use in music and dance scenes with friends. However, Askew (2016) also found that users stress their 'attachment to the roles and responsibilities of adult life', thereby 'normifying' the drug user.

¹² Defined in Measham et al.'s study as married or living together.

4 Methodology and analytical strategy

4.1 Introduction

As in many other studies on drug use (see Hesse-Biber, 2010), this research project made use of a mixed methods approach, which utilised both quantitative and qualitative research tools. The project undertook an online survey, followed by ten of in-depth, semi-structured interviews. The data gathered from the surveys was described using descriptive statistics, whilst the interview data was analysed using thematic analyses.

4.2 Sampling

84 people participated in the survey, of which 61 completed the survey in its entirety. The survey thus had a response rate¹³ of 72.6 per cent. This is in line with the expected response rates of surveys as research instruments. Fincham (2008) found that the goal for researchers using a survey instrument should be a response rate of 60 per cent, provided that where results are intended to be representative, a response rate of 80 per cent or higher is expected. In this project, the survey data was gathered for purposes of conducting a descriptive analysis of the data, and did not seek to make probabilistic or causal claims about the population. The response rate was thus considered appropriate, given the purpose of the study.

To be eligible to participate in the survey, potential respondents were required to be:

- (1) Between the ages of 22 and 32 (inclusive). This age bracket was chosen because it captures the period after the completion of undergraduate studies, when young adults transition out of a 'protracted' youth to adult citizenship (Measham & Shiner, 2009). It is theorised – primarily by life-course theorists – that during this period, there will be a trend towards desistance from non-dependent illegal substance use (Sampson & Laub, 1993). However, the normalisation framework poses a challenge to the applicability of the life-course perspective to understanding continued 'non-dependent' drug use. This makes this age range of particular research interest in a study seeking to understand the rational underpinnings of the continuation (or desistance, if any).of drug use.

¹³ Calculated as the total number of complete responses divided by total number of responses received.

(2) Employed and/or studying a postgraduate degree, and not deriving regular income from illicit sources. This was used as indication of social integration in ‘conventional’¹⁴ society.

(3) Having attended a private or former model C school. This was used as a proxy to determine the income strata and socio-economic circumstances of the participant.

The sample was generated using snowball sampling (Glaser & Strauss, 1967; Glaser, 1978). Snowball sampling is used in most studies of drug use (Hathaway, 2010), as it is well suited for research project involving hard-to-reach populations (Atkinson & Flint, 2001). It is also appropriate when researching sensitive or private matters (Biernacki & Waldorf, 1981) – as was the case in this research project.

The project commenced with initial contacts within persons in my personal network, as well as the networks of other gatekeepers. Each participant was invited to refer other members of the population of drug users under study whom they happen to know (Babbie, 167:2010). The individuals contacted through personal social networks did not, to my knowledge, overlap with those contacted through other gatekeepers’ networks. This targeting of different groups not known to one another intended to eliminate some of the potential sample bias that is often inherent in studies which utilise snowball sampling (Heckathorn, 1997).

The age of survey participants ranged from 22 to 32 (both inclusive), with the average age being 26. Of the survey participant group, 58.33 per cent identified as male, 41.67 per cent identified as female, and none identified as non-binary. The participants were all well-resourced, socially integrated young adults. Most were employed full-time, or had some form of part-time employment, and some were post-graduate students. The survey participants worked in a variety of fields, including law, advertising and other creative fields, translation services, accounting, financial services and healthcare.

The survey consisted, broadly, of three sections: (i) demographic information, (ii) questions relating to a participant’s drug use generally and (iii) questions relating specifically to a participant's use of the drug they used most frequently (referred to herein as a user's ‘drug of choice’). At the end of the survey, participants were provided with the opportunity

¹⁴ The term 'conventional' is used to denote what is commonly constructed and implicitly assumed to be 'normal' or 'standard', as evidenced through law and social convention. The concern is that the user comes from that part of society traditionally considered not to be engaging in illicit drug use, but also does not fall within an actual definition of what constitutes the conventional.

to volunteer to be interviewed, and to provide their contact details to this end if they wished to do so. 25 of the survey participants indicated that they would be willing to take part in an interview, and provided their emails addresses and/or cell phone numbers. I initially contacted ten of the people who volunteered, and later a further four were approached, after I was unable to arrange interviews with three of the initial contacts. The ratio of men to women in the interviews (3:2) was consciously chosen, to align with the response rate by gender to the surveys. The interview participants were otherwise chosen at random from the group of volunteers. Ultimately, interviews were conducted with ten of the survey participants.

The interviews were semi-structured and the questions open-ended. They were conducted at the participants' own homes or at a quiet coffee shop. During the interviews, participants were invited to give in-depth accounts of their drug use, from which emergent themes could be identified. For example, after posing a few basic introductory and demographic-related questions – the purpose of which was primarily to make the interviewees comfortable – all interviewees were asked to ‘tell me about their drug taking and what part it plays in their life’. Providing participants with this opportunity was important for the qualitative aspect of the research project, which focused upon how drug users subjectively account for their drug use in otherwise conforming lives. The interviews were, with consent, recorded and then transcribed.

Table 1 describes the sample of interview participants.

Pseudonym	Age	Gender	Job sector	Cannabis	MDMA	PBMMs
Eleanor	26	F	Law	O	M	O
Michael	30	M	Law	O	O	O
Jack	26	M	Actuarial	D	M	O
Natasha	24	F	Fashion	D	O	O
Jacob	23	M	Translation	D		
Norman	26	M	Law	W	M	O
Matthew	24	M	Engineering	M	O	O
Tayla	25	F	Health care	D	M	O

Jason	29	M	Creative	W	M	
Shanon	23	F	Student	W	M	

Key:

M = Male , F = Female, W = White

D = Daily use, W = Weekly use, M = Monthly use, O = Occasional use – participants only use the drug a few times a year or less

Framework (the discursive framework utilised by the participant in accounting for her/his drug use, discussed further below): RF = ‘relaxation’ framework, SLF = ‘social life’ framework, PAF = ‘psychedelic adventure’ framework

Note: The approximate frequency of use of the three most commonly used drugs by the participants are detailed in the **Table 1**, based on their responses to the survey.

4.3 *The approach to data collection*

4.3.1 Mixed methods

Following a mixed methods approach is increasingly common in drug research (see, for example, Parker, Aldridge, & Measham, 1998), as it allows for complementarity, development and a ‘value-added’ understanding of the research problem in question (Hesse-Biber, 2010:5). Given the lack of research on this cohort of users and the exploratory nature of this research, a mixed methods approach was deemed appropriate. The quantitative data was used to describe the drug use habits of this cohort of users, including what drugs are most prevalent within the sample and how transparent this cohort of users is about their drug use with various persons in their lives. It also allowed for the establishment of a descriptive framework within which to explore how drug users within this cohort account for their drug use.

The interviews sought to probe, and obtain a richer understanding of, the data gathered in the surveys. Whilst the focus of the survey data was on obtaining a snapshot of the drug use habits of this cohort of users, the interview data was analysed thematically to identify how the participants accounted for, justified and legitimise their drug use. The analysis of the interviews was thus conducted through a discursive lens, to identify the ways in which users accounted for their use.

4.3.2 Thematic analysis

The interview data was analysed using thematic analysis. The model developed by Braun and Clarke (2006) was used, primarily because it ‘organises and describes the data set in (rich) detail’ (2006: 79). Braun and Clarke identified six phases to conducting thematic analysis, which guided the analysis of the interview data. These are ‘familiarising yourself with your data; generating initial codes; searching for themes; reviewing themes; defining and naming themes; and producing the report’. These guided the analysis of the interview data. These phases were carefully followed.

First, the interviews were transcribed, after which, through an iterative process of reading and re-reading the transcripts, a thematic coding scheme was developed. Then, on an analysis of the codes and re-reading of the transcripts, potential themes were identified. This thematic analysis occurred at the ‘latent level’ (Boyatzis, 1998). This means that the analysis goes beyond the semantic content of the data, and ‘starts to identify or examine the underlying ideas, assumptions, and conceptualisations [and ideologies] that are theorised as shaping or informing the semantic content of the data’ (Braun & Clarke, 2006). This form of analysis overlaps with thematic forms of discourse analysis (Singer & Hunter, 1999). Through both methods of analysis, the researcher seeks to identify the broader assumptions, structures and meanings underpinning what is actually articulated by the participants and reflected in the data.

This study used a discursive (or ‘latent’) approach to the thematic analysis of the interview data because this form of analysis is useful when researching the ways in which participants explain and account for their behaviour, especially when that behaviour challenges cultural norms and values (Askew, 114: 2016). This form of analysis is thus well-suited for analysing the ways in which participants account for and justify their drug use, and assessing whether they engage in discursive strategies aimed at managing potential stigma associated with their use. This was a primary purpose of the study.

Several other researchers have utilised forms of discourse analysis in studying how drug users account for or seek to legitimise their drug use (see, for example, Riley et al., 2010; Sandberg, 2012, Askew, 2016). This project’s thematic analysis drew on the discourse analysis approach, particularly where the project was concerned with the informal, ‘everyday’ communication of ‘ordinary’ discourse. The focus was, in these instances, on everyday ‘talk in action’ and determining the ‘situated accomplishment of talk’ (Hepburn &

Wiggins, 2007). This kind of analysis identifies 'interpretative repertoires', or frameworks that individuals subjectively draw on to make sense of their experience in the world (Riley et al. 2010).

Once initial themes common to the research participants had been identified, deviant cases were examined to explore instances in which a theme was contradicted. The deviant case analysis allowed me to either reject a theme or to better understand its discursive working and/or the interdiscursivity of the narratives of the relevant participant/s.

Finally, key extracts from each of the interpretative repertoires were selected for inclusion and thematic analysis in the final research project, to represent the relevant interpretative repertoires.

4.4 *Limitations*

The use of snowball sampling brings limitations because it results in samples with questionable representativeness of the group analysed. It is thus used primarily in exploratory work (Babbie, 1975:2010), and less in research seeking to make findings about a certain demographic as a whole. Given that little to no research has been done on this cohort of drug users, this research was intended to be exploratory in nature and did not seek to make generalisations about all individuals falling within the group studied. Snowball sampling was therefore appropriate.

With respect to the quantitative data gathered, the sample size and non-probability sampling technique used limits the ability to generalise the findings made regarding the drug use habits of this cohort of users. For example, the findings could not be used to make empirical claims regarding the prevalence of drug use amongst this group as a whole, or make any definitive claims about the exact drug type and drug use preferences of the group studied. However, the data is not used for this purpose in the present research project. Rather, it provides a framework within which the qualitative data gathered is to be considered, and constituted a pilot data set, which was used as the basis for further enquiry.

It is further uncertain whether participants were honest in their answers, or whether they may have given answers that do not reflect their actual attitudes, values or behaviours. In particular, they may have underplayed their drug use, and overplayed their control over such use (see Tourangeau & Yan (2007), who cited studies that suggesting that respondents may underreport illicit drug use, alcohol consumption and other perceived socially unacceptable conduct).

This possible dishonesty may be accounted for by what is termed the ‘Hawthorne effect’. This is a cognitive bias, in terms of which performance is improved when people are watched or analysed (McCarney et al., 2007). In the context of this research project, individuals – particularly those interviewed, who answered questions face-to-face – may have consciously or unconsciously sought to give answers to sensitive questions that are more socially acceptable, and which would paint them in a more positive light. Casual questions and conversation to establish a rapport and a relaxed environment in interviews (as suggested by McCarney et al., 2007) were intended to overcome the Hawthorne effect, by diminishing the desire to impress. Additionally, the thematic analyses and discourse analysis employed in this study sought to counteract these potential limitations. By primarily considering what interviewees *sought* to convey, and their underlying attitudes regarding their own and others’ drug use, the factual veracity of each statement became less relevant. For example, an attempt to downplay drug use would be useful in revealing the subject’s internalised stigmatisation of a particular type of drug use, while boastful exaggerations of drug use may reveal a desire to invert negative perceptions.

Dishonesty in survey data was likely ameliorated by the fact that the surveys were self-administered. The anonymity of self-administration would likely have fostered more honesty, as survey participants did not need to manage the opinions of others in formulating their responses (Dodou & De Winter, 2014).

5 Findings

5.1 *Drug use by the sample*

Table 2 below describes the variety and average frequency of drugs used by the sample of survey participants. The most commonly used substance by the survey participant group was cannabis, with over 80 per cent of the respondents indicating that they use cannabis weekly. Only one respondent indicated that they had never tried cannabis. MDMA and PBMMs were the other drugs most commonly used by users, with more than 80 per cent of participants having tried these drugs at least once or twice. Use of these drugs was, however, much more infrequent than cannabis use, with no participants reporting use of MDMA on a weekly basis, and only 6.56 per cent indicating that they use MDMA at least monthly. Similarly, 4.9 per cent of participants used PBMMs at least monthly, and only one participant used PBMMs on a daily basis. The other commonly used substances were ecstasy and cocaine, which 68 per cent and 62 per cent of respondents, respectively, had at least tried.

All of these drugs are generally considered to be ‘recreational’. Drugs referred to regularly as ‘harder’ drugs, such as heroin, mandrax and ‘crack’, had each only been tried once or twice by one participant, as well as crystal meth, which only three participants indicated they had ever tried (5 per cent).

Although the frequency of drug use varied quite substantially within the sample, the majority of participants were users of two or more illicit drugs (poly-drug users), as well as being regular users of alcohol. The use of alcohol amongst the sample was pervasive (93 per cent). In contrast, only 43 per cent of participants indicated that they used tobacco. These findings are consistent with the substance use preferences of users in other studies (see Boeri et al., 2008; Ives & Ghelani, 2006), and suggest that alcohol plays a central role in the leisure time of this cohort of users. The comparatively low rate of tobacco use suggests that concerted health and media campaigns highlighting the health risk of tobacco have shaped use patterns amongst this cohort of the population in our society.

Despite the broader Cape Town area being closely associated with high rates of ‘tik’ use (Howell, 2015), the prevalence of ‘tik’ use amongst this sample of Capetonians is incredibly low. Given the moral angst around the ‘tik’ phenomenon and the pathologising terms in which ‘tik’ users have been constructed in South African discourse – particularly through the media (Howell, 2015) – one explanation for this is that this cohort of users has

adopted these stigmatising views of ‘tik’ users and the drug itself, resulting in them distancing themselves from the drug. As holders of employment, and postgraduate students hoping to embark on careers, the powerful stigmatisation by others of ‘tik’ users may also operate as a strong deterrent from use. ‘Tik’ is also a very dangerous, frequently addictive substance (Morris & Parry, 2006:471). It may also be the case that it is not readily available amongst this cohort of the population. Thus without structural factors contributing to ‘tik’ use, this cohort of participants resists use, both because of a lack of access and because of the health risks associated with this drug.

The survey findings also reveal that while the vast majority of the participants have tried cocaine, MDMA and ecstasy, and most use these drugs a few times a year, few use them more regularly than that. The use of these drugs is thus generally not habitual amongst this cohort. As these are all stimulants, generally used at dance and music scenes, it appears that this infrequent use may be linked to the frequency at which these users are able to go clubbing and attend festivals during their mid-to-late twenties and early thirties.

Table 2

Drug	Never used	Tried once or twice	Tried a few times	Use a few times a year	Use a month	Use weekly	Use daily
Cannabis	1.64% (1)	3.28% (2)	4.92% (3)	18.03% (11)	19.67% (12)	26.23% (16)	26.23% (16)
Cocaine	37% (23)	13.11% (8)	22.95% (14)	22.95% (14)	1.64% (1)	1.64% (1)	0% (0)
Ecstasy	31.67% (19)	13.11% (8)	30% (18)	23.33% (14)	1.64% (1)	0% (0)	0% (0)
MDMA*	18.03% (11)	9.84% (6)	21.31% (13)	44.26% (27)	6.56% (4)	0% (0)	0% (0)
LSD **	50.82% (31)	18.03% (12)	13.11% (8)	13.11% (8)	4.92% (3)	0% (0)	0% (0)
Khat	72.13% (44)	14.75% (9)	3.28% (2)	4.92% (3)	0% (0)	0% (0)	0% (0)

Psilocybin based magic mushrooms	18.03% (11)	14.75% (9)	22.95% (14)	39.34% (24)	3.28% (2)	0% (0)	1.64% (1)
Speed (stimulants such as amphetamine and methamphetamine)	81.97% (50)	8.20% (5)	8.20% (5)	1.64% (1)	0% (0)	0% (0)	0% (0)
GHB ***	98.36% (60)	0% (0)	1.64% (1)	0% (0)	0% (0)	0% (0)	0% (0)
Ketamine	83.61% (51)	8.20% (5)	8.20% (5)	0% (0)	0% (0)	0% (0)	0% (0)
Heroin	98.36% (60)	0% (0)	1% (1)	0% (0)	0% (0)	0% (0)	0% (0)
Mandrax	96.72% (59)	1.64% (1)	1.64% (1)	0% (0)	0% (0)	0% (0)	0% (0)
Crystal Meth	95.08% (58)	0% (0)	4.92% (3)	0% (0)	0% (0)	0% (0)	0% (0)
Crack	98.36% (60)	0% (0)	1.64% (1)	0% (0)	0% (0)	0% (0)	0% (0)

* Methylene-dioxymeth-amphetaimine, ** Lysergic acid diethylamide, *** Gamma-hydroxybutrate

Participants were also asked about how likely they were to use their drug of choice (ie the drug used most frequently by them) in various settings, including at clubs, festivals, restaurants and bars and social gatherings. Of all of these settings, users were primarily likely to use drugs at either outdoor music festivals/events or at social gatherings with friends, with over 80 per cent of users indicating that they generally used their ‘drug of choice’¹⁵ at these venues or on these occasions. In contrast, less than 50 per cent of persons regularly used their ‘drug of choice’ at nightclubs. Some of this disparity likely stems from the fact that 83.3 per cent of participants used cannabis more frequently than any other drug. As cannabis

¹⁵ Defined in the survey to refer to the drug used most frequently by them.

is mostly consumed through inhalation, it is likely more difficult to use closed environments like clubs than at outdoor festivals or social gatherings.

The survey data also revealed that, although most respondents' partners and close friends had a very accurate knowledge of the variety of drugs used by them, almost all respondents hide their use of not only some, but all, of the drugs they use from at least one person in their lives, usually one or more of their parents, bosses (and where applicable supervisors and lecturers) and colleagues at work. **Table 3** below indicates the extent to which various people in the lives of the survey respondent are aware of the variety of drugs used by them regularly or sporadically (i.e. at least a few times a year or more).

Table 3

Categories of persons	Knowledge of variety of drugs used by a participant			
	Completely unaware the participant uses any drugs sporadically or regularly	Aware of <u>some</u> of the drugs the participant uses sporadically or regularly	Aware of <u>all the</u> drugs the participant uses sporadically or regularly	Total number of participants
Close friends	1.72%* (1)**	13.79% (8)	84.48% (49)	58
Partner	0% (0)	6.67% (3)	93.33% (42)	45
Parent/s/guardian/s	58.62% (34)	36.2% (21)	5.17% (3)	58
Sibling/s	16.36% (9)	52.73% (29)	30.91% (17)	55
Peers/broader friendship group	13.79% (8)	72.41% (42)	13.79% (8)	58
Supervisor and/or lecturers	75% (6)	25% (2)	0% (0)	8
Colleagues at participants' employment level	51.79% (29)	39.29% (22)	8.93% (5)	56
Boss / superiors at work	78.95% (45)	12.28% (7)	8.77% (5)	57

* As certain categories of people are not necessarily applicable to all persons, respondents were provided with an "N/A" option.

** The number of respondents who selected a given answer is displayed as an absolute figure in brackets.

The data shows that two groups of people had high levels of knowledge of the variety of drugs used by participants, being friends and partners, and two groups knew very little, being participants' parents/guardians, boss/superiors as well as colleagues at work, and, where applicable, supervisor and/or lecturers (referred to as 'group two').

Group 1, participants' partners and close friends, had an intimate knowledge of the variety of drugs used by respondents, with 84.48 per cent and 93.33 per cent of respondents indicating that their close friends and partner (or each of their partners) are, respectively, aware of all of the drugs they use, whether sporadically or regularly. These findings suggest the vast majority of the participants are completely open and transparent with their close friends and partners about the different types of drugs they use at the least sporadically. Only one respondent said that none of his close friends are aware that he uses any drugs.

In contrast, very limited transparency was offered by users to the persons comprising group 2. The reason for this may be that certain social controls inhibit not only transparent drug *use* in the parental home and the workplace / classroom, but also open and transparent *dialogue* about drug use with persons in proximity to these contexts.

Parents / guardians were however more likely to know of cannabis use than of the use of other drugs, with only 43 per cent of parents / guardians being unaware that a participant used cannabis where this was the drug used most commonly by them. In contrast, every survey respondent who used a drug other than cannabis (with three indicating cocaine; one indicating MDMA; three indicating PBMMs; and one indicating khat) most frequently indicated that their parents / guardians had no knowledge of their use of these respective drugs.

This survey data thus suggests that the use of certain drugs, specifically drugs often considered 'recreational' drugs (and in particular cannabis) by this cohort of the population is becoming accommodated not only in users' most intimate friendship circles, but also their broader friendship groups and by their siblings. However, these findings suggest that, despite this accommodation, certain commonly held societal beliefs, and possibly informal social controls, constrain completely open and transparent drug use, particularly in the context of the parental home and work or other professional environments. These finding are

unsurprising, given the conservative attitudes toward drugs in South Africa, particular amongst generations who grew up during apartheid.

The interview data was in turn analysed to identify the interpretative repertoires used by drug users in accounting for their use within this context.

5.2 *Interpretative repertoires*

Through the thematic analysis interpretative repertoires were identified. In invoking these interpretative repertoires, participants accounted for their drug use as: (i) a valid expression of the conformist routine of relaxing after a long day of work, referred to as the ‘relaxation’ framework, (ii) a social activity, which occurs in certain contexts as an integral part of the pursuit of pleasure and enjoyment during leisure time particularly on weekends, referred to as ‘social life’ framework, and (iii) as a means of escaping from the reality of everyday life through the occasional, uncontrolled use of hallucinogenic drugs, referred to as the ‘psychedelic adventure’ framework.

5.2.1 The ‘social life’ framework

Participants drawing on the ‘social life’ framework described their use of drugs as something which was motivated and shaped by their social lives, with reference to specific social scenes and contexts that are central to their weekend plans, and which they prioritised as a form of leisure activity. Drug use played in an important role in the social life of their friendship groups. Cannabis, in particular, played in important role in enhancing either intimate social gatherings for seven of the participants. The shared exhilaration of dancing and the enjoyment of other sensual and visual pleasures that abound at music festivals and parties was described by five of the participants. There is a considerable body of literature detailing the unifying pleasures of drug use, especially within specific social contexts, with which these findings are consistent (Boys et al., 1999; Malbon, 1999; Hincliff, 2001; Measham, 2004; Rødner-Sznitman, 2006; Hunt & Evans, 2008; Moore, 2008; Pennay & Moore, 2010; Aldridge et al., 2011a; Williams, 2013; Askew, 2016). This was the primary interpretative repertoire drawn on by participants, with all participants relying on this framework to account for their drug use. Jacob, for example, explained that –

‘Smoking weed with friends has always been a bonding point. Like many other things like drinking, I really like that part of it – the social aspect of it. And the ritualistic aspect of it. The process of sitting with friends and rolling a joint and passing it around, and chatting and

whatever. That is the best part for me, and that is why I have always hated bong and dabs¹⁶ because that's just this quick experience.'

Here cannabis use is repeatedly described as a collective pursuit, which is a source of bonding between friends. Even the process of preparing the cannabis for use in Jacob's preferred consumption form helps foster the connection and intimacy between the group. The following account by Michael also positions cannabis use as deeply embedded and accommodated in broader social circles:

'Weed is something I enjoy at a braai or get together with friends. I don't think I've ever actually bought weed for myself... no there was one drunk time in Hogsback... but in general it's just something I'll have with friends when we're having a good time.'

When probed about his friendship group, he continued:

'I'd say my main friendship group smokes less weed than most, I think there's even one or two who have never tried it! But everyone's super chilled; it's just weed you know. If someone is keen to have a joint they may just go around the corner, depending on where we are.'

This account paints a picture of cannabis use being socially accommodated in varying friendship groups and social contexts, as well as amongst people who do not use cannabis regularly or sporadically, or even at all. There is also an assumption implicit in the statement 'it's just weed you know': that the social accommodation and prevalence of cannabis use was well-established and known, something the interviewer was surely aware of, being of the same age and socioeconomic background, and that cannabis should be thought of differently to the other drugs discussed in the interview. This depiction of the normality and commonplace nature of cannabis use was not, unlike in Sandberg's (2012) study, made defensively. In Sandberg's study, claims such as 'everyone does it' (which, together with other similar claims to normality, were referred to by Sandberg as the 'normalisation discourse') were commonplace. Sandberg argued that they 'reflect an underlying fear of being perceived as deviant' (376) and thus operate as a technique to manage stigma. As evidenced in Michael's and other accounts, this does not appear to be the case for participants in this study.

¹⁶ A bong is a water pipe used to smoke cannabis and other substances. Dabs are concentrated cannabis in a gummy substance, which are vaporised and smoked (Weedmaps, 2021). Participants reported an instantaneous high after one or two inhalations with both methods.

Participants who used stimulants also shared accounts of how the use of such drugs, as well as cannabis (which was described by Jack as a ‘constant’), is accommodated within their friendship groups at festivals and parties, around which they often plan their weekends. Eleanor described her MDMA use as follows:

‘At a festival like We Love Summer or something like that almost everyone is on drugs, even if it's just weed. Amongst my friends, we'll all meet up before for pre-drinks and basically all take something, mostly molly,¹⁷ when we're there. There's a few friends who sometimes join who won't really get involved, but they know we're all just there to let go a bit and have a good time; they might just want to stick to the booze themselves.

Here, drug use is also positioned as a social activity engaged in with friends, rather than an individual activity. It is emphasised that drug use does not alienate non-using friends from joining such festivals and sharing in the pursuit of pleasure, and thereby demonstrates that drug use is deeply embedded in the music scene and accommodated by all there, including non-users who are depicted to be in the minority in this context. That non-users do not stigmatise use, and are constructed as merely preferring to enjoy the event in a different way, emphasises the normality of drug use in these social contexts.

This accommodation of stimulant drug use is, however, specifically linked to venues where dancing occurs, such as music festivals and clubs. Many users flatly stated that they would never use stimulants such as MDMA or ecstasy anywhere else. Norman explained, "I guess you could use it [MDMA] at a braai, I still like chatting to people and stuff when I'm on it, but it would be a bit hectic – I wouldn't". In this account, Norman rationalises why it could possibly be acceptable to use MDMA in an intimate setting outside of a party or festival scene, but despite being able to conceptualise MDMA use in another context, constructs it as ultimately being unacceptable or strange. Eleanor was more emphatic in her response to whether she would ever use MDMA other than in the context of a dance scene: "Never! That would be so weird", she exclaimed. By so firmly rejecting this notion, MDMA use is constructed as wholly unacceptable in any other setting. The bounded accommodation of drug use to certain social contexts has been documented in many qualitative research studies (Becker, 1963; Young, 1971; Pearson, 2001; Duff, 2003; Duff, 2005; Measham & Shiner, 2009; Pennay & Moore, 2010; Rhodes et al., 2011; Rödner-Sznitman, 2008; Williams, 2013; Askew, 2016).

¹⁷ Slang for MDMA.

Further, Eleanor's initial account above ('[w]e're all just there to let go a bit and have a good time') positions the use of drugs at dance and music venues as part of the search for pleasure, excitement and enjoyment in leisure time, which forms a part of contemporary, consumption-oriented lifestyles (Parker, Aldridge & Measham, 1998).

This positioning of drug use as a legitimate pursuit for pleasure is, however, constrained for certain participants, who use drugs as a 'reward' for a hard week of work by participants. The implication of this conception of drug use is that without prior hard work, the use of drugs to 'let go' or 'escape' would be more difficult to justify. Eleanor put it thus: '[Drug use] is something that, after very stressful work weeks or exam times, is really something to add to the escapism of weekend outings.' Jack similarly explained that, as he is "responsible with [his] use", he will always use drugs "afterwards to celebrate getting something done. So I won't use during the week, it will always be a weekend event".

In the latter account by Jack, he is implicitly differentiating between his regular, often daily, cannabis use – which he accounts for in terms of the 'relaxation' framework and which is not positioned as a major potential threat to his productivity – and his use of stimulants and other drugs. He identified the latter as something that could threaten to derail his commitment to work, and thus positioned its use only on weekends, where it is justified reward for his productivity during the week, as 'responsible'. In this way, he demonstrates his dedication to commonly-valued norms relating to work ethic and productivity, whilst his 'weekend ritual' use is culturally accommodated as part of 'subterranean values', which can only be legitimately expressed if – and when – the right to do so is earned through hard work and productivity (Young, 1971; Shiner, 2009).

It was clear from an analysis of the interviews that the pursuit of pleasure was a primary motivation for drug use. As Norman put it, 'MDMA... It's just the best f**king feeling in the world!' However, the accounts of users also revealed an internalisation of stigmatising discourses, which constrain the legitimate pursuit of uncontrolled, carnal pleasure. This is evidenced in this account by Tayla:

'There is definitely still a lot of stigma attached to people using a lot of drugs, because you burn out if you use a lot of drugs. You don't see a lot of normal working people who use a lot of drugs. You can use, but it's all about moderation.'

The stigmatising discourses Tayla refers to emphasise the consequences of excessive use, and require that drug use be functional and controlled. It is evident that she has

internalised these ‘mainstream’ constructions of drug use, as she herself submits that whilst it is acceptable to use drugs, such use must be moderated: ‘controlled consumption is appropriate consumption’ (Riley et al., 2010:448). An emphasis on controlled consumption is also captured in Jack’s description:

‘I would describe my drug use as recreational. That's how it has always been. For me, I would never say I have been dependent on any drugs, it has just always been something I have really enjoyed. I think what is important is that I am responsible with my use. Like when I am at a party or a festival we'll always pre-drink first, but once I am on molly¹⁸ or whatever I'll just drink water, maybe like the occasional beer or so, so that it doesn't become too chaotic. And it definitely has gotten chaotic – it happens to the best of us – but that's why you've got to be responsible.’

Important to Jack's depiction of his drug use as recreational is that it is functional and controlled. These claims draw on the neo-liberal conception of the self, and function to support the dismissal of any notion of drug dependence, as they imply that he has the ability to exercise free will and regulate the extent of his drug use. The role of self-control, evidenced by Jack's conscious drinking of water throughout an event to avoid the experience becoming ‘chaotic’, thus plays a central role in delineating the bounds of ‘acceptable’ drug use. By positioning his use as ‘recreational’, he is also asserting that his use is ‘functional’ and is only something he decides to do by his own volition. This is consistent with the findings of Askew (2016), Decorte (2001), Lau et al. (2015), Monaghan (2002) and Riley et al. (2010), and fits with Parker et al.'s thesis that it is ‘sensible’, ‘recreational’ drug use, rather than all drug use, which has become normalised.

In Jack's account, the invocation of the narrative of self-control was coupled with an acknowledgement that he did not always manage to achieve this: ‘it definitely has gotten chaotic’. This failure to live up to his own stated goals is neutralised by his statement that ‘it happens to the best of us’. Jack thus draws on established understandings of individual deficit to explain his failure to comply with his own stated bounds of acceptable drug use (Keane, 2002). This is similar to the findings of Keane (2002), as well as those of Pennay and Moore (2009: 568), who found that users who did not fulfil their expressed desire to reduce their drug use drew on popular understandings of ‘excessive’ drug use as indicative of one's flawed status as a neo-liberal subject.

¹⁸ Slang for MDMA.

As indicated above, the fact that the notions of functionality and control were central to the narratives of participants drawing on the ‘social life’ framework is consistent with Parker and his colleagues’ thesis that only ‘sensible’, ‘recreational’ drug use has become normalised (Parker, 2002; Aldridge et al., 2011a). However, the concept of differential normalisation is particularly relevant here. The context within which the ‘sensible’ use of stimulant drugs is accommodated is primarily music festivals, which are frequented almost exclusively by well-resourced, ‘upper class’ Capetonians (Howell, 2015). This is indicative of the role of social structure plays in shaping the accommodation of such use. Further, whilst functional, controlled drug use is legitimised in this social context, excessive, chaotic use is rejected.

The concepts of assimilative transformation and normification of the self are equally useful to explain these notions of drug use. The emphasis on functionality and control seeks to ‘normify’ the user, by distinguishing his own use from unacceptable, chaotic drug use, thereby negating the applicability of stigmatising discourses regarding such dysfunctional use to the participant.

In all of the participants’ narratives of the ‘social life’ framework, drug use – which in terms of this framework was accounted for as a collective pursuit in their friendship group – was described as just one component of their friendships with group members. ‘I think we have all just come to enjoy it together. We were already friends, it's just something we got into together and that just adds a bit to a night out or a get together’, Norman explained. Norman therefore asserts that drugs are used to elevate experiences with existing friends, rather than being the primary unifying factor of the group.

In the same vein, participants sought to distance themselves from so-called ‘stompers’¹⁹, who were said to be a ‘more hippie’, ‘grungier’ crowd, for whom drug use, particularly LSD and other hallucinogenic drugs, was said to be a more frequent and regular part of life. Jack claimed in this regard that ‘people go to trance music festivals just to trip out on psychedelics’, which he contrasted with his own festival attendance where drug use served to enhance the enjoyment of the music, dancing with friends and ‘trying to get lucky with beautiful girls’. Drug use was thus not in and of itself the sole priority – it was seen to enhance social elements of the festival that were already enjoyable, rather than being the main event. In this narrative ‘tripping out’, and the attendant lack of control, is

¹⁹ A pejorative play on "stomping", a word used to describe the type of dancing at trance music festivals.

problematised. In contrast, Jack positions his own drug use as role player rather than conductor in his social life, and by implication is seen as more controlled and responsible. This supports Askew's (2016) finding that drug pleasure alone is not enough to legitimise use – it must be accompanied by some degree of external purpose: in this instance purposeful social activities with friends.

Drug use is thus positioned as a legitimate part of participants' social lives, even if in some instances it is shaped and bounded by the social context, such as music and dance scenes. Contrary to Sandberg's (2012) findings, it is not positioned as a central component of a subcultural identity. Cannabis is therefore also no longer described as a marker of a specific subcultural group, with a distinct, shared, ideology or shared behaviours, but is rather but seen as one aspect of a normal person's daily life (Hammersley, 2005; Hathaway et al., 2011), This is also the case for the other drugs used frequently by this cohort of users, most notably PBMMs and MDMA. This accords with Parker et al.'s normalisation thesis, which posits that certain 'sensible' drug use has become just another component of young people's leisure time, rather than a distinctive marker of identity.

Controlled, regulated and functional drug use is thus accommodated and accepted in certain social settings by users drawing on the 'social life' framework, as an ordinary part of leisure time accommodated within the 'weekend ritual' (Young, 1971). In the case of cannabis these settings were varied, ranging from casual and informal social gatherings at friends' houses and apartments, to music festivals. On the other hand, in the case of stimulants, predominantly MDMA, use was accommodated in music scenes and dance venues – mostly at outdoor festivals but also at clubs and large 'house parties'.

5 2 2 The 'relaxation' framework

Each of the interview participants who used cannabis at least a few times a week or more, including on weekdays (being 5 of the 10 participants), drew on the 'relaxation' framework to account for this frequent use. Each of these users also drew on the 'social life' framework to account for their use of cannabis with friends on weekends and, where applicable, their use of other drugs such as stimulants was accounted for and described in a clearly distinguishable way.

For users drawing on the 'relaxation' framework, cannabis has become a part of, as Jason put it, 'their daily routine'. Here, Jason describes how cannabis use forms part of such routine:

‘It helps me wind down and relax at the end of the day and I don't see a problem with that. Like for me there is a bit of stigma to drinking alone, but I don't see that with weed. And it will always be just a little bit ... you know ... just to enjoy a movie or for a good rot,²⁰ and it helps me fall asleep.’

This extract includes both of the narratives commonly invoked by participants relying on the ‘relaxation’ framework: (i) comparisons to alcohol and (ii) stressing the moderation of their use during the week. There were, however, subtle differences in the focus and deployment of these narratives by users which are of theoretical relevance. Jason, for example, repositions and constructs having an alcoholic drink for purposes of relaxing at the end of a day – which is generally culturally accepted as part of a conformist routine (Askew, 2016:116) – as being stigmatised. He emphasises that in his case it would constitute ‘drinking alone’, which has connotations of alcohol dependence – something that is stigmatised in mainstream society.

By depicting his habitual, end-of-day cannabis use in contrast to what he describes as stigmatised alcohol consumption, and by highlighting the fact that it facilitates and enhances (rather than replaces) conformist relaxation activities such as watching a movie, he portrays his cannabis use (which was at least formerly considered a more stigmatised activity) as being an activity which is accommodated in conformist lifestyles. In doing so, Jason arguably attempts to redefine what is considered normal and what is considered deviant, thereby engaging in ‘transformative normalisation’ (Rødner-Sznitman, 2008).

However, moderation is still central to the narrative. This emphasis on moderation serves to legitimise his cannabis use during the week as falling within a conformist routine (Askew, 2016). Although, in Jason's narrative, daily cannabis may be *more* normal than equivalent alcohol consumption, it is critical for such cannabis use to be moderate and controlled in order to be socially accommodated. This accords with Hathaway et al's (2011) findings that users resist stigma by stressing the moderation of their consumption. Moderation also connotes control, as the user is able to regulate the amount consumed. This thus also constitutes an example of the ways in which users draw on neo-liberal principles to distinguish their own, controlled use, from dependent use (Riley et al., 2010). Jason thus does not go all the way in seeking to subvert and redefine the status quo as regards what is normal and what is deviant. Although at first blush it appears as if he may be attempting

²⁰ A slang word for relax.

transformative normalisation, the account remains focused on assimilation to cultural norms of moderation and control, rather than overt transformation.

Norman also accounts for his regular cannabis use as ‘...just a great way to help you relax at the end of the day. And it's just simpler than alcohol, less messy. I can have a lot less dagga²¹ and get there [the state of relaxation].’ Here the comparison serves to position alcohol and cannabis use as equally legitimate ways to relax after a workday, with cannabis being his personal preference, owing to the fact that he can use less of it to have the desired effect. Askew (2016) found very similar discursive techniques deployed by the users in her study, and noted that these narratives fit neatly into both the theory of normification of the self (Hathaway et al., 2011) and the notion that ‘sensible’ and ‘controlled’ recreational drug use has become normalised in society (Parker et al., 1998; Parker, 2002; Aldridge et al. 2011a).

In contrast, Jacob and Natasha's neutralisations that emphasised the moderation of their daily cannabis use functioned much more as an excuse (Scott and Lyman, 1968) aimed at managing their internalised stigma attached to such regular use. Both sought to differentiate their use from a dependency, explaining that they were not ‘physically addicted’ but that daily cannabis use had merely become a ‘part of their routine’ and an ‘easy thing to keep doing’ in order to relax. They also both expressed a strong desire to ‘cut down’ on such use. Jacob described how his cannabis use had initially gradually become very frequent during his stressful final year of university:

‘Although it was recreational, it definitely had ... maybe it wasn't the healthiest coping mechanism ... and then working in the service industry, it was something to look forward to at the end of the day, I'd find myself thinking 'damn, I can go home and smoke'...and that was big. But I don't think it's good, I don't think it's healthy. I've gone cold turkey a couple of times, for a few weeks, even a month, and often cut back and smoke maybe 3 or 4 times a week. But during lockdown it became an every-night thing again, like a nightcap.’

Although Jacob expressed no desire to stop using cannabis completely, and in an earlier account spoke about the joy smoking cannabis with his friends brought him, he is open about his negative associations with frequent use, referring to it variably as an unhealthy coping mechanism, and as outright as bad and unhealthy. These descriptions reflect stereotypical cultural assumptions of habitual drug use (Keane, 1999; Rødner-Sznitman, 2006; Pennay & Moore, 2010). He therefore expresses the desire to decrease his

²¹ Slang for cannabis.

use, and provides examples of his ability to do so, asserting his own self-control and lack of addiction to the drug. However, despite this he is once again using cannabis daily. In order to explain his failure to maintain what he considers acceptable use – a few times a week but not every night – he resorts to comparing such use to daily alcohol consumption. This comparison thus serves as an excuse for his failure to achieve his own internal goal of decreasing his use, thereby effectively neutralising the stigma he associates with frequent use, which does not accord with his conception of acceptable use: that it be controlled and ‘recreational’.

Natasha likewise expressed the desire to desist from her frequent cannabis use and return to her prior use habits, where use was more sporadic and was only engaged in as an occasional social activity. She notes that ‘I really do not want to be dependent on any type of drug’. It was evident that she had internalised stigmas associated with regular use and notions of drug dependence, and exercised various techniques of neutralisation to negotiate such stigma. For example, she drew the following comparison between the use of alcohol and cannabis:

‘I think there are still presumptions about weed. Like people think weed can cause more trouble than alcohol, like driving or something, but when in real life, I do not remember the statistics, but I think weed did not cause any accidents but alcohol has like 100 per cent caused accidents.’

This comparison is markedly different to the ones drawn by (amongst others) Norman. Whilst Norman highlighted the similar roles the use of these substance can play in a conformist routine of relaxing after work, Natasha' highlights that, contrary to public perception, alcohol is much more dangerous than cannabis, which she views as safe. Drawing comparisons between risks and downplaying the risk specific to you has often been identified as an effective technique of neutralisation (Peretti-Watel, 2003; Sandberg, 2012).

Natasha further tries to draw a boundary between her use – which she explained as being facilitated by her partner who she lives with, who always buys or sources the cannabis they smoke together – and that of other users who smoke by themselves:

‘I do not judge people who smoke by themselves, but for me you have a big desire to smoke to organise it yourself and do it yourself and actually have time and place for it – so it is not something I would do.’

Despite her assertion (or perhaps specifically because of the assertion) that she ‘does not judge’ cannabis users who smoke cannabis by themselves, it is evident that she views

having a 'big desire to smoke' in a negative light. Coupled with her desire to return to her former, more sporadic use, her account depicts cannabis use as something should be reserved for social occasions, and that using cannabis more regularly than that is potentially problematic. She excuses her own regular cannabis use by differentiating her use, which she ascribes to her partner sourcing cannabis for her, with that of other frequent cannabis users, who procure the drug themselves. Her account that appears to be an effective technique of neutralising her own internalised guilt about the frequency of her cannabis use (Scott & Lyman, 1968).

The importance of appropriate moderation in the accounts of participants drawing on the 'relaxation' framework was also evident from the way in which they sought to dissociate with labels and markers of identity, such as 'stoner', which connote excessive and constant cannabis use. Jacob, for example, explained that whilst he is completely open and not at all ashamed about the fact that he smokes 'weed', he tries to distance himself from the identity of being a 'weed smoker' because:

'There are very few people who identify themselves as "weed smokers" or "stoners" who represent me, or represent anything good... so I don't want to be grouped with those people.'

Jacob thus rejects labels and identities which stand in opposition or run contrary to the values of 'conventional' society, in order to assert his allegiance to such societal values and resist the negative cultural associations attached to those drug identities. It is evident from this account that any suggestion that he form part of a subcultural or other identifiable group of drug users, whose values and priorities do not necessarily align with those of 'conventional' society, must not only be dismissed, but society's views of such users must be reified. This is evident from Jacob's assertion that people who identify as 'stoners' do not represent 'anything that is good'.

This account also illustrates the ways in which participants themselves have often tacitly accepted mainstream cultural assumptions about drug users, as was likewise found by Hathaway et al. (2011). Rather than seeking to challenge the stigmas attaching to certain drug identities, Jacob seeks to distinguish his own use from that of users to whom those markers are applied or who themselves embrace or adopt such an identity. This finding that users engage in symbolic boundary work (Lamont & Molnár, 2002) to legitimise their own use aligns with the findings of Monaghan (2002), Mayock (2005), Rødner-Sznitman (2006), Radcliffe & Stevens (2008), Riley et al. (2008), Riley et al. (2010), Hathaway et al. (2011) and Rhodes et al. (2011).

There was thus a disparity in the narratives of users drawing on the ‘relaxation’ framework. This is, however, consistent with the existing body of literature on cannabis use, where there are divergences in the findings of different authors. Notably, in other studies, habitual cannabis use has – based on the narratives of users stressing the moderation of their use and drawing comparison to alcohol use – been found to be socially accommodated as a conformist routine as part of the broader normalisation of ‘sensible’ drug use (Askew, 2016: 116). However, it has also been found to retain vestiges of stigma and social disapproval, which are managed either by the normification of the drug user, achieved by stressing the moderation of use (Hathaway et al., 2011), or by neutralisation through comparisons to alcohol and other risks (Sandberg, 2012). The findings in this dissertation suggest that looking at each of these studies in isolation does not capture how habitual cannabis use is accommodated in society, and that there are alternative, contradictory discourses users can draw on to make sense of their own habitual cannabis use.

5.2.3 The ‘psychedelic adventure’ framework

The use of ‘hallucinogenic’ or ‘psychedelic’ drugs was described as a completely distinct experience to the use of other drugs by the participants in this study. Users of these drugs accounted for their drug use under an interpretative framework described as the ‘psychedelic adventure’ framework. This framework was drawn on by 4 of the interviewed participants, who used it to account for their infrequent, occasional use of hallucinogenic drugs such as PBMMs and, to a lesser extent, LSD. These drugs were saved for, in Eleanor's words, ‘if I'm feeling like a wild adventure’ and were almost exclusively used ‘somewhere special, like somewhere out in nature or a place like AfrikaBurn’.²²

The idea that the use of hallucinogens was distinct from the ‘everyday’ was central to the narratives of users relying on the ‘psychedelic adventure’ framework. This was evident from Eleanor's construction of the experience itself as an ‘adventure’, which connotes a from reality departure to a separate reality only visited on occasion. It was also evident from the importance of the physical location in which use occurred in her account (i.e. ‘somewhere special’). This was particularly evident from Eleanor's account of her use of hallucinogenic drugs at AfrikaBurn:

‘The biggest reason I like taking psychedelics at AfrikaBurn specifically, and I think a reason a lot of other people take drugs there, is because it feels like you are on a different planet. It

²² Afrikaburn is an annual off-the-grid week-long festival in a desert in the Western Cape, known for its wooden artworks that are burned every night.

is hard to relate that world which is created there in the desert with the world of responsibility back at home... It literally feels like you are not on planet earth any more so the other social rules do not apply. Everyone is there for the same purposes; for that escapism, to feel like you are not even in the same planet, never mind the same country. And because of that, it is a very relaxed environment, and quite a safe environment to take drugs, especially something like acid which makes you lose control... I could never drop acid somewhere in the city, there are just too many potential stresses and anxieties to be so out of control. And everything [at AfrikaBurn] is set up to heighten your experience. From a drug perspective... they already make you feel like you are in another world, and then the location, the setup, music and the decorations all increase that experience.'

In this account, the space in which use of hallucinogenic drugs occurs (specifically out in the desert at AfrikaBurn) is represented as a physical embodiment of her experience of the drug use itself – both the sensory experience brought about by the drug and the location, separately and together, make her feel like she is in a different world. The interplay between the location and drug works to heighten this feeling and provide her with a complete 'escape' to an alternate reality. While the location plays a significant role in elevating the experience of the drug, its emphasis also functions as an important tool in symbolic boundary work (Lamont & Molnár, 2002). For Eleanor, the use of hallucinogenic drugs is not accommodated in her day to day life, where 'social rules' and 'responsibilities' preclude such use. Although more regular MDMA use is incorporated in her 'normal' life, at the dance settings she enjoys going to with friends on weekends, she is better able to 'control' such use, and to control herself when she uses these other drugs. Since 'controlled' use is key to her accounts and the accommodation of her drug use when drawing on the 'social life' framework, her use of hallucinogenic drugs does not fit neatly into this framework. To justify this shift, the location is emphasised as a safe space for such use to occur. The concept of good neutralisations is apposite here (Aldridge et al., 2011a; Maruna & Copes, 2005); her account essentially being that uncontrolled drug use is acceptable, provided it is in a safe environment, infrequent, and completely divorced from 'normal' life'.

Eleanor's continued her account of her drug taking experiences at AfrikaBurn was as follows:

'It's this bizarre situation where you are super high and feeling like you're on a different planet, and find yourself meeting someone who is a high powered corporate lawyer or something in their normal lives, and realising that this is also an escape for them, and that you are all kind of in the same space of for three or four days pretending you are on another

planet in another universe, and you are all in it together. I think we all need that escape sometimes.’

Her occasional use of hallucinogenic drugs is justified as an escape from the rigours for the working world. The escape is one which is depicted as something that is *needed*. The subtext is that it is necessary to allow her, and other hardworking and respected professionals, to occasionally recalibrate, and then return to their ordinary working lives reinvigorated. This aligns with Askew's (2016) findings that for some users drug use is accounted for as a release from their busy schedules, to which they are primarily dedicated. By constructing the escape as one that is needed not only by herself but also other ‘high powered’ professionals, she is positioned as no different from other successful people who live conformist lifestyles.

Norman's account of his use of hallucinogenic drugs, whilst broadly consistent with Eleanor's, went further in describing its benefits, which drew on common cultural associations with hallucinogenic drugs:

‘I'll also dabble with acid²³ and ‘shrooms²⁴ every now and then, but that’s something completely different [to my cannabis and MDMA use]. I don't see that as a way to relax or something to seek pleasure in, it's more like an experience. It's also really healthy, because it gets you in touch with your spirituality, and it makes you see the world differently and stimulates your brain. Sometimes with mushrooms it's just a giggly, colourful experience, but mostly it's much more than that, you really feel that connection with other people, and with nature. So I'll only do it once in a blue moon, for a real escape from it all. And always with an intimate group, I think because it can be quite an overwhelming experience sometimes.’

Here, the use of hallucinogenic drugs is depicted an ‘experience’, which is immersive, connective and spiritual in nature, and forges a better understanding of the world. The stated positives of this communal, connected experience are reiterated by Norman in his account of AfrikaBurn, which is also one of the places he takes hallucinogenic drugs. He describes it as ‘a magic place’ that ‘gives you an idea of what a better world would look like; it really allows you to escape from, well I guess the rat race so to speak, and completely forget your worries for a bit and truly connect with people’. Although he draws heavily on the ethos and vision of community associated with hippie culture, emphasising the benefits

²³ Slang for LSD.

²⁴ Slang for PBMMs.

to his health and spirituality, and opines that these experiences give him a vision of ‘what a better world would look like’, he is apparently content, like Eleanor, for such world to remain a separate reality; a place to ‘escape to’ ‘once in the blue moon’, but not indicative of a way to a different way of life in the long-term. This is fortified by the fact that no reference was made (by any of the participants) to an underlying political philosophy or ideology which underpinned this vision of a better world. This is consistent with the findings of Riley et al. (2010) in their study of PBMM users.

It appears that Norman draws on common subcultural narratives from ‘hippy culture’ to account for his use, rather than subscribing fully to the central tenets of a more communal ideology. This is consistent with Sandberg's (2012) findings that cannabis users draw on what he refers to as the discourse of ‘cannabis culture’, which emphasises values embedded in hippie culture such as the ‘natural’, ‘organic’, ‘authentic’ and ‘oppositional’, even where they themselves do not otherwise identify with hippie culture. Sandberg identifies this as an example of ‘bravado’ (Goffman, 1963), which is an attempt to turn the deviance into something positive, by exaggerating and boasting about it. Sandberg also identifies this as a means of managing stigma.

The lack of a long-term or defining collective underlying ideology is further evident from Eleanor's account, who characterises the unifying feature of attendees at AfrikaBurn, the primary site for her infrequent ‘psychedelic adventures’ as a shared desire to escape and pretend she and other similarly situated individuals were on another planet for three or four days. If anything, this depicts the unifying philosophy as a dedication to ‘conventional’ society, with drug taking being accommodated only in certain settings during ‘leisure time’. At most, this could be considered a temporary collective ideology, subsisting infrequently and only for a few days at a time, and not one that Eleanor or the people she has met consider themselves to live by.

In fact, despite invoking subcultural narratives from ‘hippie’ culture to describe their use of hallucinogenic drugs, such as it being healthy, bringing them in touch with nature and occasioning connected and spiritual experiences (Wells, 1973), participants were quick to distance themselves from the label ‘hippie’. Natasha, for example, added the proviso that ‘I am not a hippie or anything like that!’. In doing so, she attempted to distance herself from a subcultural group which is closely associated with LSD use in popular culture, and from negative stereotypes which may be associated with such group of persons. She thus seeks to reify her own normality and dedication to mainstream society. This distancing was also

evident in the earlier account by Jack discussed in the context of the 'social life' framework, in which attendees of trance festivals are pejoratively referred to as a 'hippier' crowd.

'Hippie culture' is thus constructed not as a permanent identity or an ideal to strive for in everyday life – if anything the opposite. However, several of its central values, such as freedom, closer connections to nature and the importance of communal experiences are co-opted to account for the use of hallucinogenic drugs, and to help position it as a justified, occasional escape from their "usual" lives. This was despite the fact that these drug-taking experiences are often uncontrolled and can be 'overwhelming'.

In terms of the 'psychedelic adventure' framework, use is thus only accommodated within a conformist lifestyle by engaging therein infrequently – and accounting for such infrequent use as a required part of the escape – and constructing the benefits of the escape as recalibration and recharging as part of a busy work-orientated life, thus drawing on the common discourse of 'hippie' culture.

6 Discussion

The findings from the study support the notion that the status of cannabis and other ‘recreational’ drugs should be viewed on a normative continuum where, despite clear signs amongst this cohort of the population that there has been a shift towards greater sociocultural accommodation of such use, stigmatising discourses nevertheless remain (Hathaway et al., 2011). The findings suggest that the stigmas which endure are grounded in a neo-liberal conception of the self, which is threatened by psychostimulant substance use, and enduring cultural norms which dictate that ecstatic experiences should not be pursued for their own sake, but can be rewards for hard work (as posited by Becker in 1963).

As in other studies of drug use using a discursive lens (Askew, 2016; Riley et al., 2008, 2010), users deployed interpretative repertoires, which constructed drug use in multifaceted ways in order to legitimate their use in a normalising framework where vestiges of social disapproval remain. The interpretative repertoires identified, and the shifts between these repertoires by certain participants, suggest that the boundaries between ‘acceptable’, ‘socially accommodated’ drug use, and use which is problematised,²⁵ are fluid. They can thus be shifted and negotiated by engaging in the micro-politics of normalisation to negotiate the parameters of what constitutes acceptable drug use. The type of drug, the frequency of use and the social context within which use occurred were determinative of which framework was drawn, and were key to understanding shifts between interpretative repertoires.

In terms of the ‘social life’ framework, which all of the participants utilised, the use of cannabis in particular, as well as other drugs including PBMMs and MDMA, was described as something which enhanced social experiences with their friends, either at social gatherings or at dance and music venues. Drug use was accommodated in these social contexts, including by non-using friends, peers and attendees at such events. Consistent with Askew's (2016) findings, drug use was thus depicted as merely one component of chosen shared, leisure activities with established, purposeful friendship groups. Like Parker et al.'s (1998) work, ‘recreational’ drug use is viewed as an ‘unremarkable’ feature of young people's lives, characterised by the broader search for pleasure and enjoyment within the context of consumption and leisure-oriented contemporary lifestyles (Aldridge & Shiner, 2009).

²⁵ Either explicitly or through symbolic boundary work by which users distinguished themselves from drug identities which had negative cultural connotations.

Within the 'social life' framework, there were clear differences between narratives regarding cannabis use and the use of other 'soft' drugs, like MDMA and PBMMs. Cannabis use was constructed as being completely accommodated in a variety of social contexts by participants drawing on this framework, offering some support to Pearson's (2001) findings that the accommodation of drug use extends beyond the dance music scene. The findings also suggest that the use of other 'soft' drugs, which were accommodated within this framework, was generally limited to dance and music contexts, particularly outdoor music festivals. This accords with the normalisation thesis as presented by Parker, Measham and their colleagues (see Parker et al. (1998:152) and Measham et al. (2001)), where normalisation only applied 'equivocally' to party drugs such as ecstasy because of the 'excesses' associated with such drugs, and because they were 'not as acceptable outside [the] semi-private setting [of clubs]' (Parker et al., 2002:941 & 960).

Further, accounts of social cannabis use were in most instances not even rationalised or justified, but merely described as part and parcel of the users' weekend activities and social lives. 'Party' drug use, in contrast, was justified by users as being used responsibly, functionally and in a controlled manner (in addition to being limited to particular, bounded social spaces). Responsible use entailed limiting use to the weekend, which use was construed as a reward for the participants hard work during the work week. This supports the notion that drug use is accommodated within conventional society, provided it is confined to the 'subterranean world of play' (Young, 1971, later applied by Shiner (2009) and Measham & Shiner (2009)).

Participants similarly engaged in normifiction by stressing the importance of controlled and functional use, thereby reaffirming their commitment to key mainstream values of autonomy, self-control and agency, and emphasising their membership of mainstream society. This reflected neo-liberal conceptions of the self, which prioritise these values (Riley et al., 2010). Users also disidentified from depictions of 'addicts' ruled by their desires rather than their own consumption choices. This was consistent with findings in several studies that compulsive and dysfunctional drug use is constructed as unacceptable (Decorte, 2001; Monaghan, 2002; Riley et al., 2010; Lau et al., 2015; Askew, 2016) and that labels associated with such use are avoided (Keane, 1999; Fraser & Moore, 2008; Pennay & Moore, 2010). These assimilative narratives are also consistent with Parker et al.'s (1998, 2002) notion of 'sensible' drug use, but also illustrates the ways in which participants engage in micro-politics to align their drug use with conventional societal values and thereby

normalise it within the boundaries of ‘acceptable’ use they have so delineated (Rødner-Sznitman, 2008).

The concept of the ‘good neutralisations’ (Maruna and Copes, 2005), which is consistent with the notion of differentiated normalisation, is thus apposite to the use of drugs other than cannabis by this cohort of users: drug use can be legitimised in certain social settings, provided it is ‘soft’ drugs and the use thereof is responsible and appropriately regulated and controlled.

Unlike other drugs, many participants used cannabis habitually as part of their day-to-day lives, as opposed to being primarily constructed as accommodated within the ‘weekend ritual’ (Young, 1971). To account for this more frequent use, participants drew on the ‘relaxation’ framework.

All users drawing on the ‘relaxation’ framework invoked neutralisations to legitimise their frequent cannabis use. A person is likely to ‘neutralise’ any behaviour that carries risk (be it risk related to health, criminality or stigma) (Askew 2016; Aldridge et al., 2011a; Pennay & Moore, 2010). The participants’ neutralisations were thus unsurprising, particularly given the abovementioned findings that stigmatising discourses in respect of substance dependence persist in society and users actively try to disidentify from labels such as “addict”.

The use of neutralisations should not, however, be assumed to evidence an internalisation that the behaviour in question is wrong (Aldridge et al., 2011a; Askew, 2016; Maruna & Copes, 2005). It is necessary to ascertain whether such neutralisation merely constitutes a rationalisation (Becker, 1963; Young, 1971) or justification (Scott & Lyman, 1968) for the behaviour in question, or whether it functions as a means of excusing behaviour that has been internalised as wrong (Aldridge et al., 2011a; Askew, 2016; Maruna & Copes, 2005). Interestingly, participants drawing on this framework provided evidence of both rationalisations and justifications, and excuses. Participants rationalised their cannabis use as forming part of an ordinary routine of relaxing after work, thereby positioning their use as part of a conformist lifestyle in which the roles and responsibilities of adult life were adhered to and cannabis use was accommodated within such routine. Such use was justified and emphasised as moderate, with the purpose being to facilitate relaxation, rather than relinquish all control. In this way, use was presented as a rational choice, made as a matter of personal preference between alternative after-work leisure activities. These narratives ‘normified’ the drug user (Hathaway et al., 2011), and provided examples of the ways in

which users engaged in ‘micro-politics’ (Rødner-Sznitman, 2006) to normalise their habitual cannabis use. Rather than defining common understandings of drug use, these users sought to normalise their use by means of assimilation to the neo-liberal norms that centre the importance of both (somewhat contradictorily (Riley et al., 2010)). These conceptions of the self feed into discourses that stigmatise dependent drug use. Even where users arguably engaged in transformative normalisation, these narratives were very limited and circumscribed, and remained bound within an assimilative framework.

Some participants drawing on the ‘relaxation’ framework projected distain for their habitual cannabis use, evincing an internalisation of societal views that stigmatise dependent drug use. These users sought to ‘disidentify’ with the label ‘addict’, as well as pejorative descriptions of habitual cannabis users such as ‘stoners’ and ‘potheads’, by asserting that they were not physically addicted to cannabis and that it was merely a habit which formed part of their routine. They also invariably sought, but failed, to reduce their cannabis use, and made excuses for such failure. These included disclaiming personal responsibility therefor by ascribing use to a partner's use habits, thereby constructing the self as a passive recipient rather than protagonist in continued drug use, and drawing comparisons with alcohol use. These accounts align with the findings of Keane (1999) and Pennay and Moore (2006) that users draw on the discourse of the ‘flawed neo-liberal self’ to excuse failures to reduce use.

Although comparisons with alcohol use were common, and evening cannabis use was often compared to evening alcohol consumption by participants invoking the ‘relaxation’ framework, the purpose of these comparisons differed. Where users denigrated their own habitual cannabis use, these comparisons specifically served to excuse continued habitual cannabis and in that way neutralise guilt and stigma associated with behaviour they had internalised as ‘non-adaptive’. In these circumstances, comparisons with alcohol were not used as part of a process of assimilative normalisation. Ultimately, drug use that is dependent is constructed as unacceptable by these users. This has also been found in several other studies that illustrate the importance of functionality and self-control in the narrative of users (Decorte, 2001; Monaghan, 2002; Lau et al., 2015; Riley et al., 2010; Askew, 2016).

These contrasting narratives support Hathaway et al.'s (2011) point that the normalisation of cannabis use should be viewed on a normative continuum. These findings suggest that the normative context extends beyond structural and social factors that shape patterns of use and societal attitudes. The frequency of cannabis use is a key determinant in

how cannabis use is legitimised by users, and within a cohort of similarly-aged users from the same socio-economic background who live in the same city, there were variations in conceptions of habitual cannabis use, and how users account for such use. This emphasises the importance of understanding drug use within a framework of ‘situated choice’, where factors unique to an individual or certain members of a group, and not just social groups, may affect how drug use is understood and constructed.

In respect of the ‘psychedelic adventure’ framework, use of hallucinogenic drugs was constructed as a purposeful, healthy escape from the rigours of daily life. Central to participants’ narratives when drawing on this framework was that this escape was very infrequent and reserved for special occasions. In contrast to the narratives of users when drawing on the other frameworks, psychedelic drug use was not constructed as being required to be controlled; fully succumbing to and embracing the ‘adventure’ hallucinogenic drugs took users on was depicted as acceptable. Whilst this appears to stand in contrast to the findings discussed above regarding the importance of control to users’ narratives of drug use, this was mediated in various ways. Participants emphasised the importance of a responsible and appropriate setting for such use, and the infrequent, occasional nature thereof. Further, by describing use as a planned activity, reserved for special occasions, users constructed themselves as autonomous agents who could appropriately moderate and control their use of hallucinogenic drugs. Thus whilst the drug-taking experience itself was not depicted as a controlled one, users constructed themselves as being able to exercise self-control over the frequency and location of such experiences, and described the manner in which these experiences were embedded as occasional activities within functional lives.

Deploying good neutralisations (Maruna & Copes, 2005), hallucinogenic drug use was constructed as a permissible departure from the general construction of drug use as legitimate only if controlled. It was seen to be acceptable if it occurred in a safe environment and infrequently. Additionally, although completely divorced from ‘normal’ life, it was seen to be justifiable only if situated within an otherwise functional lifestyle.

Furthermore, the ‘escape’ provided by hallucinogenic drugs was justified as an occasional reprieve from the rigours of the working world; something which is needed to recalibrate and to maintain a healthy body and mind, enabling users to return to their ordinary working lives reinvigorated. Amongst the participants, it was thus insufficient for hallucinogenic drug use to merely constitute an ‘adventure’ or ‘experience’ of hallucinogenic drug use. Rather, hallucinogenic drug use was positioned as being

accommodated alongside, and acting as a means of facilitating, other external purposes, which are valued in mainstream society. This was also evident from the ‘othering’ of other users of hallucinogenic drugs, whose use was described as being more regular and serving as an end in and of itself, rather than merely a means of achieving a valuable and healthy occasional ‘escape’.

Consistent with the findings of Riley et al. (2010), some of the users drawing on the ‘psychedelic adventure’ framework constructed the use of PBMMs and other hallucinogenic drugs as a spiritual, connective experience, and depicted these experiences as indicative of a potentially better, more communal and collectivist world. However, for participants it was sufficient to ‘escape’ to this alternative world on occasion with an intimate friendship group, and participants did not go further and seek to reimagine the prevailing social order to better allow for more communal and shared experiences and understandings in the ‘real world’. With little shared ideology or political philosophy underpinning these experiences, and users actively disidentifying with ‘hippies’, these narratives always remained embedded within an overarching commitment to the norms and values of conventional society, with users making sense of their use through a neo-liberal lens. In fact, as discussed above, these experiences were very much constructed as being accommodated in conventional society, as the health and spiritual benefits derived were depicted as means of revitalising the user, facilitating better work and related participation in mainstream society thereafter.

It is submitted that this constitutes a version of Young's (1971) theory of drug use being accommodated in conventional society as a “subterranean value”. Young posits that hedonism, including drug use, is accommodated within conventional society because it is necessary for individuals to constantly consume in order to keep pace with the productive capacity of the economy. Similarly, it is submitted that conventional society allows for occasional escapes from hard, productive work, which function to revitalise people and thereby enhance their productivity on their return. It is important, however, that these occasions for recalibration are only occasional and short-lived, as they would otherwise pose a threat to productivity (and potentially to consumption).

Drug-facilitated ‘escapes’, then, are closely tied to productivity, indicative of an interrelationship between formal and subterranean values similar to the link identified by Young (1971), who described the mutually dependent relationship between hedonism and productivity.

Consistent with the findings of Askew (2016) and Monaghan (2002), all of the frameworks illustrate how drug use is legitimised by positioning it as facilitating or being accommodated alongside purposeful, everyday activities. This indicates that the carnal pleasure alone is insufficient to justify and legitimise use amongst this cohort of users.

A consistent thread running through the accounts of users drawing on each of the respective interpretative repertoires is that drug use is legitimised where the user is able to construct their use as falling within certain defined boundaries. These boundaries can be negotiated via micro-social processes, and differ based on the type of drug in question. If adhered to, these boundaries connote the users' abilities to acceptably control their use and maintain functionality within their lives. Where users can articulate their ability to regulate their drug use in this manner, both drug use and drug user may be legitimised.

As evidenced by the different interpretative repertoires drawn on by users, the type of drug in question is important in delineating the contours of the frequency, quantity and social context within which use of such a drug may be socially accommodated. The findings suggest that a shift to normalisation is most pronounced in the case of cannabis, within the portion of the population of which this cohort of users forms a part. This provides support for the notion that there is greater cultural and social accommodation of cannabis use than any other drugs, and supports the findings of Parker et al. (1998) that the 'sensible', 'recreational' use of cannabis, in particular, has become normalised. Hammersley (2005) and Hammersley et al. (2001) similarly found that cannabis use, in particular, has entered mainstream culture, and is just one ordinary aspect of a person's daily life. This is reflected in the changing legal status regarding cannabis in South Africa (and worldwide), which change is likely to have been brought about in part due to changing societal perceptions and discourses surrounding cannabis use.

While the narratives of users provide evidence that functional and controlled drug use is legitimised (and that what constitutes permissible 'functional' and 'controlled' use differs based on the drug in question, and is the outcome of both macro and micro social processes), these narratives are not necessarily accurate records of fact. The narratives offered are also not necessarily indicative of users always exercising moderation, self-control and generally adhering to the boundaries of permissible drug use articulated. From an epistemological perspective, the thematic analysis utilised in this study posits that narratives convey meaning of a particular phenomenon – in this research project the parameters of acceptability regarding drug use of by well-resourced, socially integrated

young adults – irrespective of whether narratives reflect actual behaviour, which is not of concern to such analysis.

7 Conclusion

There is a dearth of research regarding the drug use habits of well-resourced persons in South Africa. This is perhaps unsurprising given that economically secure persons are, as a population, collectively more resilient to the potential harms of drug use and the governance thereof. However, this dissertation contributes to a more balanced and accurate view of drug use in South Africa.

In addition to shedding a light on the drug use habits of this cohort of high income drug users in South Africa, specifically in Cape Town, it reveals the alternative ways in which drug use can be constructed and understood, and even legitimised by users in this income bracket. In so doing, it reveals the existence of ‘functional’ drug users who identify as, and are considered to be conforming and socially-integrated members of ‘conventional’ society. It further demonstrates the positive associations these users have with certain drug use, and the tendency of these users to distance themselves from identified negative associations. This is not to deny that drug use may be dangerous and damaging, or may play a significant role in exacerbating some of South Africa’s social ills. Rather, it challenges the pathologisation of drug users and exposes the ways in which the dominant discourse on drugs in South Africa – often constructed and proliferated by the media (Howell, 2015) – ignores other ways in which drug use can be understood.

This dissertation thus serves as a complement to literature advocating a harm reduction approach. This approach seeks, amongst other things, to dismantle the idea of drug use as a pathology which requires punitive intervention, and to move away from an abstinence-focused approach.

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Annexure A

Survey:

Note: This survey was administered via Survey Monkey. This Annexure A captures the questions posed

Section A - demographics

Question 1:

What is your date of birth? <i>(please print)</i>	
------------------------------------------------------	--

Question 2:

With which gender do you identify?	Male	
	Female	
	Non-binary	

Question 3:

What language/s do you speak at home? <i>(please print)</i>
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Question 4:

What race or ethnic group do you consider yourself as per Government categorisation?	Coloured	
	Black African	
	Indian	
	White	
	Other (Please specify)	

	
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Question 5:

Did you attend a private or former model C school?	Yes	
	No	

Question 6:

What suburb do you currently live in? <i>(please print)</i>
----------------------------------------------------------------	-------

Question 7:

What is your current occupation?	Full-time postgraduate student	
	Postgraduate student and employed part-time	
	Postgraduate student and employed full-time	
	Full time employment	
	Part-time employment	

Question 8:

What is your primary source of income?	Salary/income from employment	
	Bursary	
	Allowance from parent/guardian	

Section B – Employment / field of study²⁶.

²⁶ The survey monkey document skipped those questions not applicable to a participant.

Question 1:

What is your field of study / employment? <i>(Please print)</i>
--------------------------------------------------------------------	-------

Question 2:

Which year of postgraduate study are you currently in? <i>(Please print)</i>
---------------------------------------------------------------------------------	-------

Question 3:

In what year did you graduate from your most recent degree? <i>(Please print)</i>
--------------------------------------------------------------------------------------	-------

Question 4:

What is your current relationship status?	Married <i>(Please print length)</i>	
	In a relationship (not married) <i>(Please print length)</i>	
	Single	

Question 5:

What is your current living arrangement?	Living with married partner	Living with unmarried partner	Living with parent/s/guardian/s	Living with house/flat mate/s	Living by yourself
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(Please print how long you have been living in this arrangement)					
---------------------------------------------------------------------------	--	--	--	--	--

Question 6:

What was your prior living arrangement?	Living with current partner prior to getting married	Living with a different partner	Living with parent/s/guardians	Living with house/flat mate/s	Living by yourself

Question 7:

Rare

Sporadic

Regular

Which of these options best describes your use of the following drugs?	a) Never used	b) Tried once or twice	c) Use a few times a year	d) Use Monthly	e) Use weekly	f) Use daily
i) Cannabis						
ii) Cocaine						
iii) Ecstasy						
iv) MDMA (methylene-dioxy-meth-amphetamine)						
v) LSD (lysergic acid diethylamide)						
vi) Khat						

vii)	Psilocybin containing magic mushrooms						
viii)	Speed (stimulants such as amphetamine and methamphetamine)						
ix)	GHB (Gamma-Hydroxybutrate)						
x)	Ketamine						
xi)	Heroin						
xii)	Mandrax						
xiii)	Crystal Meth						
xiv)	Crack						
xv)	Other: (please print)						

Question 8 To what extent do you think the following people are aware of the variety of drugs you use at least a few times a year or more (i.e. regular or sporadic use)?

	Completely unaware you use any drugs sporadically or regularly	Aware of some of the drugs you use sporadically or regularly	Aware of all of the drugs you use sporadically or regularly	N/A
Close friends				
Partner				

Parents/guardians				
Siblings				
Peers/broader friendship group				
Supervisor and/or lecturers				
Colleagues at your employment level				
Boss/superiors at work				

Question 9 - How do you think the following people feel about your drug use?

	Completely unaware you use any drugs	Actively encourage your drug use	Are not at all concerned about your drug use	Think you have your drug use "under control"	Are somewhat concerned about your drug use	Are very concerned about your drug use	n/a
Close friends							
Partner							
Parent/s/guardian/s							
Sibling/s							

Peers/broader							
friendship group							
Supervisor and/or							
lecturers							

Question 10

Which of the drugs in question 7 do you use most regularly at this current point in time? <i>(Please print)</i>	
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Question 11

Has there been any change in your use of the drug selected in question 7 above since your living arrangements last changed? <i>Please check all the appropriate boxes</i>	Use more frequently	Use less frequently	No change	Use a higher dosage	Use a lower dosage

Question 12. Please answer the questions below if you live with at least one other person. If not, please move on to Question 10.

12.1 Does the person/any of the people you are living with use this drug?	Never uses	Uses a few times a year	Uses monthly	Uses weekly	Uses daily

12.2 Does the person/any of the people you are living with use any other drug frequently?	Never uses	Uses a few times a year	Uses monthly	Uses weekly	Uses daily
<i>(Please print)</i>					

12.3 Has there been any change in your use of your secondary or tertiary drug of choice since you have been living in your current arrangement? Check all appropriate options. <i>(Please print the drug/s you have in mind below. Write N/A if no changes)</i>	Use more frequently	Use less frequently	Use a higher dosage	Use a lower dosage
.....				
.....				
.....				
.....				

12.4 Does the person/a person you live with use the drug/any of the drugs you listed in 9.3?	Never uses	Uses a few times a year	Uses monthly	Uses weekly	Uses daily
<i>(Please print the drug/s you have in mind below)</i>					

.....					
.....					
.....					

Question 13 – Please answer this question if you are in a relationship, but not living together. If this question does not apply to you, please move on to the next question.

13.1 Does your partner use the drug selected in question 7 of this section (the drug you use most frequently)?	Never uses	Uses a few times a year	Uses monthly	Uses weekly	Uses daily

13.2 Has there been any change in your use of your secondary or tertiary drugs of choice since you have been in a relationship? <i>(Please print the drug/s you have in mind below. Write N/A if no changes)</i>	Use a lot more	Use a bit more	Use a bit less	Use a lot less
.....				
.....				
.....				
.....				

13.4 Does your partner use the drug/any of the drugs you listed in 10.2? <i>(Please print the drug/s you have in mind below)</i>	Never uses	Uses a few times a year	Uses monthly	Uses weekly	Uses daily
.....					
.....					
.....					
.....					

Question 14:
Please answer the questions below with respect to your primary drug of choice.

14.1

Please list, of the last 10 times you acquired your drug of choice, how many times you did so in each of these ways:	Grow/manufacture your own	
	Delivered to your home by a dealer	
	Buy at a dealer's home	
	Organise to meet a dealer somewhere public	
	From friends	
	From your partner	
	On the street	
	At a nightclub	
	At an outdoor festival/party	
	Other (please specify)

14.2

Please list, of the last 10 times you used your drug of choice, how many times you did so in each of the following spaces:	a) At your own place of residence	
	b) At friends' residences	
	c) On University campus	
	d) Public spaces such as parks, streets, mountains, at the beach etc.	
	e) At dance clubs/nightlife venues	
	f) At outdoor music festivals/events	
	g) At pubs/restaurants	
	h) Other locations you have used this drug: (please specify)	

14.3

If you are going to one of the following places/events, how likely are you to use shortly before you go?	Always use before I go	Mostly use before I go	Use before I go about half of the time	Occasionally use before I go	Never use before I go
a) A dance club					
b) A pub / restaurant					
c) An outdoor music festival/event					
d) A social gathering with friends					
e) A social gathering with family members					
f) A meeting or consultation					
g) A date					

14.4

How likely are you to use shortly after you return home from one of the following places?	Always use when I return home	Mostly use when I return home	Use when I return home about half of the time	Occasionally use when I return home	Never use when I return home

a) A dance club					
b) A pub / restaurant					
c) An outdoor music festival/event					
d) A social gathering with friends					
e) A social gathering with family members					
f) A meeting or consultation					
g) A date					

14.5

How would you describe the social context in which you use your drug of preference?	Only use when alone	
	Mostly use alone, but also with friends/other users	
	Use alone and with friends/other users more or less equally	
	Mostly use when with friends/other users	
	Only use when with friends/other users	

14.6

	Only use on weekends	
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How is your use apportioned between the week and on weekends?	Use more per day on the weekend, but also use on week days	
	Use equally per day on week days and on the weekend	
	Use more per day on week days than on the weekend	
	Use only on week days	

14.7

If you use your drug of choice during the week, please answer the questions below. If not, please proceed to question 11.8:		
a) How often do you use before class?	Everyday	
	A few times a week	
	A few times a month	
	A few times a year	
b) If you use in the evening, how does it impact your ability to be productive the following morning?	Never	
	Never any impact	
	Occasionally a short-lived impact (less than an hour)	
	Occasionally impacts my productivity for an hour or more	
	Regularly a short-lived impact (less than an hour)	
	Regularly impacts my productivity for an hour or more	
	No impact	

c) If you have an exam, submission or another pressure point in your life, does it impact your drug use during that week? (Please check all appropriate options.)	I use more frequently	
	I use less frequently	
	I use a higher dosage	
	I use a lower dosage	

14.8

To what extent do you think the following people are aware of your use? (Please check N/A if that category does not describe someone in you life)	Completely unaware of use	Aware you have used but not of frequency and amount	Aware of frequency, but not amount	Aware of amount, but not frequency	Aware of both frequency and amount
a. Close friends N/A <input type="checkbox"/>					
b. Partner N/A <input type="checkbox"/>					
c. Parent/s/guardian/s N/A <input type="checkbox"/>					
d. Sibling/s N/A <input type="checkbox"/>					
e. Peers/broader friendship group					
f. Supervisor and/or lecturers					

g. The general public					
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14.9

Which of these best describes your closest friendship group?	All are users	Most are users	Equal split users and non-users	Most are not users	None are users

Question 14

Do you use:	Yes	No
a) Alcohol		
b) Tobacco/cigarettes		

Thank you for completing this survey!

I am also looking to conduct brief interviews with several participants who completed this survey. If you would be willing to conduct an interview with me, which will seek to expand on the questions posed here, please leave your name and contact details in the space provided below. Your identity will be kept completely confidential. The interview is voluntary, so leaving your name here does not oblige you to partake at a later point. It would be of great assistance to me and I would hugely appreciate it if you were to volunteer. Thank you in advance.

Name:

E-mail address:

Cell-phone number:

Interview guideline:²⁷

Intro: Just to clarify: For purposes of this survey, the term "drug" refers specifically to illegal drugs. I will ask questions about alcohol and other drugs which are not strictly prohibited by law, but I will clarify when this is the case.

These questions are open-ended. I have certain points I would like to touch on, but please feel free to elaborate and share as much as you feel comfortable with.

We are just going to start with some introductory questions:

Section A: General introductory questions.

- 1) How old are you?
- 2) What is your current occupation?
- 3) Where do you reside?

Section B: Patterns of use

Question 1: Tell me about your drug taking and what part it plays in your life?

- Preferred drug?
- Do you use [*drugs mentioned*] together (poly-drug use)?
- Use alone or with others?
- Do most of your friends use drugs?
- Ideal setting or situation for use and why?
- Differences in patterns of use of different drugs?
- Why do you use this/these drug/s?
- How do you prefer to use it, ideally?
- How often do you use (frequency)?
- How much do you use (dosage)?

²⁷ Please note the interviews were open-ended and semi-structured. The guideline was for me to note when key themes were touched on, and to prompt conversation when they had not been touched on yet. These were not checkboxes.

Question 2: Do you see your drug use as part of your daily routine or is it something reserved for specific occasions?

- Difference between different types of drugs?

Question 3: Tell me about the first time you used an illegal drug.

Question 4: How did your use unfold from there?

Question 5: Do you use alcohol? And what about tobacco or cigarettes? Prescription drugs?

- Preference?
- Use together (poly-drug use)? Clear distinction or inter-connected?

Question 6: What does a weekend normally entail for you?

- Activities drug use combined with?
- Drug use prioritised?
- Compare to a weekday?

Question 7: What are the differences between your drug use on weekends and during the week, if any?

Question 8: What is your favourite drug experience?

Section C: Navigating potential moral condemnation for use

Question 1: If you use [*drug of choice*] before you go out into public, do you try and hide the fact you have done so from people? If so, tell me about the methods you use?

Question 2: In general terms, how open and transparent are you about your drug use?

If not fully open and transparent, why? If open, always the case? Something that you worked on?

- About how often (frequency)?
- About amount (dosage)?
- About types of drugs?

- With partner?
- Friends?
- Parents?
- Siblings?
- Extended family?
- Boss?
- Colleagues?
- Superiors/supervisors?

Question 3: Do you know any people who condemn drug use? All drugs?

Why do you think they do?

Would you ever tell them of your use?

What do you think their reaction would be to discovering that you use drugs?

- Context dependent?
- Dependent on type of drug?

Question 4: How do you think the attitude amongst the general public compares to this?

- Generational difference?
- Context dependent?
- Dependent on type of drug?

Question 5: And what do perceive your family's attitude to drug use to be?

Question 6: Do you ever feel guilty about using your drug use?

- Hesitate to use?
- Regrets after used?
- Desire to decrease use?
- Always been the case or have you previously had regrets?
- Negative impact? Lost friends, jobs, relationships?

Section D: Changes in use amongst young adults

Question 1: Have there been any major changes in your drug use over the last few years?

- Coincided with negative experiences?
- Impact of work/post-graduate studies?
- Impact of a relationship?
- Change in living arrangements?

Question 2: Is there any drug you would never try?



Faculty of Law

Research Ethics Committee

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14 December 2018

Mr Josua Reuter
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Kramer Law Building UCT

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Dear Mr Reuter

Re: Clearance Process Report for L0103-2018: "Investigating illegal drug use by socially integrated and well-resourced young adults in Cape Town."

Thank you for your revised application submitted. The Faculty's Research Ethics Committee very much appreciates the considerable effort put into the documentation.

This study has been carefully considered. We confirm that all ethical issues have been adequately addressed.

Ethics clearance is hereby granted as of 13 November 2018 for a period of 12 months and is subject to renewal for another 12 months.

Please note that any material changes to the proposal will need to be cleared as an amendment this includes changes to questionnaires and instruments all of which must be filed with the REC.

Please do quote the reference number above on all communication to the committee regarding this project

With best wishes,

Signature Removed

Lamize Viljoen
REC ADMINISTRATION on behalf of the REC: LAW FACULTY



Faculty of Law: Research Ethics Committee

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Certificate of Renewal/Approval for Ethical Clearance

Table with 2 columns: Principal Investigator/Supervisor, Student, Faculty, Department, Project Title, Purpose of Research, Confidentiality, Validity, Renewals, Project Closures, Certification. Includes details for Joshua Reuter, RTUOS003, and Dr Shane Godfrey as Lead Reviewer.