

An exploration of the concept of identity in people who use drugs and  
their substance-related decision making

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## Abstract

Obtaining a greater understanding of the meanings and motivations for the consumption of drugs is an important part of targeting drug-prevention and harm reduction strategies, particularly when considering why people continue to use drugs after initial experimentation, or where there may be a high probability of harm. By exploring the concept of identity in people who use drugs (PWUD) and how this affects their substance-related decision making, it may be possible to broaden understandings of use and develop more relevant and responsive interventions. This programme of PhD research explored the development and expression of drug-related identity in young adults, and sought to understand how drug use and the associated lifestyles and practices featured as part of a young adult's general identity. The research investigated how PWUD negotiate potential problems and risks associated with drug-identity related behaviour, and explored belongingness and capital in the formation and expression of identities. The design was multi-phase and used mixed methods. In the first phase, participants completed an online survey. Multivariate statistical analyses were used to identify three latent profiles of PWUD who differed on their responses to key questions concerning identity and drug use, specifically, drug-related cultural capital, differentiated normalisation to recreational drug use, and belongingness to a drug culture. The largest class consisted of those with a 'salient drug user identity', while belonging to the other two classes indicated either a 'moderate' or 'non-salient' drug user identity. For the next phase of research, purposeful sampling techniques were used to recruit young adults who use drugs for individual interviews. Interpretative Phenomenological Analysis was used to examine the concept of 'drug user identity' in more detail. Findings generated three overarching themes, which present a framework for understanding how drug use and the associated lifestyles and practices feature as part of the identities of PWUD, and developed a concept of 'drug user identity', that is established, maintained, and negotiated within a broader sense of self. The project offers novel insights for understanding belongingness and capital between PWUD that can help inform targeted harm reduction strategies for different profiles of PWUD, without reinforcing stigma associated with drug use, or further marginalising other groups of

people who use drugs; these include approaches to drug use in higher education settings and harm reduction approaches that consider the gendered use of recreational drugs.

## Declaration

No portion of the work referred to in the thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.



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## Glossary of abbreviated terms

Crime Survey for England and Wales (CSEW)

Interpretative Phenomenological Analysis (IPA)

Latent Profile Analysis (LPA)

Mixed methods research (MMR)

Person who uses drugs / people who use drugs (PWUD)

Substance use disorder (SUD)

## Chapter 1. Introduction to the thesis

This thesis explores how drug use, and the associated lifestyles and practices, feature in the identities of young adults who use drugs<sup>1</sup>, and the implications of having a ‘drug user identity’ on their behaviours and attitudes. The research does not aim to prove or disprove any particular hypothesis – i.e. it does not propose that there are specific drug user identities attached to certain types or drugs/drug users; the research is explorative in nature, although it does draw on some specific philosophical and sociological theories in its design and analysis. Following the processes of analysing data from two separate studies the project conceptualises how young adults might gain a sense of identity from their drug use, and highlights the importance of understanding these experiences in order to tailor approaches to reduce the potential for harm.

### 1.1 Why study the concept of identity in young adults who use drugs?

Drug use prevalence is elevated in younger people, and population estimates suggest that drug use is increasing among young adults (Office for National Statistics, 2022). In the most recent data release on drug misuse in England and Wales, The Office for National Statistics reported that use of any drug in the last year among adults aged 16-59 years old was 9.4% and specifically among young people aged 16-24 years old was 21% (2020: 3). Following almost two decades of declining drug use between 1995-2013, there has been a change in the trend; between March 2013 and March 2020 the proportion of adults reporting any drug use in the last year has increased by 15% among 16-59-year-olds, and 28% among 16-24-year-olds (Office for National Statistics, 2020: 3).

Whilst some people who use drugs (PWUD) develop problems related to their substance use and require formal treatment or support, the majority do not (Schlag,

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<sup>1</sup> Within this thesis “drugs” mostly refers to controlled substances (as discussed later in section 2.3.1) and not alcohol and/or tobacco, unless clearly specified.

2020). According to population estimates, less than ten per cent of all adults who had used a drug in 2021 sought treatment for their drug use. Those in contact with drug and alcohol services were mostly seeking treatment for opiates, crack cocaine, or both (54%), and just under half (48%) were seeking treatment for alcohol, with most of these reporting problems with alcohol use alone, and the majority of people seeking treatment for drug use were aged over forty (Office for Health Improvement and Disparities, 2021). Notably, the profile in younger adults, particularly those aged 18-25, is different; with younger adults seeking treatment for non-opiates such as ecstasy, cocaine and/or cannabis, yet these are still relatively small numbers (Office for Health Improvement and Disparities, 2021). Although difficult to estimate, despite not presenting to treatment services, some other non-treatment seeking drug users (inferably younger adults) might experience problems that require either self-directed behaviour change (e.g., a change in use behaviours), or intervention from community health services (e.g., support from GP). In order to develop community based and self-help interventions designed to prevent the potential harms caused by recreational drug use it is important to understand the experiences of these PWUD, and their relationship with their drug use, particularly as they are less likely to come forward for traditional treatment services (Black, 2021).

The political landscape surrounding drug use has historically focussed its attention on a minority of people who “become addicts” (HM Government, 1998) are “dependent on drugs” (HM Government, 2010) and whose drug use is “problematic” (HM Government, 2017), rather than the larger population of PWUD whose drug use behaviours do not fit with this rhetoric. As such, political drug strategies have failed to provide a suitable response to the needs of PWUD who do not come into contact with the criminal justice system or present at drug treatment services. The recent shift in focus in the 2021 strategy towards “so-called recreational users” (HM Government, 2021) suggests that other types of drug use are now being targeted on political agendas. This new focus, while differentiating between ‘recreational’ and ‘problematic’ drug use, appears to refute the idea that drugs can be used recreationally, arguably seeing all drug use as a problem; and while the strategy states its aims to reduce demand for recreational drugs, it makes little mention of

trying to understand what drives that demand. Hence the timeliness of the current project, which focusses on the behaviours and experiences of PWUD in recreational settings, providing a space for these PWUD to share the meanings and motivations for their 'so-called' recreational drug use.

The research focuses on a specific age group of PWUD – young adults (aged 18-35). The reasoning behind this decision being that annual statistics on self-reported drug use show that levels of drug use are much higher in younger adults when compared to older groups, as described earlier. Furthermore, earlier experiences and patterns of drug use have been shown to influence people's motivations for continued use, and may also predict the development and/or severity of substance use (Varshneya et al., 2022). Recent research into the relationship between substance user identity and substance use-related outcomes found the strongest identity-outcome association was observed among younger individuals (Montes and Pearson, 2021). Moreover, during young adulthood (the phase of life following adolescence) young people experience rapid changes at the time they are acquiring autonomy and building a sense of self, and this period of transition to adulthood now extends to the 30s (Benson and Elder, 2011: 1646). Hence, recruiting participants in this phase of life should offer insights into the role of drug use as part of wider identity formation.

Importantly, recent research regarding the role of identity on substance use behaviours found that those who believe that their substance use is part of their identity are prone to more hazardous use (specifically alcohol and marijuana use; Hertel et al., 2022) and that having a substance user identity is significantly associated with substance use-related outcomes, such as disorder symptoms (alcohol) and frequency of use (tobacco and marijuana; Montes and Pearson, 2021); these findings suggest that, for some PWUD, the role of drug use in their identity formation can have negative consequences. A Google Scholar search using the keywords 'drug user identity' undertaken to highlight the breadth of research in this area resulted in a diverse set of topics, including investigations of transformations in service-user identity following service reconfigurations (Rance et al., 2014); a discourse analysis of how people who use drugs construct their identity (Rødner,

2005); and the role of identity-making in recovery from substance use disorders (McIntosh and McKeganey, 2000; McKeganey and McIntosh, 2001). Much of the literature around drug use and identity speaks to the identity of those in recovery from substance use disorders (SUD), and while acknowledging the importance of hearing the voices of those who experience problems related to their drug use, this thesis examines drug use by people whose 'drug user identity' might take a different form. Instead, by concentrating on the behaviours and experiences of people who are not seeking any structured drug treatment or in recovery with a SUD, the research explores identities that might be shaped by other diverse and nuanced features of drug use, acknowledging that drug use and associated lifestyles and practices may be valued as positive features of a person's sense of self.

## 1.2 Research questions and aims

The research conducted for this PhD is referred to as the 'current project' or 'current research project' throughout this thesis, and it includes two distinct, but related, studies (the research design is described in full in section 3.3). The current project had one overarching research question that is,

*How do drug use and the associated lifestyles and practices feature as part of a young adult's sense of identity?*

To answer this research question, the project utilised mixed methods. First, a quantitative study was undertaken, which had the following objectives:

- To model latent profiles of drug user identities using Latent Profile Analysis.
- To explore the relationship between latent profiles and external variables in order to predict profile membership, or where profile membership was used to predict other behaviours or attitudes.

Subsequently, a qualitative study was undertaken, which had two further aims:

- To investigate the meanings that young adults attach to their drug use.
- To explore how people may gain a sense of identity from their drug use.

### 1.3 Thesis outline

Following this introductory chapter, chapter two presents a review of relevant research and literature surrounding the area of enquiry concentrating on two key topics: 1) understanding drug use in young adults, and 2) the concept of identity – and the relationship between the two. Chapter three outlines the research methodology, including the research design, the methodological philosophy, and the methodological techniques. This chapter includes a detailed rationale for the epistemological and ontological positions, and a description of the mixed-methods research design and the techniques used to analyse data for the two studies.

After this, chapter four addresses the processes of data collection and analysis, and research findings for the first study, that is, a Latent Profile Analysis of questionnaire data from a sample of young adult, current drug users (N=254; for a full introduction to this phase of the project, see section 4.1) The findings present three distinct profiles of drug user in this population, categorised by their responses to questions regarding the how drug use is normalised in their lifestyle, their belongingness to a drug culture, and their cultural capital relating to drug use and the associated lifestyles and practices. The three profiles of drug user identity were labelled according to the salience of drug user identity, as either ‘salient’, ‘moderate’ or ‘non-salient’. Other variables of interest were analysed to either predict profile membership, or to examine if belonging to one of these profiles could predict other drug-related behaviours and attitudes.

Chapter five provides further insight into the concept of identity in young adults who use drugs, presenting findings from an Interpretative Phenomenological Analysis of interview data from interviews with ten current drug users (aged between 18-35 years). These qualitative findings build on the results from the questionnaire study, and address three overarching themes that were generated from an in-depth analysis of each participant’s experiences of using drugs; these are: 1) Identity established through consumption; 2) Identity maintained by acquiring capital, and 3) Identities negotiated – constructing a flexible sense of self. Each of these themes has



related subthemes that, together, suggest a concept for understanding the phenomenon of 'drug user identity' in young adults.

The separate study chapters (four and five) describe the research processes for the quantitative and qualitative studies, respectively. The research process in this thesis is understood as the "procedures and activities for selecting, collecting, organizing and analysing data" (Blakie, 2010: 9). I chose to describe the methodology (in chapter three) for the project in its entirety but the research processes for the two studies separately, with the intention that this structure demonstrates how the project developed.

The final chapter in this thesis, chapter six, synthesises the results from the two studies. Here, project findings are discussed, and broader conclusions are drawn on ways of understanding drug user identity. These findings are situated within the relevant literature, returning to research that has previously been described and critically studied in the literature review (in chapter two). In this final chapter, I reflect on strengths and limitations of the work, and offer suggestions for further research, and how the findings of this project could potentially be used to inform harm reduction strategies for different groups of PWUD.

## Chapter 2. Literature review

### 2.1 Introduction

This chapter provides a review of literature relevant to the topic of enquiry, drawing on research and statistics around young adults' drug use and on the behaviours of young adult who use drugs, and literature exploring theories of identity and related concepts. In doing this, the following issues are addressed: prevalence of drug use in young adults at the time of research; the political landscape around drug use; and definitions and characterisation of recreational drug use. The concept of identity will be explored by delving into philosophical, sociological, and psychological theories of identity and other related concepts, such as capital, identity salience and hierarchy, and 'the self', investigating how these concepts have been utilised previously in research into PWUD. The chapter concludes with a rationale for why this doctoral research project is necessary by identifying a gap in the literature where mixed-methods research can contribute to understanding what 'drug user identity' means, to better understand how drug use and the associated lifestyles and practices feature as part of a young adult's identity.

### 2.2 A note on terminology around drug use

Definitions around drug use are wide-ranging and the term "drug misuse" is often used when referring to "the use of a substance for a purpose not consistent with legal or medical guidelines" (World Health Organization op cit in, National Collaborating Centre for Mental Health, 2008: 23). This thesis uses the terminology of 'people who use drugs' (PWUD) and 'drug users' interchangeably and refers to the consumption of illegal drugs as 'drug use', rather than 'drug misuse' or 'drug abuse'. When referring to other literature the latter terms might be used, for example when quoting other published data (e.g., statistics from the Crime Survey for England and Wales), but the author prefers to use the word 'use' without the additional prefixes. The rationale for this is that the present project intended to explore the motivations behind why young adults choose to use drugs, and so terminology that could be perceived as judgemental around whether drugs are 'misused' or 'abused' is avoided, as these suggest a wrongdoing. This project approaches people's use of drugs in the following way: that (in the context of

drug use) a behaviour or action shouldn't be labelled as wrong without fully understanding the intention behind that behaviour or action. The current project does not presume that psychoactive substances have no other uses beyond those consistent with legal or medical guidelines, rather, it is interested in exploring other uses and motivations behind the consumption of these substances.

This project also draws on two key disciplines: public health and sociology, as such the way that drug use is described might align more to public health terminology (e.g. drug use behaviours) or sociological terminology (e.g. drug use practices) depending on the context.

### 2.3 Understanding drug use in young adults

Data for the current project was collected between 2015-2017 and participants were asked questions about their drug use over the previous year. To provide an overview of patterns and prevalence of drug use in young adults that is both relevant for the time of data collection and the time that this project is written up, this section covers trends in drug use since the year prior to data collection, up to the present year (considerations pertaining to the dates of data collection and analysis are provided in section 4.1). Current political and public health policies and strategies concerning drug use will be examined, as well as other published work regarding drug use, including the motivations for experimental and recreational use of drugs, and the differentiated normalisation debate.

#### 2.3.1 The political landscape around drugs

The criminalisation of drug use and drug prohibition in the UK dates back to the 1920s, when the Dangerous Drugs Act 1920 was introduced to prohibit the possession and unlicensed import or export of opium, heroin, and cocaine. Since then, the UK tightened drugs laws leading to the Misuse of Drugs Act 1971; this Act has been the foundation for all drug policy and regulation in the UK for the last fifty years. In the UK, 'controlled drugs' refers to those currently controlled under the Misuse of Drugs Act, and they fall into three different categories, Class A, Class B or Class C, according to the perceived

harm they can cause (although this assessment of harm has been disputed, see: Nutt, 2009). There are maximum penalties for drug possession, drug supply (selling, dealing or sharing) and drug production depending on what Class the drug is (Crown Prosecution Service, 2017). The Misuse of Drugs Regulations 2001, created under the 1971 Act, included further regulations licensing the production, possession and supply of substances classified under the Act. These regulations define which people, in their professional capacity, are authorised to supply and possess controlled drugs that are classified in the 1971 Act e.g. pharmacists prescribing controlled drugs. More recently, the Psychoactive Substances Act 2016 was introduced to restrict the production, sale, and supply of any psychoactive substance. The Act defined psychoactive substances as “any substance which is capable of producing a psychoactive effect in a person who consumes it” and states that a “substance produces a psychoactive effect in a person if, by stimulating or depressing the person's central nervous system, it affects the person's mental functioning or emotional state” (Psychoactive Substances Act, 2016). The Act includes a list of exempt substances: drugs that are otherwise controlled in the Misuse of Drugs Act 1971, medicinal products, alcohol, nicotine and tobacco products, caffeine, and food. The Act was introduced following a rise in the use of novel psychoactive substances (NPS), which, during the time of data collection for the current product, were also referred to as ‘legal highs’, as part of the data collection preceded the 2016 Act when some of these substances could be bought legally from high street vendors.

Over the last few years, the UK Government has made efforts to review the impact of drugs on society. In 2019 Professor Dame Carol Black was appointed by the Home Secretary to lead an independent Review of drugs. This Review had two phases; phase one provided an analysis of the challenges posed by drug supply and demand, with a particular focus on the ways in which drugs fuel serious violence. The Review highlighted the systemic failures of UK drug policy, how punitive drug laws have failed to curb the rising demand for, and availability of, drugs, and presented an austere picture of an under resourced treatment sector (Black, 2020). Phase two focused on prevention, treatment, and recovery, and provided recommendations in these areas (Black, 2021). Responding to this Review, the most recent Government Drugs Strategy, titled ‘From harm to hope: a 10-year drugs plan to cut crime and save lives’, states its aims to address

the “complex relationship between drugs, crime, health outcomes and deprivation” (HM Government, 2021: 10).

Over the last decade, policy campaigners have argued that “using the criminal justice system to solve a public health problem has not only proven ineffective, it is also socially corrosive, promoting stigmatisation and discrimination, the burden of which is carried primarily by already marginalised or vulnerable populations” (Rolles et al., 2012: 7). The need to shift from a criminal justice to a public health approach has been internationally recognised (Volkow et al., 2017) and recent analysis of the 2021 Strategy concluded that the continuation of policies that are rooted in criminalisation and law enforcement (rather than a public health approach) will endorse existing stigmatising attitudes towards PWUD, and fail to facilitate more innovative interventions (Holland et al., 2022). While supporting and welcoming the Strategy proposals for funding commitments to support people with problems related to their drug use, other commentators have similarly criticised the new strategy for “doubling down on the failed “tough enforcement” approaches of the past, while claiming to be doing things differently” (Rolles, 2021: 2). These authors also note how the Strategy ambitions to encourage diversion away from the criminal justice system for possession offences through the Addiction, Diversion, Disruption, Enforcement and Recovery (ADDER) programme, were diluted during the strategy launch, while the ‘tough on drugs’ rhetoric was promoted. There is a lack of evidence to support the idea that (re)enforcing prohibition and criminalisation of drugs has a deterrent effect, while punitive measures for possession offences can result in various negative outcomes, including incarceration, which in turn have further adverse consequences that can severely disrupt the lives those who face such penalties (Bacon, 2022).

The punitive approach of UK governments has been criticised for assuming a causal link between drugs and crime, and for the ‘criminalisation’ of drugs policy that has a negative effect on prevention and treatment (DeBeck et al., 2017) and focusses on a minority of people who use drugs who are involved in acquisitive offending, overlooking the majority whose use drug use is relatively non-problematic (Seddon et al., 2008). Phase one of the Black Review arguably backs up this critique; the report states that 60% of

people who are convicted of drug-related crimes are serving sentences for (mostly acquisitive) crimes related to drug addiction (Black, 2020). Support is growing for alternatives to punishment for drugs offences, with some proposing the “depenalization” of all non-violent drug related offences (Askew and Salinas, 2019: 324) and the Transform Drug Policy Foundation promoting alternatives to prohibition, advocating for a reform of drug policy so that drugs should be legally regulated through a “system of risk-based licensing” (Transform Drug Policy Foundation, 2022). A recent step towards, what is in effect, decriminalising drug use in the UK can be seen in police led diversion schemes (i.e. - project ADDER; Department of Health and Social Care, 2021), whereby people caught possessing drugs for personal use are diverted away from the criminal justice system towards a health intervention. These schemes are in place in ten UK police authorities (Department of Health and Social Care, 2021) and recent research shows promising economic and public health outcomes for switching from a criminalisation to public health approach (Ward et al., 2022). Other harm reduction services that are available and targeted more towards recreational drug use include drug checking facilities. The Loop is a non-profit harm reduction organisation that provides advice, consultations, research and training regarding drugs, alcohol, health and wellbeing in festival and nightlife venues, and offers both event-based and community-based drug testing services (The Loop, 2022b). This year sees the introduction of the first Home Office licenced regular drug testing service in Bristol, a multi-agency partnership in collaboration with Bristol Drugs Project (BDP) and The People’s Republic of Stokes Croft (PRSC) funded by Bristol City Council (The Loop, 2022a).

It has also been suggested that for prevention and harm reduction efforts to be effective, there needs to be recognition of the potential pleasures of consuming illicit drugs, and respect for the users who maintain this perspective (Hunt and Evans, 2008; Engel et al., 2021). Yet there are challenges here as contemporary drugs policy is orientated towards abstinence and prohibition, and guided by the concept that people should not start taking drugs and those who do, should stop (HM Government, 2010; HM Government, 2017). The 2021 Drugs Strategy presents a “no-tolerance” approach to recreational and occasional drug use, stating that “... there will be no implicit tolerance of so-called recreational drug users. We cannot allow the impression to be

given that occasional drug use is acceptable. It isn't. So there will be new penalties for drug users" (HM Government, 2021: 4). This approach is seemingly not interested in legitimising recreational and occasional drug use in light of broader political priorities of being tough on crime, and how drug use has been politically associated with criminal activity. While Public Health England provides information around preventing and reducing the harms related to drug use (Public Health England, 2021) and steps have been taken to direct PWUD with substance use disorders away from the criminal justice system and into treatment, this no-tolerance approach towards other types of drug use could cause more harm than it prevents, leading younger PWUD who experience harmful effects of drug use not seeking support or engaging in harm reduction services (e.g. The Loop drug testing facilities) due to fear of punishment (Holland, 2020; Higher Education Policy Institute, 2022).

### 2.3.2 Prevalence of drug use

The main policy monitoring tool to estimate population prevalence of controlled substance use is the Crime Survey for England and Wales (CSEW). This survey estimates drug use in adult respondents aged between 16-59 years, providing data for the entire population and separate data for a sub sample of 16–24-year-olds, who the authors categorise as "young adults". The most recent figures on overall drug use extracted from the CSEW, as reported by the Office for National Statistics (2020), estimate that in the year ending March 2020 around 1 in 11 adults aged 16 to 59 years had taken a drug in the last year (9.4%), and the proportion of adults aged 16 to 24 years who reported any drug use in the last year was higher (21%). In the report published in July 2015 (the year that data collection began for the current project) the figures are similar; around 1 in 12 (8.6%) adults aged 16 to 59, and around 1 in 5 (19.4%) young adults aged 16 to 24, had taken an illicit drug in the last year (Lader (Ed), 2015). Following a fairly steady reduction in drug use between year ending December 1995 and year ending March 2010, there has been a noticeable change in the trend. Between the year ending March 2010 and

year ending March 2020, the proportion of adults reporting any drug use in the last year has significantly increased (Office for National Statistics, 2020: 3)<sup>2</sup>.

The same report includes information about trends in use of individual drugs. Concerning the most used drug, they report that since the year ending December 1995, cannabis has consistently been the most-used drug in England and Wales among all adults aged 16-59 and young adults aged 16-24 (7.8% and 18.7%, respectively), followed by powder cocaine among all adults (2.6%) and nitrous oxide among young adults (8.7%). Despite being one of the most commonly used drugs, in the year ending March 2020, there was a statistically significant decrease in the frequency of powder cocaine use; the proportion of frequent powder cocaine users fell by 39%, from 14.4% in year ending March 2019 to 8.7% in year ending March 2020 (Office for National Statistics, 2020). Reports also show a 10% increase in people starting treatment in 2020 to 2021 for problems relating to powder cocaine following a rising trend over the previous nine years (Office for Health Improvement and Disparities, 2021). The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2022) reported that this decrease in powder cocaine use could have been due to the restrictions on social gatherings and participating in night-time economy imposed by COVID-19 regulations, but advise that more recent analysis indicates recovery in the cocaine retail market.

For the purposes of the current research project the dataset from the 2020 CSEW has been examined, and prevalence of any drug use in the last year among 20–34-year-old has been calculated (the closest possible age group to the project’s definition of ‘young adult’ as being aged 18-35 years old). Use of any drug in the last year for this age group was 13.4%, lower than for those aged 16-24, but higher than all adults (aged 16-59). These figures demonstrate that use of any drugs over the last year is elevated in younger people, and that drug use has increased over the last decade among all adults. However,

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<sup>2</sup> “‘Any drug’ comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, heroin, methadone, amphetamines, cannabis, tranquillisers, anabolic steroids and any other pills, powders, or drugs plus ketamine since year ending March 2007, methamphetamine since year ending March 2009 and mephedrone since year ending March 2011 for use in the last year and year ending March 2015 for use in the last month. Glues are included until year ending March 2010, when this drug type was last measured by the Crime Survey for England and Wales” (Office for National Statistics, 2020: 4).



drug use could be higher in the general population than these estimates suggest. Social desirability bias can have a significant impact on self-reports of health attributes including substance use (Latkin et al., 2017: 136); due to the Crime Survey for England and Wales framing drug use as a criminal activity (rather than situating it in population health data, as with the way alcohol is measured in the Health Survey for England), respondents might provide more socially desirable answers and under report their consumption of controlled substances. A recent study that investigated lifetime drug use among 23–25-year-olds comparing data from the CSEW 2017 and The Avon Longitudinal Study of Parents and Children (ALSPAC) found that the CSEW might be significantly underestimating illicit drug use among young people by as much as 20 per cent (Charles et al., 2021). The CSEW acknowledges that, despite the self-completion method of the survey, an unknown number of respondents may not report their behaviour honestly. The authors also suggest other limitations of the survey; stating that, “... it does not provide as good coverage of problematic drug use, as many such users may not be a part of the household resident population covered by the survey. The CSEW does not cover some small groups, which are potentially important, given that they may have relatively high rates of drug use. Notably these are the homeless and those living in certain institutions, such as prisons. It also does not cover students living in halls of residence.” They conclude that although the survey data is recognised as a good measure of recreational drug use for the drug types and population it covers, as a result of these possible limitations, the CSEW is likely to underestimate the level of drug use in England and Wales (Office for National Statistics, 2020: 26-27).

Another data source that estimates the prevalence of drug use is the Global Drug Survey (GDS; The Global Drug Survey, 2022). This annual survey invites people from around the world to participate and provide information on their drug use. The most recent GDS, published in 2021, includes data from over 32,000 people from 22 countries. Findings from this survey show that Germany had the highest response rate (36% of responses were from Germany), over 60% of responses came from those aged under 35 years of age, and most respondents were CIS men (62.4%) and white (85.9%; Winstock et al., 2021). Regarding drug use, the GDS data shows that almost two thirds of respondents (64.7%) had used an illegal drug in the last year. Whilst the GDS authors advise against

using their data to estimate the prevalence of drug use in wider populations, this disparity in self-reported drug use compared with the CSEW is notable. Recent population data on prevalence of drug use in Germany, which provided the greatest number of responses for the most recent GDS report, also reports lower rates of drug use than the GDS; stating that fewer than 1 in 10 have used an illicit drug in the last 12 months, similar to rates reported in the CSEW (The European Monitoring Centre for Drugs and Drug Addiction, 2019: 6). While drug use might be underreported in the CSEW, there is likely to be a self-selection bias to the GDS – i.e. those who choose to take part have an existing interest in drugs (over 90% reported use of cannabis in the previous year).

Measures of drug use prevalence will likely always fail to paint the full picture of how drugs are used, but the available data indicates that a percentage, whether that be ten per cent or more, of adults (particularly young adults) choose to acquire and consume controlled substances, despite the potential for harm. Some of the drug use reported in these datasets might be from the minority of PWUD who are clinically diagnosed with a SUD or seeking structured drug treatment, but it's likely that a large proportion of the people who report drug use in these surveys are non-dependent drug users, and perhaps more likely to understand their drug use as solely recreational; although, arguably, people with SUDs may also use categorise their drug use as recreational. The following sections will draw on relevant literature to help describe and explain what 'recreational' drug use is, and the motivations behind those who choose to use drugs recreationally, or in recreational settings.

### 2.3.3 Defining 'recreational drug use'

As outlined in the introductory chapter, the current project is concerned specifically with drug use in young adults who aren't participating in structured drug treatment; the rationale for this is briefly explained in section 1.1. When referring to drug use by people who aren't dependent on a drug, participating in treatment for a SUD, or in recovery, the term 'recreational drug use' is most often used. Rassool (2011) offers definitions for varying typologies of drug user; from experimental and recreational use to the 'chaotic' user. Experimental users are characterised as those who have used drugs, licit or illicit,

on few occasions, and experimenting with psychoactive substances and other activities are perceived by Rassool as part of a desire, particularly amongst young people, to experiment and try new risky experiences (2011: 38). Recreational drug use, which might include experiential use, is understood as a form of substance use in which pleasure is the prime motivation; in these terms, broadly speaking, recreational users are seen to estimate the main hazards of drug use as potential damage to their health (van der Poel et al., 2009) and the main benefits as gaining “time out” and socialising (Rassool, 2011) and a fostering a sense of belonging (Foster and Spencer, 2013; Green, 2016).

Although, defining recreational drug use is evidently not straightforward, and definitions aren’t always consistent. Often, authors who research recreational drug use assume a shared understanding of what the term means, without providing a clear definition. Some choose to define recreational drug use by the types of drugs that are used, labelling certain substances as “recreational” (e.g. cannabis, cocaine and ecstasy; Garin et al., 2017), although this approach overlooks the fact that people do receive treatment for these drugs (Office for Health Improvement and Disparities, 2021) and that some non-treatment-seeking heroin users define their use as recreational (Caiata-Zufferey, 2012). Some define recreational drug use by the type of environment drugs are used in, such as “parties and festival scenes” (Xiang et al., 2021: 975), while others simply refer to “illicit recreational drug use” without providing a definition of what this means (Wadsworth et al., 2004: 239). Some offer more clarity around how this type of drug use is understood, by providing a detailed definition of recreational drug use that considers both the motivations of the users and the environment that drugs are used in. For example, in Fletcher et al’s work on young people, recreational drug use and harm reduction, the authors characterise recreational use as, “drug use that occurs for pleasure, typically with friends, in either formal recreational settings, such as nightclubs, and/or informal settings, such as on the streets and in the home” (2010: 357).

Motivations for recreational use of different drugs can vary; from the curious, experimental user of novel psychoactive substances (Mazurkiewicz et al., 2013; Soussan et al., 2018), the use of cannabis for relaxation (Green et al., 2003; Porche and Gardner,

2022), cocaine use to “stay awake” and “keep going” and ecstasy use to “enhance” activities and to feel more “euphoric” (Boys et al., 2001: 463-464). Gender differences have been identified in the motivations for use of drugs recreationally, with females more likely to use drugs to increase their confidence and willingness to socialise (Boys et al., 2001; Measham, 2002) and “complex” motivations among male recreational drug users might include pleasure and excitement, connecting with other men, and performing or contravening masculine identities (Darcy, 2019: 421).

Regarding recreational drug use in certain settings, a report published by The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) that looked into conceptual challenges and methodological innovations around monitoring drug use in recreational settings across Europe, considers the implications for labelling drug use as “recreational” and suggests that it might be more helpful to instead refer to “drug use in recreational settings” (Moore and Matias, 2018: 13). Most definitions of the word ‘recreational’ refer to something done for enjoyment or fun outside of work, relevant for understanding ‘recreational settings’, as such, the term ‘recreational drug use’, arguably, suggests a type of non-problematic drug use. Yet published work around young people’s recreational drug use tells a different story, highlighting both the positive outcomes of recreational drug use, but also the potential risks and harms associated with this type of use. Such negative outcomes might include out of character behaviour, being sick, feeling paranoid, spending too much money on substances, and getting into dangerous situations (Parker and Egginton, 2002: 425). Relatedly, the authors of the EMCDDA report, reflect on the divisiveness of the binary construct of drug use as being either recreational *or* problematic, and drugs as either ‘hard’ or ‘soft’; returning to the point that some people who occasionally use heroin, often considered a ‘hard’ drug and associated with problematic use, might perceive their use to be controlled and recreational (Moore and Matias, 2018), and some recreational drug use can be perceived as problematic (e.g. problematic recreational ecstasy use; Soar et al., 2005).

Without explicitly recruiting ‘recreational’ drug users, the current project recruited PWUD who did not have any clinical diagnoses of dependence, or those who were receiving any structured drug treatment, aiming to attract participants whose drug use

fell into this remit of recreational use, or drug use in recreational settings. When exploring the relationship between drug use and identity, much of the literature focuses on dependent drug use and identity constructions of people in recovery – i.e. the ‘Addict vs. Non-addict’ dichotomy (Venkoba Rao et al., 1981; McCusker et al., 1991; McIntosh and McKeganey, 2000; Rødner, 2005; Hughes, 2007), with less research exploring implications of drug user identity for PWUD who are not participating in treatment or in recovery. Whilst appreciating the importance of understanding the perspectives of drug users who are seeking support for problems relating to their use of drugs, and how dependency and recovery can significantly impact a person’s identity, the current project aims to explore the implications of drug user identities that are associated with non-dependent drug use. The researcher also acknowledges that non-dependent drug use can be problematic and has associated risks and harms.

#### 2.3.4 Risk management and the pursuit of pleasure

Referring to the “night-time economy” Griffin and colleagues (2009: 217) suggest that the commodification of the “pursuit of pleasure” predominantly targets a demographic of young adult consumers and recognise young peoples’ consumption practises as a form of “calculated hedonism” (see also: Measham and Brain, 2005: 217), meaning that choices are made to have the most enjoyable experience while avoiding harm. Returning to the Global Drug Survey (GDS), in addition to sharing information on prevalence of drug use around the world, the researchers also provide data regarding respondents’ motivations for using drugs, stating that they are, “interested in how people balance / prioritise the desire for intoxication related pleasure when they use drugs with the pragmatic desire of avoiding harm” (Winstock et al., 2021: 7). The survey assessed the importance of three factors when asking about respondents’ drug use in the last year: 1) How important is maximising the pleasure you get? 2) How important is avoiding harm associated with your use? And 3) How important is the amount of fun you have with other people? Their findings show that for typically “pro-social drugs”, such as MDMA and cocaine, “having fun with others” is regarded as very important, with scores of 9.0 and 8.2 out of 10, respectively, as is “maximising pleasure” (scoring 8.5 and 7.5 out of 10, respectively). Interestingly, heroin also scored highly for maximising pleasure (a score of 8.0 out of 10), but much lower for “fun with others” (3.8 out of ten),

supporting its exclusion from the “pro-social drugs” category. All drugs had a score of 6.8 or higher regarding avoiding harm associated with drug use, indicating that harm avoidance (or reduction), alongside pleasure and socialising, is a key consideration for most PWUD.

People who use drugs develop a range of risk management strategies to reduce potential harmful effects of drug use, to varying degrees of effectiveness, and these often emerge from within the cultural settings in which the behaviour takes place (Duff, 2003; Hunt et al., 2007). Research within these populations suggests that younger drug users may be more interested in reducing harm through safer drug use rather than reducing use per se (Day et al., 2018; Rigg and Sharp, 2018; Giulini et al., 2022), although these priorities may change with time, experience, and competing demands and consumer goods. In addition to avoiding potential physiological harm from drug use, PWUD also mitigate risk of other potential harms from their use of drugs, including impact on relationships (Rhodes and Quirk, 1998) or risks relating to the experience of intoxication (e.g. a bad trip) (Hunt et al., 2007). In their research exploring the meanings of risk and pleasure among a large sample of club drug users, Hunt and colleagues (2007) found that respondents often spoke of pleasure and fun, and many also felt that they gained something from their experiences of using drugs, including improved wellbeing and self-worth, and bonding with friends.

Over the last couple of decades the positive experiences of drug use have drawn increasing attention within academic literature, for example, regarding harm reduction within ecstasy distribution networks (Jacinto et al., 2008), and exploring the contextual pleasures associated with illicit drug use (Duff, 2008) and the relationship between drug-related pleasure and harm experienced by regular “party drug” users (Pennay, 2015). A recent discourse analysis of online drug forum discussions highlighted positive drug stories shared among forum members, and the authors argue that understanding these positive, subjective experiences might help shape wider discourse around drug use and drug users, and potentially reduce the associated stigma and shame, which in turn could reduce negative health and social outcomes of drug use (Engel et al., 2021).

### 2.3.5 The concept of differentiated normalisation

The principle of normalisation was originally associated with creating “normal” patterns or conditions of life for people with learning difficulties (Nirje, 1980) and was later theoretically developed to help understand the sociology of deviance by Wolfensberger (1980), who summarised normalisation as:

- the use of culturally valued means to enable people to lead culturally valued lives;
- the use of culturally normative means to provide life conditions which are at least as good as those of the average citizen;
- the enhancement of the behaviour, appearance, experience and status of the devalued person;
- the use of culturally normative means to support behaviour, appearance, experience, and status which are themselves culturally normative (adapted from Wolfensberger, by Chappell, 1992: 36)

Since the 1990’s, the experience of intoxication has been linked to experimentation and identity formation in young peoples’ lives, and commentators suggest that, if spread wide enough amongst young adults, can be interpreted in normalising terms (Room, 2012). Wolfenberger’s sociological conceptualisation of normalisation was utilised by a research group in the North West England Longitudinal Study to help explain the increase in the drug involvement of young people in Britain across the 1990s (Parker et al., 2002). These authors offer that, in understanding young people’s drug use, normalisation is a “multi-dimensional tool” and identified five dimensions of normalisation: access and availability; drug trying rates; rates of drug use; attitudes to ‘sensible’ recreational drug use by adolescents and young adults, especially of non-users; and the degree of cultural accommodation of illegal drug use (Parker et al., 2002: 944).

The concept of normalised drug use challenged drug use as a deviant activity. Whereas illicit drug use was once widely attributed to individual or social pathology, it has increasingly come to be seen as a relatively unremarkable feature of some young

people's lives and part of the broader search for pleasure, excitement and enjoyment framed within consumption-oriented leisure lifestyle, where recreational drug use is accommodated alongside other "risky" activities including casual sexual activities, cigarette smoking, and moderate alcohol use (Parker et al., 1998; Measham and Shiner, 2009). The "normalisation of sensible recreational drug" use suggested that, by the 1990s, the trend towards the gradual "desubculturalisation" of drug use in UK society had extended such that recreational drug use had become normalised within mainstream youth culture (Parker et al., 1998). Underpinning the argument is a conceptualisation of young people's drug use as a series of "rational decisions about hedonistic consumption" (Parker et al., 1998: 169) rather than an uninformed response to peer pressure. This normalisation thesis became, and has continued to be, a cornerstone for understanding the sociology of drug use in the 21<sup>st</sup> century. This application of normalisation in understanding young peoples' drug use has received much attention and critique since its conception, including reflections from the research group themselves.

Giddens (1984) offered the theory of structuration, which emphasised the links between structure and agency, where social structures are said to make social action possible, yet are themselves said to be reproduced through social action; thus people can only make decisions in the context in which they find themselves and are constrained and influenced by external factors. Critics of the concept of "normalisation of sensible recreational drug use" (including one of the original authors) argued that it downplayed the role of structural influences, preferring instead to emphasise a rational action model of adolescent drug use based on a cost-benefit analysis (Measham and Shiner, 2009). Relatedly, others suggest that it exaggerates the prevalence of drug use among young people, simplifies the choices that young people make, and pays inadequate attention to the meanings that their drug use has for them (Shiner and Newburn, 1997). Instead, it has been proposed by Pilkington (2007) that 'youth culture' should be understood as a set of practices, including drug use and abstention practices, that individuals and groups enact, not only as responses to, but as strategies for negotiating and shaping, their structural contexts and in doing so, their identities.



In the early 2000's the concept of normalisation of young people's drug use was further developed, following a qualitative exploration of young people's youth cultural identification and experiences, which investigated how such experiences may be related to the use of illicit drugs; this piece of work suggested a more "differentiated understanding of normalisation" that allows for "an appreciation of the complexity and diversity in young people's experiences... for the ways in which some types of drugs and some types of drug use may be normalized for some groups of young people" (Shildrick, 2002: 47). This development has since been accepted by one of the original authors, who further suggests that researchers in the field need to explore in more depth how normalisation applies to different types of drug use and different populations of drug users (Williams, 2016), while others propose that more in-depth qualitative research is needed to better understand the normative context in which drug use occurs and the social meanings of drug use, including any potential benefits and unintended consequences of normalisation (Pennay and Measham, 2016).

A more nuanced view of differentiated normalisation of young people's (including young adult's) drug use is now being utilised to understand drug use: in risk environments (O'Gorman, 2016); among specific populations such as normalisation of cannabis use among undergraduate students (Hathaway et al., 2016) and consumption of drugs in lives of clubbers (Moore and Miles, 2004); in understanding of the de-normalisation of drinking among adolescents (Caluzzi et al., 2021), and when considering the evolving meaning of cannabis use in adolescence (Bilgrei et al., 2021). The current project explores the concept of normalisation that recreational drug use is accommodated into the social lives of young adults, along with the five key dimensions of normalisation that the authors of the North West England Longitudinal Study identified: availability/access; drug trying rates; usage rates; accommodating attitudes to 'sensible' recreational drug use especially by non-users; and the degree of cultural accommodation of illegal drug use (Parker et al, 2002). However, the movement away from a rigid model of normalisation and towards this more nuanced and differentiated concept of how drug use might be normalised among study participants is acknowledged and considered in the project design and when interpreting the findings.

### 2.3.6 Drug, set, and setting

In understanding drug use, as recognised earlier, authors often refer to three factors: the motivations for drug use; the specific drugs that are used; and the environment in which drugs are consumed. These three factors are widely known as the drug, set, and setting, as originally characterised by Zinberg,

*“In order to understand what impels someone to use an illicit drug and how that drug affects the user, three determinants must be considered: drug (the pharmacologic action of the substance itself), set (the attitude of the person at the time of use, including his personality structure), and setting (the influence of the physical and social setting within which the use occurs)” (Zinberg, 1984: 5).*

Zinberg’s perspective has been the foundation for much sociological research about drug use and drug user behaviour. Research continues to explore and analyse not only the pharmacologic action of psychoactive substances, but also the reasons and ways in which people use these substances, and how social and individual factors can influence consumption. To gain a more comprehensive and thoughtful understanding of the reasons why people choose to use psychoactive substances, individual experiences and meanings must be explored. One way of doing this, is to explore the “set” of drug user – i.e. the individual’s attitude and personality structure – their sense of identity or self, and how this interacts with the drug(s) they consume and environmental factors.

## 2.4 The concept of identity

### 2.4.1 The ‘self’

The language of identity and related theoretical perspectives has gained prominence in contemporary social sciences and is predominantly derived from the work of George Herbert Mead, whose framework for understanding social interactions and identity proposes that, “society shapes self, shapes social behaviour” (Mead, 1934). Regarding people’s use of drugs, this framework could be applied to the way in which drug policies and legislation, and other people’s perceptions of PWUD, might influence their

substance-related decision making. When exploring social interaction, the work of Mead and colleagues identified two forms of interaction; non-symbolic interaction, and symbolic interaction (Blumer, 1966). The former refers to the way in which individuals communicate directly to each other's actions; the latter refers to the way in which people interpret each other's gestures or actions and "act on the basis of the meaning yielded by the interpretation" (Blumer, 1966: 537). Mead's understanding of the 'self' theorises that identity is shaped through symbolic communication of shared meaning between individuals (Belackova and Vaccaro, 2013). Within drug using groups this symbolic communication might be the symbolic boundaries that differentiate between types of drug use – i.e. functional and dysfunctional drug use (Copes, 2016) or social constructs of taste regarding which drugs are in, or out of, fashion (Edland-Gryt et al., 2017).

Identity theory is based on the premise that characteristics of an environment influence the relationships between individuals and, by extension, social groups, through the processes of identification. Identity theory analyses features of a social context, such as the presence and recognition of social groups, the diversity of opportunity to access these groups, and interpersonal relationships that people form within (and across) the boundaries of social groups (Deaux and Martin, 2003). With this theory, the main outcomes of interest are the effects of identification on an individual's sense of self – i.e. "who am I?", their attitudes towards others, and the actions that are motivated by these socially derived meanings.

The field of identity research encompasses many traditions and strands. Two strands that relate to and complement each other are the work of Stryker, Burke, and their respective colleagues. The work of Stryker and colleagues focuses on how social structures connect with identities, whilst the work of Burke and colleagues focuses on the internal process on self-verification (Stryker and Burke, 2000). These authors refer to three distinct usages of the term 'identity'; i) that which refers to the culture of a people (e.g. ethnicity); ii) that which refers to common identification with a collectively or social category, such as in social identity theory (Tajfel, 1982); and iii) that which refers to parts of a 'self', that comprises the meanings that people attach to the various

roles they perform in their social networks (Stryker and Burke, 2000: 284). Identity among young adults is more meaningful in the context of late modernity, with increased emphasis on individualism and self-surveillance; contemporary discourses of individual freedom, self-expression, and authenticity demand that young adults live their lives as part of a biographical project of self-realisation (Bauman and Vecchi, 2004). This supports Giddens' view of identity, that it is a "reflexive project of the self, which consists in the sustaining of coherent, yet continuously revised, biographical narratives" (Giddens, 1991: 5). Giddens' view suggests that people are constantly narrating a sense of self; storytelling is part of that process and can shift and change depending on the context and individual circumstances through the life course.

Goffman (1959) provided what he called a 'dramaturgical' account of social interaction as a kind of theatrical performance. Individuals seek to create impressions on others that will enable them to achieve their goals ("impression management"), and they may join or collude with others to create collaborative performances in doing so. Goffman distinguished here between 'front-stage' and 'back-stage' behaviour. When 'on stage', for example in a professional setting, people conform to standardised definitions of the situation and of their role within it. 'Back stage', they have the opportunity to be more authentic, and the impressions created while on stage might be contradicted (Buckingham, 2008).

This idea of identity performances is tied primarily to the maintenance of social order (Thoits and Virshup, 1997). With a focus on the reciprocal roles that people perform in their interactions with each other, the expectations connected to role-identities perpetuate identity-based behaviours that conform to existing norms. These norms can exist with respect to different levels in society; population norms can be shared by a large culture, whilst other norms are more relevant to subgroups or sub populations, including PWUD. The nature of interpersonal interactions of drug users has important implications for understanding the mechanisms of peer influence in the aetiology and maintenance of drug-using behaviour (Kandel and Davies, 1991). With reference to recreational drug use, exploring the idea that participants may perform one identity in their day-to-day life, or 'on-stage', and a more honest 'back-stage' performance, social

interactions and personal decision making may highlight why and when individuals use certain substances and in front of who, giving a more complex view of their drug user identity.

#### 2.4.2 Identity salience, commitment, and hierarchy

Complementing Giddens' view, identity theory refers to a multiplicity of selves, or a differentiated self that is multifaceted, thus accepting James's (1890) argument that an individual can have as many 'selves' as there are others (or groups of others) to whom that individual relates (James, 1890; Stryker and Serpe, 1994). This is related to the concept of identity salience, that is, the probability that one identity will be invoked across a variety of situations; a person's salient identity is the identity that is prominent in a specific situation. What identity (or aspect of identity) comes into play in a specific situation depends on different factors; one key factor is the level of commitment a person has to a particular identity. As with James's vision, people tend to live their lives in small, specialised networks, and when a person shares a certain identity with a greater number of people, their commitment to that identity tends to be higher (James, 1890). Commitment also refers to the degree to which persons' relationships to others in their networks depends on possessing a particular identity and role (Stryker and Burke, 2000). If a person shares deeper ties with people that they share a particular identity with, this feature of their identity is likely to be more salient. This understanding of identity suggests that the higher the level of commitment a person has to a particular social identity, or a particular feature of their identity, the higher the level it occupies on the person's identity salience hierarchy. Using this development of identity theory, these authors have manipulated Mead's existing formula, "society shapes self, shapes social behaviour", to "commitment shapes identity salience, shapes role choice behaviour" (Stryker and Burke, 2000). With drug use, this could be interpreted that drug users' commitment to their sense of identity within their drug using network could influence the salience of their 'drug user identity' (or the parts of their identity that are associated with their drug use) and as such, could influence their substance related decision-making (e.g., what drugs they take, when, and why).

### 2.4.3 Capital and distinction

Mead's proposal, "society shapes self, shapes social behaviour" asserts that the societies that we participate in shape who we become, and in turn, how we act in social situations. Mead saw the self as a process more than a structure (Blumer, 1966). The idea that our social world can shape our behaviour (or practice) can also be understood in the work of Bourdieu, in his formula: '(Habitus × Capital) + Field = Practice' (Bourdieu, 1984). For Bourdieu, the 'habitus' is the collective term for the array of dispositions that individuals of a social network use to respond to themselves and their surroundings (Bourdieu, 1984). 'Capital', whether it is social, cultural, economic or symbolic (which will be described in the next sections), is the understanding of the social structure and social networks and one's position within a field, and 'fields' refer to the always existing, obligatory boundaries of experiential context (Adams, 2006). Hence, for Bourdieu, people's behaviours (their 'practice') are not the result of their dispositions (habitus) alone, they are also influenced by the interplay between habitus and the environment or circumstances someone finds themselves in, and the capital they hold in those environments.

#### *Social capital*

Social capital is the social value that members of a social network maintain through membership to this group and the relationships and influence they are able to uphold. This could be internal social capital, within group capital, or external social capital, where membership to this group is perceived and valued by others. For Bourdieu, social capital is a means of getting access, through social connections, to the economic and cultural resources which are keenly sought in capitalist societies (Bourdieu, 1986). The relationships and bonds between members of a drug using network will impact on their social value, and factors include trust (particularly important here as, although some types of drug use might be seen as normalised in certain groups, it is more broadly seen as a deviant activity); norms (there may be normalisation of drug use in a drug using network); and features of a social life that enable participants to act together more efficiently to pursue shared objectives (e.g. to use drugs safely and pleasurably). Gaining social capital is reliant on other forms of capital; cultural, economic, and symbolic.

### *Cultural capital*

Cultural capital refers to people's values, skills, knowledge, and tastes. Shared cultural capital within a group of PWUD could be the knowledge of how to use drugs more safely, how to optimise positive drug effects, or skills of making the most out of the substance, (e.g. skills in preparing substances for consumption). Thornton (1995) extended Bourdieu's 'cultural capital' to 'subcultural capital'; where Bourdieu's cultural capital may be understanding how to behave in relation to group norms and expectations in a social environment, Thornton's subcultural capital is embodied as being 'in the know' (Thornton, 1995). Someone who has higher drug literacy, contributes to drug discussion forums, and knows the details of contemporary drug policy would likely have more subcultural capital within their drug using group due to their knowledge on contemporary drug issues. Subcultural capital in drug using networks could also be linked to preferred drugs / music tastes / access to events / gigs – i.e., for different drugs there are certain music tastes and recreational settings that are linked to their use (as discussed in section 2.5.1).

### *Economic capital*

Economic capital refers to material assets that have financial value, and whether an individual holds the economic means to participate in the social network practices; for example, if someone has money to purchase drugs and attend events that are valued within their network. In these terms, economic capital provides access to acquire cultural capital. However, the person with economic capital to access and purchase drugs for consumption with a network might not necessarily hold the highest cultural / social capital, yet Bourdieu would suggest that having this type of capital can promote social capital within a group.

### *Symbolic capital*

Symbolic capital is not a specific kind of capital (e.g. economic, social, or cultural) but what these other forms of capital become if, or when, they achieve an explicit or practical recognition within a social group (Bourdieu, 1986). Capital exists and acts as symbolic capital once it is perceived as a positive sign of whatever values are appreciated in a specific network (e.g. access to drugs / drugs knowledge) and it makes the bearers

of this capital “visible, admired and invited”, giving them a kind of “continuous justification” for belonging to the group and for continuing to pursue the lifestyle associated with this form of capital (Bourdieu, 2000; as cited in, Järvinen and Gundelach, 2007).

#### 2.4.4 Capital and identity theory

This idea of symbolic capital brings the discussion of theory to symbolic interactionism, the concept that provided the foundations for identity theory and Mead’s understanding of the self (Mead, 1934). Symbolic interactionism refers to the way in which people interpret each other’s gestures or actions and act on the meanings that are born out of these interpretations. Social identities have been described as ‘self-categories’ that define the individual in terms of their shared similarities with other members of a group, and how they differ to other groups, hence focusing on distinction from other people (Pickett and Brewer, 2005), and membership in a group can be seen as a ‘social category’ in an exclusionary sense (Bourdieu, 1986). This can be applied to the relationships between PWUD, in that PWUD can interpret another drug user’s cultural, social, and economic capital as symbolic capital, and these symbolic interactions and interpretations can maintain that individual’s place in the social structure or hierarchy of PWUD.

As previously defined, commitment to an identity refers to the degree to which persons’ relationships to others in their networks depend on possessing a particular identity and role. Holding symbolic capital maintains a drug user’s commitment to the drug-using network and may influence their drug user identity salience – i.e., if they hold higher symbolic capital, they will be more admired and respected by their peers in the drug using network, as a result, they may feel deeper ties with this social group than others, promoting this identity on their identity salience hierarchy.

## 2.5 The relationship between identity and drug use

Studies of self-concept and substance use behaviours suggest that a substance / drug user identity is something that is internally recognised, either explicitly or implicitly, and findings show that substance self-concept (understanding oneself as a drug / alcohol



user, or a smoker) is positively associated with substance use behaviours (Lindgren et al., 2017). A recent meta-analysis explored the association between substance user identities (specifically alcohol, tobacco, and cannabis) and substance use-related outcomes (i.e. frequency of use, quantity of use, substance use-related consequences / problems). These authors found that substance user identity was an important correlate of substance use-related outcomes (specifically for cannabis; identification as a cannabis user was strongly associated with frequency – i.e. how often an individual uses cannabis) and this association was stronger among younger individuals (Montes and Pearson, 2021). The authors noted how this understanding of substance user identities has implications for targeting interventions, suggesting that interventions that are directed to mitigate against substance user identity development in younger PWUD might be more effective than interventions targeting older cohorts.

#### 2.5.1 Subcultures of people who use drugs

As outlined earlier, identity is not only about self-concept, but identities are also social constructs and can refer to collective identity of a group. Regarding the broader identity of a people and associations with drug use, this might include racial identity and attitudes to drug use (Townsend and Belgrave, 2000; Brook and Pahl, 2005), or gender identity and drug use behaviours (Kulis et al., 2008; Romo et al., 2009). Related to the concept of capital and culture, particular subcultures of PWUD exist, and these have often been linked to certain leisure activities and particular music tastes. The dance music scene is often studied when researching recreational drug use (Winstock et al., 2001; Moore and Miles, 2004; Kavanaugh and Anderson, 2016; Palamar, 2020; Palamar et al., 2021; Zampini et al., 2021) and regarding cultural and social capital, there is a reported feeling of solidarity between drug users in the electronic dance scene (Kavanaugh and Anderson, 2016) and drug use in this subculture can be seen as a ritualistic act (Vandenberg et al., 2020). In the 1980's hip-hop emerged as a unique subculture with associated fashion and cultural argot, and cannabis is now perceived by some as a normalised feature of this subculture (Pawson and Kelly, 2017). Findings from a multi-level analysis of taste clusters of music and drugs demonstrate the occurrence of “symbolic boundaries simultaneously drawn around both activities” (Vuolo et al., 2014: 550). Here, drug taking can be intrinsic to the construction of shared identity, and

drug use may become established to maintain access to the positive aspects of that identity (see Hunt et al, 2007; Measham and Moore, 2008; for examples).

More recently there has been an growing interest in microdosing psychedelics, and subjective user accounts reporting enhanced mood, creativity, focus and sociability (Petranker et al., 2022), but some perceive this as “gentrification of psychedelic culture” (Coffey, 2021) that is attuned to middle-class, neo-liberal values in the pursuit of self-improvement that, interestingly, moves drug use away from a subcultural context and instead, embraces the mainstream ‘wellness’ industry (Liokaftos, 2021).

These findings on the relationship between identity and drug use indicate that, while pleasure seeking (in whatever form that might take) might be the goal for most people who use drugs recreationally, and many young adults practice harm minimisation techniques when using drugs, either seeing oneself as a drug user, and/or having a collective identity in a drug using subcultures could have negative implications for health. Strong affiliation with a drug subculture may lead to a narrowing of social identity, which, similar to having a prominent substance user self-concept, may be linked to increased likelihood of problems relating to drug use and dependency. Immersion and perceived belongingness in drug taking practices, rituals, and cultures has also been shown to result in disengagement from mainstream society, and a reduced likelihood of wanting to change established use behaviours (Mullen and Hammersley, 2009; Neale et al., 2010).

## 2.6 Summary and rationale for the current project

The political landscape around drug use in England and Wales presents a model of prohibition and criminalisation of drug use, even though this approach appears to have had little effect on prevalence of adult drug use, as reports estimate that last year drug use in adults has significantly increased over the last decade (Office for National Statistics, 2020: 3). Recent reviews and strategies around drug use have moved towards diverting those with problems relating to their substance use away from the criminal justice system and into treatment, but at the same time, call for more punitive penalties for “so-called recreational” drug users (HM Government, 2021: 4). Evidence suggests

that most PWUD use substances without requiring treatment, although there is still the potential for harm (Schlag, 2020). The latest government drugs strategy continues to criminalise drug use but now targets a different cohort of PWUD, those who do so recreationally and occasionally. Despite the potential harms to health and the risk of getting penalised, anecdotal reports of drug use in young adults are often framed in a positive light, and research aiming to understand the culture and meaning of drug use for different PWUD is growing. The concept of differentiated normalisation suggests that some types of drug use might be normalised for some people (see: Shildrick, 2002) and this speaks to the diverse subcultures of PWUD, where the use of certain substances is normalised in a particular group, and can be associated with a collective identity.

Identity theories understand the 'self' as meanings that people attach to the various roles they perform in their social networks, and that identity is multifaceted and complex. Identities are shaped by external forces, including societal constraints, and this can influence identity formations and social behaviours. Identity theorists propose that people have a hierarchy of identities, and a salient identity is the identity that is performed in a given situation; a greater commitment to a particular identity might mean that this identity becomes salient in other contexts (Stryker and Burke, 2000).

This review highlighted some key areas to be explored in the current project, including the normalisation of drug use in young adults, the role of identity on drug use behaviours, to understand what values guide substance-related behaviours and decision making and the cultural aspect of drug use, and finally, the implications of these factors on the health (or perceived health) of PWUD.

To achieve this, the following research question is posed: "how do drug use and the associated lifestyles and practices feature as part of a young adult's sense of identity?" The project utilised mixed methods. First, a questionnaire study informed by the literature review findings, included a mixture of validated measures and bespoke questions to assess normalisation of drug use (including prevalence of drug use, access to and availability of drugs, and perceived social and cultural accommodation to drug

use); drug culture and capital, belongingness, and values; and health and wellbeing associated with drug use. To explore how different 'drug user identities' might be shaped relating to cultural capital, belongingness, and normalisation, and any implications of these identities, this study had the following objectives:

- To model latent profiles of drug user identities using latent profile analysis.
- To explore the relationship between latent profiles and external variables in order to predict profile membership, or where profile membership was used to predict other behaviours or attitudes.

Following this, to develop the concept of 'drug user identity', a qualitative study was undertaken, with two further aims:

- To investigate the meanings that young adults attach to their drug use.
- To explore how people may gain a sense of identity from their drug use.

Research into the identities of PWUD and the implications of these identities could lead to an improved understanding of behaviour, and better targeted policy and health interventions (Lindgren et al., 2017; Montes and Pearson, 2021). Much of the research exploring identity in drug users is predominantly qualitative, whereas the current project contributes to this field by utilising a mixed-methods design. By using both quantitative and qualitative methods, the project contributes to further understanding the concept of drug user identity, by complementing a more observed, outside view of this phenomenon, with an in-depth, subjective inquiry into the meanings behind the people's drug use.

## Chapter 3. Research methodology

### 3.1 Introduction

The previous two chapters offer the reasoning behind this project – the ‘why’? The present and following chapters, chapters three to five, present the ‘how’ – i.e., what approach and process was taken to address the principal research question and the specific objectives for each study, and the ‘what’ – i.e., what do the project findings suggest about the concept of ‘drug user identity’? This chapter offers an overarching methodology for the whole project, then separate chapters regarding the research processes and findings follow (chapters four and five), for the separate phases of data collection and analysis.

This chapter presents the methodology for this project in the following way: first, outlining the research purpose and design; then presenting the philosophical influences for the project, including a reflection on the research paradigm and an explanation of the theoretical (epistemological and ontological) position; and finally, describing the methodological techniques used for each individual study.

### 3.2 Research purpose

This project aims to explore the concept of identity in young adult drug users, by responding to the principal research question,

*“How do drug use and the associated lifestyles and practices feature as part of a young adult’s identity?”*

Research purposes have been categorised in various ways. Newman et al. (2003) proposed nine categories of research purpose, including, to: 1) predict; 2) add to the knowledge base; 3) have a personal, social, institutional, and/or organisational impact; 4) measure change; 5) understand complex phenomena; 6) test new ideas; 7) generate new ideas; 8) inform constituencies; and 9) examine the past. These authors argue that research purpose should be the driving force behind decision-making when deciding on a research methodology (Nastasi et al., 2010). The current project aims to achieve two

of these nine purposes, numbers two and five; that is, to add to the knowledge base of the behaviours of people who use drugs (PWUD), and to understand the complex phenomena of ‘drug user identity’. Mixed-method research designs, specifically, have also been categorised into five distinct purposes; triangulation, complementarity, development, initiation, and expansion; this mixed-methods project is purposefully designed as an expansion study, meaning that it “seeks to extend the breadth and range of inquiry by using different methods for different inquiry components” (Greene et al., 1989: 259).

### 3.3 Research design

#### 3.3.1 Multi-phase mixed-methods research

The project research design is multi-phase and mixed methods, that is, both quantitative and qualitative methods were used sequentially to explore the primary research question. Mixed methods research (MMR) has been successfully used to understand public health issues (e.g. Huber et al., 2016; Strudsholm et al., 2016; Marsden et al., 2019; Bou-Karroum et al., 2021), and more specifically, in research exploring drug use in adults (e.g. de Visser and McDonnell, 2012; Lafortune et al., 2021; Meyers et al., 2021). Researchers have argued that mixing methods is the most productive strategy for the investigation of complex social phenomena (Silva et al., 2009). The review of the literature presented in chapters one and two, suggests that the concept of identity can be associated with drug use in various ways, and for different demographic profiles of drug user. In line with the pragmatic research paradigm (discussed further in section 3.4.1), both quantitative and qualitative methods are utilised in the current project to explore the concept of ‘drug user identity’. Quantitative methods, whilst generally being founded in objectivism, and offering results that can help the researcher draw conclusions about a larger population, are arguably limited in their ability to offer a detailed understanding of subjective human experiences of specific phenomena. Conversely, qualitative research offers a thorough investigation of individual lived experiences but can neglect to draw broader conclusions about wider populations of similar persons or groups. Key considerations for MMR design include,

“... the relative timing of when each method is carried out (concurrently or sequentially) and the emphasis accorded to each component for addressing the purpose of the study (whether the components are equally weighted or whether one is primary and the other secondary).” (Curry et al., 2013: 119)

This project is interested in exploring the concept of identity in young adults who use drugs; to fully explore such an abstract notion of ‘identity’ and the meaning that identity and drug use have to individuals who choose to use drugs, a qualitative component was integral in responding to the primary research question. Yet, to understand how different PWUD might share an identity, or how drug use might be more or less integral to the identities of PWUD, and the implications of this, an exploratory quantitative component was used prior to the more in-depth interview study. This preliminary quantitative study helped to understand some of the important factors and concepts that might shape a ‘drug user identity’, and these findings were considered in the second, qualitative study. Hence, according to Leech and Onwuegbuzie’s typology of MMR (2009), the design is partially mixed, sequential, dominant status: Quantitative ⇒ Qualitative. This means that the data from the two studies are partially mixed at the point of analysis (for the present study, this occurs when project findings are synthesised in the discussion chapter, see section 6.3) the studies happen in sequence (rather than concurrently), and that one study (for this project, the qualitative study) has a dominant emphasis. Relatedly, Zhang and Creswell (2013) identified three ways that data can be mixed in MMR projects, (1) the researchers analyse the two types of data at the same time but separately and integrate the results during interpretation; (2) the researchers connect the qualitative and quantitative portions in phases in such a way that one approach is built upon the findings of the other approach; and (3) the researchers mix the two data types by embedding the analysis of one data type within the other (2013: e51). The partial mixing of data for the current project is in line with the second method, where the quantitative and qualitative phases of data collection and analysis are undertaken sequentially, and the more dominant qualitative phase builds upon the findings from the quantitative.

## 3.4 Methodological philosophy

### 3.4.1 A reflection on the research paradigm

Literature surrounding the relationship between MMR and research paradigms presents varying accounts of what a research paradigm is; some argue that a paradigm is a “research culture” and that MMR in itself is a (relatively) new research paradigm in addition to the more traditional and binary quantitative and qualitative approaches, (Johnson and Onwuegbuzie, 2016: 14), while others suggest that MMR mixes different paradigms offering a pluralistic combination of appropriate epistemological, ontological, and axiological positions in order to best respond to the research question (Ghiara, 2019). The current project understands the research paradigm as a combination of these two arguments, that MMR offers a new perspective on how we can best understand phenomena in the world, and that the research paradigm encompasses the researcher’s worldview, as, “a set of ontological and epistemological assumptions, that is, a set of shared beliefs about the nature of the (social) world and about the knowability of this world” (Denscombe, 2008, op cit in Harrits, 2011: 151) <sup>3</sup>. The use of mixed methods means that there might be some conflict in theoretical foundations across the two studies (one being an anonymous survey study, and the other, a semi-structured individual interview study), but the dominant position of the qualitative component takes precedent across the whole project.

Historically, research paradigms for quantitative and qualitative research have been characterised, respectively, as being either (post)positivist (deemed a more ‘scientific’ method of investigation, establishing cause and effect) or interpretivist/constructionist (where emphasis is placed on understanding the individual and their subjective interpretation of the world around them). However, critics of the mono-paradigmatic orientation of research argued that this was not good enough and that,

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<sup>3</sup> Note: Alternatively, ‘methods’ refers to the research process, that is the “procedures and activities for selecting, collecting, organizing and analysing data” (Blakie, 2010: 9) and will be described in chapters four and five, for the quantitative and qualitative studies, respectively.



“... it was not possible to access the ‘truth’ about the real world solely by virtue of a single scientific method as advocated by the positivist paradigm, nor was it possible to determine social reality as constructed under the interpretivist paradigm.” (Kivunja and Kuyini, 2017: 35)

These theorists argued for a new paradigm that offered more practical and varied approaches to research that allow a combination of methods, which when used together could shed light on the actual behaviour of participants, the beliefs that stand behind those behaviours, and the consequences of different behaviours (Kivunja and Kuyini, 2017). Hence, the ‘pragmatic paradigm’ poses that researchers should adopt a relational epistemology (that relationships in research are best determined by what the researcher deems appropriate to that particular study), a non-singular ontology (that there is no single reality and all individuals have their own and unique interpretations of reality), and a mixed methods approach (Kivunja and Kuyini, 2017: 35). Scholars of the pragmatic paradigm suggest that it, “is useful for guiding research design, especially when a combination of different approaches is philosophically inconsistent” (Weaver, 2018: 1288). Approaches to selecting a research paradigm in MMR is a highly disputed issue, with some arguing that a single paradigm stance is the only defensible approach (Hall, 2013), and others suggesting that the meta-perspectives of pragmatism should be widened to not only consider and place emphasis on the practical aspects of the research (e.g. what works best for answering the research question), the research context, and the potential implications of the research, but should also extend methodological reasoning to include more thoughtful arguments regarding the epistemological and ontological positions (Harrits, 2011).

Respecting the supportive arguments for a pragmatic approach when completing MMR, the present project has embraced this paradigm, but has also endeavoured to broaden it by drawing on the praxeological knowledge strategy. In consideration of the arguments for praxeological knowledge for MMR (as outlined in Harrits, 2011), the researcher extends the pragmatic paradigm by incorporating more comprehensive considerations for the epistemological and ontological position, and by utilising quantitative analyses to provide an more objective (or observer’s) perspective that can

then be supplemented (and reflexively contextualised) by an interpretive perspective integrating the views of the subjects themselves. As the research design of this project is mixed methods and multiphase, the pragmatic approach means that each phase (study) is individually conceptualised (i.e., has its own purpose, research objectives), has a specific experiential approach (methods used for data collection and analysis), but the more dominant theoretical position for the qualitative study takes precedent, and data from both studies are combined at the point of inference; the two datasets are partially mixed and interpreted together when findings are synthesised.

#### 3.4.2 Ontological position

Ontology contemplates what constitutes reality, and how can we understand existence? The key ontological debate considers whether reality exists outside of an individual's perception and interpretation of that reality. There are two main schools of thought: realist ontology is the view that there is an external reality, and that entities exist independently of being perceived, or independently of our thoughts about them (Phillips, 1987, op cit in Maxwell, 2012: 3), whereas relativist ontology is the belief that reality is a finite subjective experience (Denzin and Lincoln, 2005).

Comparable the pragmatic paradigm, the praxeological knowledge strategy is not committed to any specific philosophy of reality, rather, the epistemological concerns are of greater interest. In fact, the ontological model of praxeological knowledge suggests that social reality is conceived as both a system *and* a lifeworld, and that it can, or must, be seen in a double perspective (Harrits, 2011: 160). Conceiving society as a system places emphasis on a level of structures that go beyond the interactions and comprehensions of people in their daily life – a more 'objective' reality, whereas comprehending society as a lifeworld posits that reality is a sphere of practices, interactions, and intersubjective understanding (Harrits, 2011). If researchers focus solely in the notion of an objective reality, focusing on social structures, then they may fail to consider individual agency and the ability to act against those structural limitations. Likewise, if the researcher focusses exclusively on how individual actors interpret their social world, they might fail to recognise the influence of societal structures and mechanisms on their behaviours (May, 2001). Relatedly, when

presenting their philosophies, social theorists have also acknowledged that phenomena can exist in the real world and in the mind (see: Giddens, 1983; Bourdieu, 1984). This position compliments the project's aim and the epistemological notion of double hermeneutics (as discussed in section 3.4.4); the researcher aims to investigate the concept of drug user identity in the quantitative study, from an outside and explanatory perspective, and then to explore the meaning behind drug use and what it means to be a drug user, specifically, subjectivity of experience, in the subsequent qualitative study.

### 3.4.3 Epistemological position

Epistemology contemplates how do we create knowledge? I.e. does meaning exist in the subject (as with subjectivism), does meaning exist in the object (as with objectivism), or, does meaning come from the interplay between subject and object – does the subject construct the reality of that object (as with constructivism)? As discussed, the pragmatic research paradigm is not committed to any single system of philosophy and reality and suggests that the researcher chooses the appropriate approach for each method of enquiry. Yet, whilst each separate phase of the current project does have its own theoretical underpinnings (i.e. quantitative and qualitative), the qualitative component of this project, an interpretative phenomenological analysis, is the more dominant phase; hence, the epistemological position and theoretical foundation for this approach takes precedence.

### 3.4.4 Constructionist-interpretivism and Interpretative Phenomenological Analysis

The primary epistemological position for this project is constructionist-interpretative; it sees the world as something that is constructed, interpreted, and experienced by people in their interactions with others and with wider social structures (Tuli, 2010). The aim of interpretative research is to identify a particular phenomenon (in this case – the concept of drug user identity) and to explore how that phenomenon is experienced by individuals, rather than aiming to make generalisations to a broader population. Interpretivism suggests that there is not one objective reality experienced by all, rather, that each individual has a subjective experience of any given reality or phenomenon, but similarities can occur as a product of wider social and structural factors (e.g. deprivation, gender, or ethnic / cultural background). For this approach, knowledge acquisition is

inductive and contextually unique (rather than deductive and generalisable), meaning the nature of enquiry is concerned with discovery and research building as data is gathered, rather than aiming to test a particular hypothesis, as is more common in purely quantitative methodologies.

Constructionism is the idea that individuals construct their particular interpretation of a reality or of a particular phenomenon, notably through their use of language (King and Horrocks, 2010). In line with interpretivist ideology, constructionist researchers maintain the philosophy that there is no objective reality; they accept that there are subjective perspectives and multiple experiences of that reality. Hence, the use of Interpretative Phenomenological Analysis (IPA) allowed this project to study individuals and take into consideration their personal characteristics, different human behaviours, opinions, and attitudes regarding what it means to be a person who uses drugs. Though, in line with the pragmatic and praxeological approaches, the researcher does not exclude the possibility of an objective reality that coexists alongside these subjective perspectives and experiences of that reality. Constructionist-interpretative research explores these subjective experiences and how they can lead to a better understanding (or, knowledge) of a particular phenomenon. There are three key areas of the philosophy of knowledge that inform the IPA methodological technique: phenomenology, hermeneutics, and idiography (Smith et al., 2009), each will be discussed in turn.

### *Phenomenology*

Edmund Husserl founded the philosophical practice of phenomenology in the early 20<sup>th</sup> century. The focus of phenomenology, according to Husserl, is the “careful examination of the human experience” (Smith et al., 2009: 12). Phenomenological analysis, therefore, puts the subjects’ lived experience of a phenomenon at the heart of enquiry; this project puts the participants’ drug use and their understanding of their drug use at the heart of enquiry. The meanings and influences behind drug related decision-making can vary from person to person, and can include social, personal, and contextual factors (Boys et al., 2001). Phenomenological research is useful when studying the lived experiences of drug use and identity, as individual drug users are experts of their own

experience and can offer an insightful understanding of their thoughts, commitments, and feelings through telling their own stories. Through phenomenological analysis, a complex understanding of drug use and the significance it has to those who experience it can be acknowledged; by doing this, and exploring how drug users make meaning out of their consumption practices in the qualitative study, the researcher addresses the question, 'what it means' to be a drug user and 'how might people gain a sense of identity from drug use?'

### *Hermeneutics*

Hermeneutics is the theory of interpretation. Heidegger (a student of Husserl) is another leading figure in phenomenological philosophy. His attention to hermeneutic phenomenology was concerned with examining something that might be latent or disguised, but also with that which is manifest (Ashworth, 2008; Smith et al., 2009). The word 'phenomenology' is made up of two parts; from the Greek '*phenomenon*' – to 'show' or 'appear', and '*logos*' – translated as 'discourse, reason or judgement' (Smith et al., 2009). For Heidegger, appearance has a dual quality, that which is visible and has obvious meaning, and that which is concealed, where the meaning is hidden. The interpretation of these latent meanings refers to the 'logos' aspect of phenomenology; which Heidegger translated as, 'to make manifest what one is "talking about" in one's discourse' (1927/1962:56, op cit in Smith et al., 2009).

IPA is a double hermeneutic approach to analysis, where first, the participant interprets their experiences in response to the interview questions and then the researcher interprets and performs an in-depth analysis of their responses – thus creating new knowledge about the phenomenon of drug user identity. The hermeneutic circle is one part of hermeneutic theory that offers important theoretical insights for IPA researchers. It refers to the iterative process of analysis; whilst there are linear logical steps to IPA, it is imperative that the researcher moves back and forth through this process applying a more dynamic, non-linear style of analysis (Smith et al., 2009). This is done by moving through the data, looking at the text as both 'parts' and 'the whole'. 'Parts' could refer to words or sentences, even paragraphs of text, that together become clear when read as a 'whole'. Equally, the meaning of the 'whole', whether that be the

sentence, paragraph, or complete text, only becomes clear once the parts have been read together (Smith et al., 2009). By analysing data in this way, moving between smaller and larger parts / wholes, the researcher can determine the meaning of both (see section 5.6.1 for this project).

### *Idiography*

The third theoretical influence for IPA is idiography; being concerned with the particular. Other methods of qualitative analyses aim to make claims at the group or population level, (for example, in nomothetic research) but IPA research is committed to the particular in two ways; firstly in the sense of detail and depth of analysis, and secondly, IPA is committed to understanding how particular experiential phenomena (in this case – drug use and identity) are understood from the perspective of a particular person or group of people (Smith et al., 2009). The qualitative study in the current project explores participants' subjective accounts of what their drug use means to them; therefore, an idiographic approach was taken to answer questions that are specifically interested in exploring the meaning behind individual accounts of drug use, and the meaning behind those individual interpretations. Applying this theoretical framework, IPA was used to analyse the qualitative data. The interpretative process of IPA is achieved by following a sequence of analysis that will be described later (see section 5.6).

### *How is this approach relevant for the quantitative study – a Latent Profile Analysis of current drug users?*

As previously discussed, the quantitative component of this project is an explorative enquiry of the concept of drug user identity that helps inform the subsequent qualitative phase. To compliment the theoretical foundations of the dominant qualitative study, a person-centred method of enquiry was chosen to identify latent profiles of drug users in the quantitative study sample. Whilst this approach does seek to establish some explanations of cause and effect (i.e. what behaviours / characteristics can predict belongingness to a particular profile of drug user, and how might belongingness to a particular profile predict health-related outcomes, and drug using behaviours and attitudes), as is common in other public health research (e.g. in epidemiological research, see The Concise Encyclopedia of Statistics, 2008), applying Latent Profile Analysis (LPA) helps the researcher identify groups of drug users who have similar

profiles for multiple dimensions of the concept of drug user identity. In contrast to nomothetic, variable-centred approaches that might treat different dimensions of drug user identity as separate constructs, this method takes a more idiographic, person-centred approach that considers intraindividual variation in different components of drug user identity, thus classifying groups of drug users with similar experiences of drug user identity, and validating these groups in relation to a variety of variables (Marsh et al., 2009: 191-192). By employing a person-centred perspective in the quantitative methodology, the current project explores the presence of latent subpopulations of drug users, which can offer fresh insights into how belonging to these groups is related to other variables and outcomes.

This approach has previously been used to explore theoretical models of self-concept (Marsh et al., 2009) and psychological capital (Bouckennooghe et al., 2018). Latent Class Analysis (LCA) and LPA have been used previously in a diverse range of substance use research, for example, to explore perceptions of alcohol policy and drinking behaviour (Buettner et al., 2010), to analyse prevalence and characteristics of addictive behaviours in a community sample (Deleuze et al., 2015), to analyse substance use among men who have sex with men (Lim et al., 2015), to look at underage problem drinking (Reboussin et al., 2006), polydrug use among nightclub patrons (Sanudo et al., 2015), and to study psychosocial barriers to drug treatment entry (Wang et al., 2016). This study adds to this field by applying the principles of LPA to explore heterogeneity in identity among young adults who use drugs and how belongingness to a particular group might have implications for substance use and health-related behaviours.

Including an explorative, quantitative phase in the project also enhances the double hermeneutic process. Contemplating the utility of this strategy in social science research, citing Bourdieu (Bourdieu and Ferguson, 1999), Harrits poses that by mixing methods, the researcher is able to 'understand and explain' the issue of enquiry, as summarised here when describing the benefits of praxeological knowledge in sociological research,

“The specific combination of methods within praxeological knowledge may look like the strategy of nested analysis, where the qualitative component of the analysis is used to explore causal mechanisms. However, more important than causality here is the possibility of exploring interpretatively the reasons and logics given in the discourses of the subjects themselves and comparing them with the results of statistical analysis. In other words, more than presenting a causal model of mechanisms (i.e., an ontological model in line with critical realism), analyses of practice, habitus, and modus operandi point toward an epistemological double perspective needed to explain and understand the social practices of human beings.” (Harrits, 2011: 159)

By including a complementary quantitative phase of research, the researcher is able to provide more objective knowledge, albeit with some subjectivity and interpretation, about the study of drug user identity from an observer’s outside perspective. Harrits suggests that including this “view from the outside” is an epistemological advancement to phenomenology as it presents a view of the research object (or subject) not accessible to themselves (2011: 156). Relatedly, the Latent Profile Analysis method also complements the hermeneutic concern of examining something that might be latent or disguised. Consequently, both studies aim to provide new insights into the concept of drug user identity by identifying and interpreting previously uncovered profiles of drug user, and exploring the implications of drug use and the related lifestyles and practices on an individual’s sense of identity.

### 3.5 Methodological techniques

Having established the methodological philosophy for his project, the following section will describe the methodological techniques used to answer the research question; 1) a quantitative LPA of online questionnaire responses from people who use drugs, and 2) an Interpretative Phenomenological Analysis of data collected from individual interviews with people who use drugs.



### 3.5.1 Rationale for the use of an online questionnaire and Latent Profile Analysis (LPA)

Informed by the literature review findings, a working model was developed to identify the specific behaviours and features of drug use and associated practices that would help answer the principal research question. Based on this model, a questionnaire was produced comprising both validated measures and bespoke questions (as outlined in section 4.5.1).

The illicit and often stigmatised nature of drug use / users means researchers are required to access a 'hidden population' (Barratt et al., 2014). Whilst much research in the social sciences leans towards qualitative methods of data collection, it has been argued that to engage with these 'hidden populations' on a larger scale, quantitative methods are a relatively straightforward and convenient technique to explore and describe the behaviours of the target population (Miller and Sonderlund, 2010). Whilst there is a large body of research specifically investigating the behaviours of drug users who are seeking treatment, particularly people with SUDs, historically, researchers are less successful at gaining access to other less visible populations, such as non-injecting drug users and people not presenting to drug services (Miller and Sonderlund, 2010).

Conducting questionnaires online means that the participant can choose to be completely anonymous (even to the researcher), and when exploring illicit behaviour this may lead to more honest and less socially desirable responses. Online questionnaires also have the benefit of being more easily disseminated to a larger number of potential participants. Collecting data this way means that it can be exported from the host software into analysis software without needing to be manually inputted. For these reasons an online questionnaire was created with the aim to reach a larger sample and to gain more honest answers, and although a sample of young adults who use drugs is not necessarily a hidden population, their drug use is conceivably a hidden behaviour. Yet, while the Internet provides a useful tool for reaching hidden populations, this method can impose some bias in samples when seeking generalisable data (Keiding and Louis, 2018), such as self-selection bias (as will be discussed in section 6.4.1) and availability of access to the Internet and IT equipment (Bethlehem, 2010).

Latent Profile Analysis (LPA) was used to analyse questionnaire data to identify latent profiles, or subgroups, of young adults who use drugs within the study sample. Analyses also explored whether external variables could predict membership of those subgroups or be predicted by group membership. Findings from this study could help inform health education and interventions that are appropriate to these otherwise unrecognised profiles of young adult drug users.

### 3.5.2 LPA methodology

The general statistical classification of similar objects or cases into groups, in which the number of groups as well as their forms are unknown, is described as cluster analysis (Vermunt and Magidson, 2002). One form of cluster analysis is latent class analysis (LCA, a type of finite mixture modelling that is comprised of latent structure models with a single categorical latent variable and a set of categorical indicators; Vermunt and Magidson, 2002). Latent profile analysis (LPA) is a similar statistical technique but uses continuous or a mixture of categorical/continuous indicators variables, rather than solely categorical indicators (Oberski, 2016). In LPA, the estimated latent classes are categorical latent variables representing subpopulations that are unknown *a priori* and include individuals with shared characteristics (Wang et al., 2016). Unlike traditional cluster analysis, LPA is a model-based approach to clustering; it identifies subgroups (or classes / profiles) based on posterior membership probabilities (the probability of assigning cases to groups given the data collected). Therefore, as class membership is unobserved, an advantage of LPA / LCA over traditional cluster analysis is that classification probability is integrated into statistical modelling.

Once an optimal number of classes have been identified the relationship between the newly identified latent classes and other variables can be examined using a bias-adjusted 3-step approach, which follows the pattern '*analyse-classify-analyse*' (Bakk et al., 2013). The first step of the 3-step approach estimates a latent class model for a set of indicator variables (*analyse*). In step two, the model is re-estimated with the optimal number of classes, and each case is assigned to a latent class and this classification information is saved in a new data set (*classify*). In the third step, the latent classification scores saved in step two are related to external variables of interest, correcting for the

classification error to prevent bias (*analyse*; the process of LPA is summarised in Figure 1). LPA offers class solutions that represent different typologies of people within a larger population – i.e. for the current project, different typologies of PWUD. This approach means that researchers and practitioners can better understand commonalities and differences between individuals, which can help inform future research and have practical implications (Weller et al., 2020).

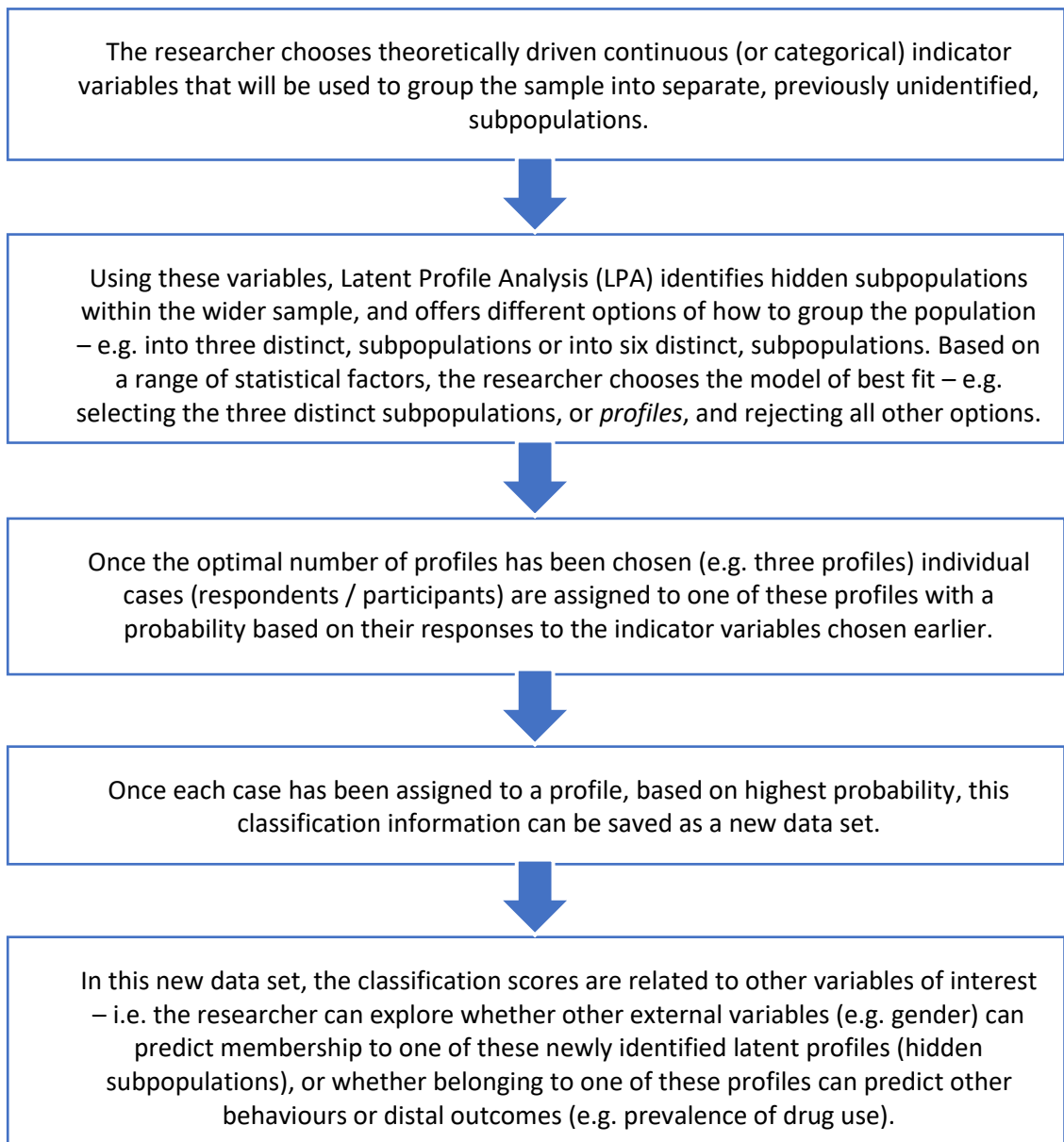


Figure 1: Process of Latent Profile Analysis

### 3.5.3 Rationale for the use of Interpretative Phenomenological Analysis (IPA)

The qualitative study methodology follows the principles of Interpretative Phenomenological Analysis (IPA; Smith, 1996). The aim of IPA is to focus on individual lived experiences; whilst Grounded Theory (Glaser and Strauss, 1967) tends to analyse social lived experiences in groups or networks and identifies common themes across groups, IPA looks to analyse individual biographies and personal experiences of a phenomenon. It offers sufficient in-depth engagement with each individual case but also allows a detailed examination of similarity and difference, convergence, and divergence. This study has two discreet objectives:

1. To investigate the meanings that young adults attach to their drug use.
2. To explore how people may gain a sense of identity from their drug use.

IPA was seen as an appropriate method for this study, aiming to give voice to a population less often heard in research involving illegal drug use and the impact of drug use on identity – those who aren't seeking structured treatment for SUDs, or whose drug use is seen a 'problematic' or 'chaotic', and to give a detailed examination of the lived experience of participants and how they make sense of their experiences of drug use. Whilst other techniques such as discourse analysis have previously been used as an interpretative approach to understand how people use language to construct their identity (e.g. Rødner, 2009), IPA was chosen for this study to engage with the lived experience of drug use and to get a better understanding of how the associated lifestyles and practices of this 'phenomenon' feature as part of a young adult's identity. Rather than exploring the way that language is used to shape participants' identities, paying close attention to specific wording and grammar and to develop identifications of discursive practices associated with the constitution of the subject (as in discourse analysis; Hughes, 2007; Rødner, 2009), phenomenology explores participants' complex understanding of their experience in the world. In IPA research, it is the researcher's role to understand participants' relationships to the world through interpretation, focussing on their attempt to make meanings out of their activities and to the things that happen to them (Smith, Flowers and Larkin, 2009). Language is analysed in IPA; however, it is not language alone that drives the analytic process. Like IPA, grounded theory (Glaser

and Strauss, 1967) also has roots in symbolic interactionism, but whilst in IPA existing theory is utilised in interpretation, grounded theory aims to generate an explanatory theory from the data collected (Tie et al., 2018). The sequential methods of analysis for IPA, particularly the initial coding, is not dissimilar to reflexive Thematic Analysis, however in IPA the process is arguably more formalised, systematic and detailed, and in IPA the analytic approach delves deeper into each case before developing themes across the whole data set (Braun and Clarke, 2020).

Other researchers have applied Mead's theories on time and the self (see: Mead, 1932; Mead, 1934) to analyse drug narratives among young cannabis users in treatment, offering similar techniques of analysis to IPA, but paying significant attention to the way time was used to characterise different accounts of drug use, specifically how explanations conceptualised the past and future in drug use narratives (Jarvinen and Ravn, 2015). For the present study, IPA was seen as a more appropriate approach as the primary research questions aren't specifically concerned with the way time is used to construct narratives, rather, the concept of identity is being explored in relation to the phenomena of drug use. By acquiring a more thorough examination of the individuals' subjective account of their drug use, IPA explores the concept of identity through idiographic interpretation of each participant's story.

#### 3.5.4 IPA methodology

IPA is a form of idiographic research focusing on the particular so that claims can be made at an individual level but, with successful analysis and exploration of themes, some generalisations can be made to similar individuals from the wider population. In idiographic research (and particularly IPA) the aim is to see similarities in different experiences but also distinctions. This study is explorative in nature and does not attempt to prove nor disprove a hypothesis. It doesn't pose that there is one or multiple discrete, predefined 'drug user identities'; rather, it aims to explore the concept of identity in PWUD, and how drug use and the related lifestyles and practices might feature as part of their identity. Whilst the analytic methods of coding, sorting, identifying themes and relationships, and drawing conclusions, are similar to those of Grounded Theory, Reflexive Thematic Analysis, and Discourse Analysis, IPA attempts to

contribute to a deeper understanding of lived experiences of a phenomenon (Starks and Trinidad, 2007). For example, understanding of the life world of a person with Parkinson's Disease (Eatough and Shaw, 2019) or gaining an understanding of how shame is experienced and made sense of by people with early-stage dementia (Aldridge et al., 2019).

This methodology has previously been used in studies of substance use to explore participants' experiences of addiction and recovery (Smith and Marshall, 2007; Shinebourne and Smith, 2009; Watson and Parke, 2009; Rodriguez and Smith, 2014; Rácz et al., 2015), to uncover the meanings behind the experience of cannabis and cannabinoid use (Boserman, 2009; Kassai et al., 2017), associations between young people's drinking and criminality (Jackson-Roe et al., 2014), being a non-drinking student (Conroy and de Visser, 2014), and to explore smoking-related identity following smoking cessation (Vangeli and West, 2012). In their analysis of the experience of addiction and its impact on the sense of self and identity, Shinebourne and Smith highlight the importance of idiographic studies considering the individual on their own terms, "thereby emphasizing the importance of the individual as a unit of analysis" (Shinebourne and Smith, 2009: 153). This feature of IPA is useful when exploring identity in a group of young adults who use drugs, as whilst they have a commonality (participants in the current study all identified as current drug users at the time of participation, and were aged between 18-35 years), their individual and biographical differences, and different experiences of taking drugs provide an insight into the variation in the meanings attached to different people's drug use.

Concepts of identity have also been explored using IPA in other contexts. Pipere and Miëule (2014) investigated the dynamics of mathematics teachers' life-long relationships with mathematics; they synthesised the 'mathematical identity' utilising the Dialogical Self Theory (DST) (Hermans et al., 1992), which focuses on the self as influenced by context and social interaction (Ligorio and César, 2013). Aresti et al. (2010) focused on reformed ex-prisoners' experiences of self-change, identity and career opportunities. Their participants demonstrated that desistance from crime involves a shift to a pro-social identity, and that self-change was a positive experience (Aresti et

al., 2010). Much of the phenomenological literature around 'drug user identity' focuses on the identity of the 'addict'. Exploring drug-related identities that can manifest in other drug users, where addiction and recovery isn't the focus of analysis, is a less explicitly researched area.

#### *Reflexivity – the role of the researcher in qualitative research*

It is particularly important to consider the role of the researcher, particularly in qualitative research. The epistemology underlying the interpretivist-constructionist stance highlights the importance of the researcher-participant relationship, and that by building rapport with participants, the researcher facilitates them to construct and express their lived experiences of the phenomena in question. The researcher's own values, beliefs, and their own lived experiences are important, but must be recognised, acknowledged, and worked through. As a researcher conducting qualitative research, particularly IPA, I saw my role to be immersed in the interview and analysis process so as to capture the lived experiences of those interviewed. I kept a reflexive journal during data collection to reflect on the methodological process and on participant interaction. Keeping a journal meant that I could reflect on how each interview had gone, and learn and develop my interview skills as an on-going process.

The objectives of this particular study were to investigate the meanings that young adults attach to their drug use, and to explore how people may gain a sense of identity from their drug use. The aim during the process of designing the study, and collecting and analysing data, was to highlight the individuality but also similarities of different accounts of those who use drugs, and then explore these in rich detail. This relied on me building rapport with the interview participants and I did this in a number of ways. Some participants were already established relationships – i.e. were my own acquaintances, or friends of friends; in these situations there was an existing sense of familiarity from previous conversations or meetings. Where the participant was a new contact, recruited via other methods (e.g. attendance at the Psychedelic Society Social event, or via the questionnaire respondent contact list) it was important to build rapport at the beginning of the interview, and during any prior correspondence. I did this by maintaining a professional but friendly manner in all communications, and by thoroughly going

through the project information at the beginning of each interview for clarity and openness.

Extract from my reflexive journal:

*The analysis of the first interview took longer than I imagined, as I was just getting to grips with the method. Smith et al. instruct researchers to conduct line-by-line analysis; I did this but would sometimes analyse a whole comment over a few lines and pick out the important things to explore. I think this is OK, as they talk about data in 'parts' and the 'whole', and a 'part' could be a longer comment or reflection. This initial level of analysis was pretty time consuming but allowed me to fully connect with the data – to have a clear phenomenological and idiographic focus at this point, concentrating on the experience of that individual participant and aiming to stay 'close to their explicit meaning'.*

King and Horrocks (2010) suggest that rapport building is essentially about trust and enabling participants to open up. Prior to the interview I had discussed the topic of trust and honesty with a supervisor who had recently completed their PhD thesis on a similar topic and with a similar participant group. I felt that with such a potentially contentious subject matter, participants might be interested to find out what my stance on drug use was, and what my drug use history was, if I had one. In advance of the data collection, following supportive conversations with this supervisor, I intended to maintain a neutral stance on drug use, but if questioned about my own experiences I would be open and honest, hoping that this in turn would enable participants to open up to me. It was important to some participants to enquire about what my relationship was with taking illicit substances and whether this motivated my interest in the subject, and I responded truthfully, but was conscious of not drawing focus away from the participants' narrative. Hilden (2014: 1) argues that, "...research conversations about drugs cannot be understood in separation from the cultural repertoire of speaking positions evoked by the particular topic of inquiry. In the context of drug research, such positions are embedded in circulating narratives of drug use and drug users..." This statement



succinctly demonstrates the challenges posed when conducting qualitative research on drug use. As a qualitative researcher attempting to gain an insider perspective on drug use, I deployed conversational interview techniques intending to make participants less inhibited in their responses.

### 3.5.5 The researcher's relationship to the research topic

I completed this project for a PhD in Public Health. My academic background is situated in the study of Criminal Justice [BA (Hons) Criminal Justice and MA in Criminal Justice]. Prior to beginning this doctoral project, I had chosen to study modules around drug use for my undergraduate (UG) and postgraduate taught (PGT) degree programmes, including a module titled, 'Drugs, Alcohol and Criminal Justice', that I chose in both the second year of my UG course, and for my master's PGT course. When studying this module at master's level, I developed a more critical understanding of the nature and prevalence of drug and alcohol use, drug and alcohol policies in relation to crime, and drug and alcohol-related prevention and control strategies; in developing a more critical perspective, this module inspired me to pursue further higher education opportunities in the field of substance use, and I arrived at my current postgraduate research project.

My supervisory team includes Professor Harry Sumnall (Professor in Substance Use) and Dr Amanda Atkinson (Reader in Sociology of Public Health) who both work in the Public Health Institute, Liverpool John Moores University, and Dr Rebecca Askew (Lecturer in Criminology), who is based in the Department of Sociology at Manchester Metropolitan University. Hence, this thesis draws on multidisciplinary influences. Regarding Public Health, while exploring the concept of identity in young adult drug users the project assesses the role of health in the construction of drug user identities and how users negotiate problems and risks associated with drug-identity related behaviour. When developing an understanding of identity constructs, the project also draws on sociological theories of identity and related concepts.

In addition to this academic foundation of the topic of enquiry, I have a more personal interest of the research area. In my late teens and early twenties, after beginning to study in higher education and moving away from my hometown to a city, I went from a

relatively sheltered bubble of low-level hedonism, mostly weekend drinking (and once or twice smoking cannabis) to an increased awareness of other illicit substances. Recreational drug use has not been particularly prevalent in my lifestyle, but in entering early adulthood, meeting new people and my friendship group/s becoming more diverse, I began to see how friends and acquaintances used different drugs in different settings, and for different reasons, and I also participated in recreational drug use. I observed a certain bond between friends who used drugs together, and a sense of belongingness in drug using friendship groups. I also witnessed (and experienced) the short-term effects of recreational drug use on the user's health – and the 'learned from experience' mechanisms in place for reducing, or dealing with, these unwanted consequences. These personal experiences, along with my academic interest, mean that I am in a privileged position to delve into an exploration of the concept of drug user identity, with an academic understanding of contemporary issues, and a personal intrigue into understanding more about the world and experiences of young adult drug users, and the meanings and motivations behind their substance-related decision making.

### 3.6 Summary

This chapter considers the key methodological concerns for the project by first, outlining the research purpose and design, then presenting the philosophical influences for the project, and finally, describing the methodological techniques used for each individual study, and the rationales for these approaches.

The overarching purpose of the project is twofold; it aims to 1) add to the knowledge base surrounding the behaviours of young adults who use drugs, and 2) understand the complex phenomena of 'drug user identity', by answering the primary research question, "how do drug use and the associated lifestyles and practices feature as part of a young adult's identity?" Relatedly, this project is purposefully designed to "extend the breadth and range of inquiry by using different methods for different inquiry components" (see: Greene et al., 1989: 259); the design is partially mixed, sequential, dominant status: Quantitative  $\Rightarrow$  Qualitative, utilising both methods sequentially. The dominant component of the research is qualitative, which follows the preceding

quantitative phase; consequently, the methodological philosophy of the qualitative study dominates the overarching research paradigm. The research paradigm is understood as a perspective on how researchers can best understand phenomena in the world, which encompasses their worldview. In line with pragmatism and the strategy for praxeological knowledge, the project is not committed to any specific ontological position, rather, the epistemological concerns are of greater interest. In fact, the ontological model sees the benefits of conceiving reality as both a system and a lifeworld, and that it can, or must, be seen in a double perspective. The epistemological position is constructionist-interpretative; it sees knowledge of reality as something that is created through the interplay between the object and subject – that the subject constructs reality of the object through their own interpretation. Yet, in line with the pragmatic paradigm and praxeological knowledge strategy, the researcher does not exclude the possibility of an objective reality that exists outside of these subjective interpretations of that reality.

Two methodological techniques are used to answer the research question: a quantitative Latent Profile Analysis (LPA) of questionnaire data from current drug users, and a subsequent qualitative Interpretative Phenomenological Analysis (IPA) of semi-structured interview data from individual conversations with current drug users. The theoretical foundations of IPA put the subjective experience of the research subject (the interview participant) at the heart of enquiry. The approach is phenomenological and idiographic, and is interested in the double hermeneutic theory of interpretation – that is, both the interpretations of the researcher and the research subject are important in understanding the phenomena of interest. LPA complements the idiographic, phenomenological foundations of IPA; using a type of cluster analysis LPA means that the researcher can identify groups of drug users who have similar profiles for multiple dimensions of the concept of drug user identity by assigning each individual to a group based on their responses to a set of theoretically derived indicators. In contrast to nomothetic, variable-centred approaches that might treat different dimensions of drug user identity as separate constructs, this method takes a more idiographic, person-centred approach that considers intraindividual variation in different components of drug user identity. LPA also advances the double hermeneutic circle; by initially

providing a relatively more objective, outsider perspective to estimate different profiles of drug user identity (in the quantitative study), the researcher can then interpretatively explore the reasons and judgements given in the discourses of the subjects themselves (in the qualitative study) and compare them with the results of statistical analysis – hence, the findings from the two studies are partially mixed at the point of inference.

As this project is both mixed methods and multiphase, each phase will now be covered in turn. The next chapter presents the ‘research process’, that is, the ‘procedures and activities for selecting, collecting, organizing and analysing data’ (Blakie, 2010: 9) and the ‘research findings’ for the first, quantitative phase of research. The following chapter, chapter five, presents the research process and research findings for the subsequent, qualitative component, comprising an Interpretative Phenomenological Analysis of interview data.

## Chapter 4. Exploring the concept of ‘drug user identity’ in young adults who use drugs: a latent profile analysis

### 4.1 Introduction

Data for the current project was collected between 2015-2017 and participants were asked questions about their drug use over the previous year. The gap between data collection and analysis, and situating the findings from this study in a more contemporary landscape has some implications for interpretation – most notably, since data was collected for the questionnaire survey, the Psychoactive Substances Act 2016 was introduced, as such, the term ‘legal highs’ was used in the questionnaire, rather than Novel Psychoactive Substances (NPS). When reporting findings, study data is sometimes compared with other data from the same year (e.g. 2015/2016). There are further implications here as these interpretations are arguably less contemporaneous, however overall trends in prevalence of drug use since 2015-2017 are relatively steady with a slight increase.

This chapter outlines the first phase of research, analysis of data from a cross-sectional online survey that explores the concept of ‘drug user identity’ by identifying heterogeneous subgroups from a larger population of people who use drugs (PWUD). A bespoke online questionnaire was created and distributed to a sample of young adult students aged 18-35. The questionnaire was created and hosted in Bristol Online Surveys (BOS) software, and was then distributed electronically to the target population. Once data collection ended, it was exported into SPSS v21 (IBM, 2020). A range of statistical analyses were undertaken in order to explore the relationship between different demographic data, drug using behaviours, and identities. Latent Profile Analysis (LPA) was performed to identify heterogeneous groups in the population who might differ in their responses to key questions concerning identity and drug use behaviours. Quantitative techniques are commonly used in the social sciences to explore how different populations use different drugs. As previously explored in the review of the literature, young adults use drugs more frequently than older populations. Therefore, this initial phase of research examined drug use amongst a population of 18–

35-year-old current drug users, and identified subgroups within the broader sample, characterised on the basis of their responses to the questionnaire.

## 4.2 Objectives

The research objectives for the present study are:

1. To model latent profiles of drug user identities using latent profile analysis.
2. To explore the relationship between latent profiles and external variables in order to predict profile membership, or where profile membership was used to predict other behaviours or attitudes.

## 4.3 Ethical considerations

Full ethical approval was obtained from Liverpool John Moores Research Ethics Committee before proceeding with recruitment and data collection (REF: 14/EHC/049).

### 4.1.1. Informed consent

Online-based studies are typically considered as low-risk (when compared to more invasive in-person medical research), yet it is still imperative that participants are fully informed of any potential risks; shorter consent forms that use simple language are more likely to achieve informed consent (Perrault and Keating, 2018). Full study details and participant information were presented at the beginning of the questionnaire. As this study was conducted online (without the presence of a researcher) care was made to ensure that the information was made suitably clear and concise. Contact numbers and email addresses of the researcher and project supervisor were made available on the first and final page of the questionnaire, and a list of support services were included if participants felt they required support relating to anything they might have shared during their participation.

### 4.1.2. Confidentiality and anonymity

An assurance of confidentiality is at the core of trusting relationships between researchers and participants. Research into sensitive, stigmatised or illegal behaviours fundamentally requires a guarantee from the researcher that information provided by the research participants will remain confidential and that anonymity will be maintained

(Fitzgerald and Hamilton, 1997). This was an anonymous questionnaire and so participants were not asked to disclose any identifiable information. However, the final page of the questionnaire described the opportunity to take part in the subsequent qualitative study and respondents were asked to leave a contact email address and/or mobile telephone number if they were interested in being approached to part in this study. The questionnaire was online and hosted on the University of Bristol's Online Surveys dedicated secure server. Once downloaded, standard research safeguarding procedures were followed regarding confidentiality of data collection and storage; all data was password-protected and only available to the researcher and supervisor, and any personal contact details were removed and kept in a separate password-protected document for use in recruitment in the next study.

#### 4.4 Access, sampling, and participants

##### 4.1.3. Sampling strategy and recruitment

A convenience sample was drawn from students attending a university in the North West of England. Recruitment information was distributed to all students in two faculties of the university using email lists, outlining the aim of the research, stating the inclusion and exclusion criteria, along with researcher contact details and instructions on how to access the online questionnaire. A second reminder email was sent approximately six weeks later. Two additional recruitment methods were used; posters were placed in university buildings, and an advertisement was circulated via social media (Facebook and Twitter). Both recruitment materials briefly stated the research aims and inclusion criteria and included a link to the study information webpage. Response numbers were monitored, and as initial recruitment was low, recruitment was then purposefully extended to include students studying at any university in the UK. For this second wave of recruitment, social media was the primary tool in recruiting participants, as well as online drug forums (e.g. [www.bluelight.org](http://www.bluelight.org), [www.partyvibe.org](http://www.partyvibe.org)) and student forums (e.g. [www.thestudentroom.co.uk/](http://www.thestudentroom.co.uk/)). Approval was first sought from forum administrators to post research information and recruitment details; once approval was given, the participant information was shared on forums with the researcher's contact details, and a link to the online questionnaire. Inclusion criteria were:

- Aged between 18-35 years of age
- Has used a controlled substance in the past month
- Not currently receiving treatment for substance use or with a clinical diagnosis of dependence
- Studying in the UK at the time of participation

Individuals who were receiving structured drug treatment, or those who had a clinical diagnosis of dependence, were excluded on the basis that young adults who have substance-related problems that require treatment represent a different group from the general population of young adult drug users. As the principal research question referred to 'drug use and the associated lifestyles and practices' and how these 'feature as part of a drug user's identity', the researcher felt that this group had distinctively different characteristics of their drug use that could relate to different identity types (i.e. those associated with drug dependency). A total of 273 individuals were recruited into the study. Nineteen individuals were excluded because they did not meet the inclusion criteria (n=13), or they did not fully complete the questionnaire (n=6). A final sample of 254 participants was included in the analysis.

#### 4.1.1. Participants

Participants were predominantly female (64.2%) and white (89.8%). The higher proportion of female participants is indicative of both the higher proportion of females studying higher education in the UK at the time of recruitment (Higher Education Statistics Agency Limited, 2016) and the profiles of the two faculties that participants were recruited from during the initial recruitment drive. Additionally, the researcher is a white female and social networks were utilised in the recruitment process, hence the demographic profile of her social network contacts might have contributed to elevated responses from particular groups. Participants' ages ranged from 18 to 35 years ( $M = 21.78$ ,  $SD = 3.80$ ). At the time of the questionnaire, participants reported that they were studying towards an undergraduate degree (83.1%), with others studying for a postgraduate qualification (9.1%) or other (2.1%). Participants reported as being employed (58.7%), and of those employed, a large majority were in part-time



employment (> 80%). Most employed participants worked in either sales or customer service (43.6%), or caring, leisure or other service occupations (24.2%; see Table 1).

**Table 1: Questionnaire participant characteristics**

<b>Characteristic</b>	<b>n (valid %, N = 254. Some responses were missing, hence total % may not always = 100%)</b>
<b>Age</b>	
18-25	218 (85.8)
26-35	35 (13.8)
Prefer not to say	1 (0.4)
<b>Gender</b>	
Female	163 (64.2)
Male	91 (35.8)
<b>Self-described sexuality</b>	
Heterosexual	216 (85)
Gay/lesbian	11 (4.3)
Bisexual	21 (8.3)
Pansexual	3 (1.2)
Asexual	1 (0.4)
Other	1 (0.4)
Prefer not to say	1 (0.4)
<b>Self-described ethnicity</b>	
White	228 (89.8)
Mixed race	9 (3.5)
Asian or Asian British	6 (2.4)
Black or Black British	2 (0.8)
Arab or Middle Eastern	1 (0.4)
Prefer not to say	9 (3.1)
<b>Level of study</b>	
Level 4 (1 <sup>st</sup> year undergraduate)	99 (39)
Level 5 (2 <sup>nd</sup> year undergraduate)	42 (16.5)
Level 6 (3 <sup>rd</sup> year undergraduate)	70 (27.6)
Postgraduate	23 (9.1)
Other	5 (2.1)
Prefer not to say	15 (5.9)
<b>Employment status</b>	
Employed	149 (58.7)
<i>Full-time</i>	28 (18.8 of employed)
<i>Part-time</i>	121 (81.2 of employed)
Not employed	105 (41.3)
<b>Occupation (of employed)</b>	
Manager, director or senior official	2 (1.3)
Professional occupation	9 (6.0)
Associate professional occupation	9 (6.0)
Administrative or secretarial	6 (4.0)
Skilled trade	4 (2.7)
Caring, leisure or other service occupations	36 (24.2)
Sales or customer service	65 (43.6)
Labourer	1 (0.7)
Other	17 (11.4)

## 4.5 Procedure

The Bristol Online Surveys software was used to create and host the online questionnaire (full questionnaire available in Appendix 1). A link to the questionnaire web-address was included in recruitment materials, and this provided full study information including a description of the research, inclusion and exclusion criteria, ethical and confidentiality considerations, and contact details for the researcher and project supervisor. After reading the study information, participants indicated their consent by pressing a button, which took them to the first page of the questionnaire. Participants not consenting to take part in the study were instructed to close the browser window. Two screening questions were included at the start of the questionnaire to ensure that participants met the main inclusion criteria: 1) student status, and 2) age. Participants were reminded that if they did not meet these criteria then they should not complete the rest of the questionnaire.

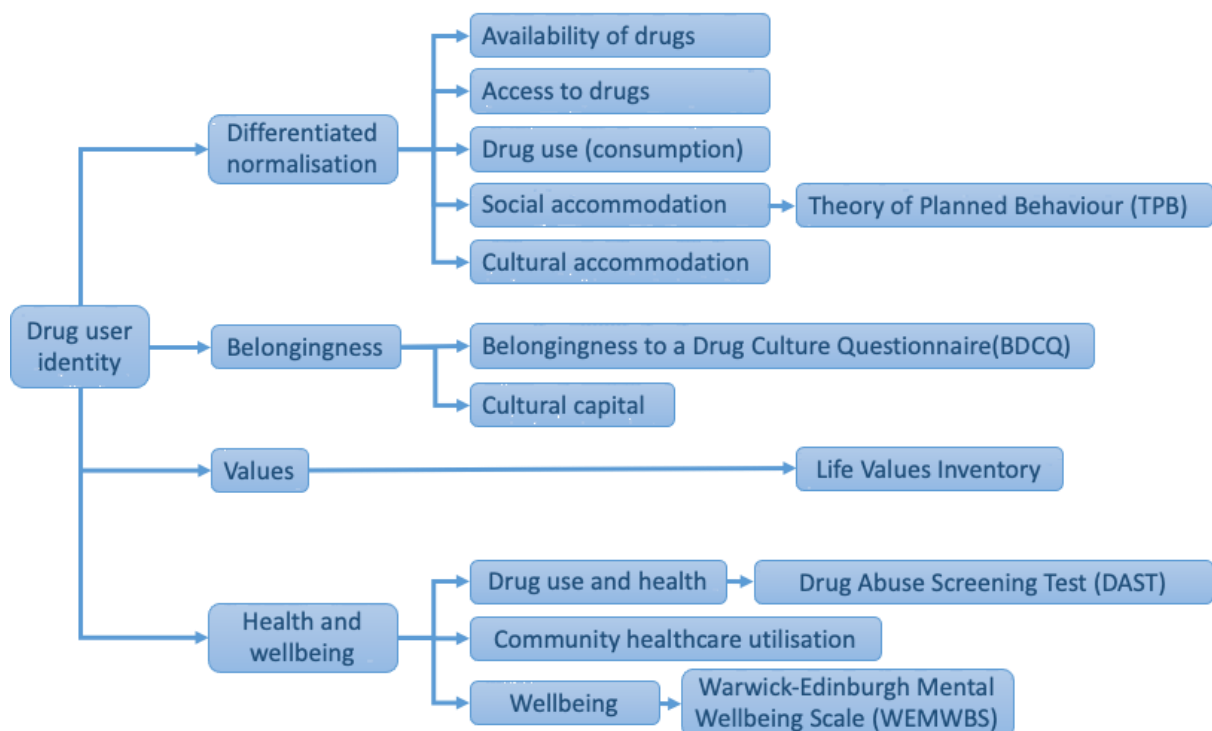


Figure 2: Questionnaire model

Informed by the literature review findings, the questionnaire included a mixture of validated measures and bespoke questions to capture data on how much drug use was

normalised to participants (including prevalence of drug use, access to and availability of drugs, and perceived social and cultural accommodation to drug use); drug culture, capital, belongingness, and values; and health and wellbeing associated with drug use. The questionnaire also assessed healthcare literacy and utilisation to understand whether holding a specific drug user identity meant respondents were more or less likely to access and understand health information about drugs and drug use or utilise community healthcare. Figure 2 presents the original questionnaire model. The questionnaire was open from July 2015 to December 2015.

#### 4.5.1 Measures

##### *Demographics*

Participants reported age, self-described gender, self-described sexuality (optional), self-described ethnic group (optional), level of study (optional), and employment status (optional).

##### *Prevalence of drug use*

Prevalence of drug use was assessed using a bespoke inventory used in previously published research (Sumnall et al., 2004). Questions assessed lifetime use of nineteen different substances, asking, “Which of the following drugs have you used at least once in the past?” Frequency of use of three specific drugs: ecstasy; cocaine; and cannabis, was assessed by asking, “On average, how frequently have you used the following drugs in the past 6 months if at all?” offering the options: weekly; monthly; less than monthly; or not at all. These drugs were chosen as they had the highest reported use among young people in the most recent findings of last year drug use among adults (at the time of research) from the 2014/15 Crime Survey for England and Wales (Lader (Ed), 2015: 7).

##### *Differentiated normalisation: access to and availability of drugs*

To explore aspects of differentiated normalisation, bespoke questions around access, availability, and attitudes to drugs were included. These questions were not taken from previously validated measures but were based on previous work around normalisation, see Parker et al. (2002) and Williams (2016). To measure access and perceived availability of drugs, participants were asked 1) “Could you get the following drugs from

your usual dealer?” and 2) “Could you access to the following drugs tonight if your usual dealer was unavailable?” in relation to five widely known drugs: heroin, cannabis, cocaine, ecstasy (MDMA), and ketamine. These drugs were chosen as well-known substances to most drug using populations and/or were identified in the literature review as having been previously researched when exploring associations between drug use and user identity. Respondents answered all questions on a 5-point Likert scale where 1 = ‘definitely not’ and 5 = ‘definitely’. To assess attitudes to drug use, a final question was added to the questionnaire asking, “Do you think it is acceptable to use drugs as long as other people are not harmed?” The response options for this question were ‘yes’ (scored 1) or ‘no’ (scored 0). Scores were totalled and individuals were given a ‘normalisation’ score; a higher score was interpreted as a higher rate of normalisation of drug use.

#### *Theory of planned behaviour*

To further explore the social accommodation aspect of differentiated normalisation, questions examining perceived behavioural control (PBC; regarded as a central concept in models of health behaviour) were derived from Armitage and colleagues investigation applying an extended theory of planned behaviour to legal and illegal drug use (Armitage et al., 2010). This measure was included to gauge participants’ perception of their own drug use, and of other people’s views about their drug use. The proximal determinants of intention and behaviour were assessed using the following questions. Attitude was assessed using four items on a 7-point bipolar scale ranging from -3 (bad, unfavourable, negative, unsatisfactory) to +3 (good, favourable, positive, satisfactory). A global measure of subjective norm was measured with 3 items; all were measured on 7-point unipolar scales ranging from 1 (should not use drugs, disapprove of my using drugs, unlikely) to 7 (should use drugs, approve of my using drugs, likely). Four normative belief items were included to reflect the influence of health experts, respondents’ families, and friends. The social pressure perceived from these individual referents (i.e. referent beliefs) was measured on 7-point unipolar scales (ranging from 1 ‘should not use drugs’ to 7 ‘should use drugs’). Items designed to assess self-efficacy and PBC was assessed using seven 7-point unipolar (1–7) scales. The psychometric properties of the measures

are good, validated by Comparative Fit Index (CFI) values of 0.98 and 0.90 (values above 0.9 indicating good fit) (Armitage et al., 2010).

#### *Belongingness to a drug subculture and cultural capital*

The Belongingness to a Drug Culture Questionnaire (BDCQ) is a 22-item self-report questionnaire measuring individual affiliation with drug culture (Moshier et al., 2012). The questions were developed from the four conceptual categories of drug subculture: (1) excitement related to drug seeking and use; (2) sense of effectiveness in obtaining drugs; (3) social connection with other drug users; and (4) alienation from traditional society. Responses are rated on a seven-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). BDCQ total scores are calculated by summing all items; higher scores represent a greater belongingness to a drug culture. The scale has acceptable internal consistency (Cronbach's alpha=0.884; Moshier et al., 2012).

Several bespoke questions were created to assess drug-identity related cultural capital. These were:

- Do you actively talk with your friends about drugs and drug use?
- Do you actively take part in / access drug forums?
- Do you actively seek out information about the effects of drug use?
- Do you actively seek out information about the cultural history of drugs and drug use?
- Do you regularly listen to music that contains prominent drug themes?
- Do you regularly watch films that contain prominent drug themes?

Each question had response options 'yes' (scored 1) or 'no' (scored 0). Item scores were totalled, and a higher score was interpreted as having elevated 'cultural capital' for drug use and the associated lifestyles and practices. These questions were based on previous literature that had explored cultural capital in relation to drug use (see: Blackman, 2007; MacArthur et al., 2017; Tighe et al., 2017).

#### *Values*

As mentioned earlier in the literature review chapter, cultural capital also refers to people's values, skills, knowledge, and tastes; hence The Life Values Inventory (LVI;

Brown and Crace, 1996) was included to access the values that guide participants' behaviour and decision-making. The LVI contains 42 items that measure 14 independent values: achievement, belonging, concern for the environment, concern for others, creativity, financial prosperity, health and activity, humility, independence, interdependence, objective analysis, privacy, responsibility, and spirituality. A 5-point Likert scale was used with markers for numbers one, three, and five labelled as: 1 (almost never guides my behaviour), 3 (occasionally guides my behaviour), and 5 (almost always guides my behaviour). The LVI is scored by adding the scores for three of the 42 items for each of the 14 values giving a total score for each value ranging from 3 to 15; a higher score indicates that value is influential in guiding the participant's behaviour (e.g. a score of 3 for 'privacy' would indicate that privacy almost never guides the respondent's behaviour, whereas a score of 15 for 'spirituality' would indicate that spirituality almost always guides the respondent's behaviour). The scales have been previously validated and show good diagnostic qualities and high internal consistency (Cronbach's alpha values ranging from 0.626 for the Independence scale to 0.897 for the Spirituality scale; Brown and Crace, 1996, 2002).

#### *Health service utilisation and perceived impact of drug use on health*

Bespoke questions around health literacy and perceived effect of drug use on the respondent's health were also included to provide an indication of their health behaviours and perception of own health. Perceived impact of drug use on health was assessed using a 5-point Likert scale ranging from 1 (not at all) to 5 (very much), e.g. "To what extent do you feel your overall health has been affected by using drugs?". Comparisons of own health compared to other drug users and other non-drug users was measured in the same format with the scale ranging from 1 (much worse) to 5 (much better), e.g. "How would you compare your overall health to the average drug user/non-drug user your age?". Perceived harm referred to both chronic harm and acute harm and was measured in the same format using a 5-point Likert scale ranging from 1 (less likely) to 5 (more likely), e.g. "Compared to other people who use drugs, do you think that you are less likely, about as likely, or more likely to experience long/short term harms from drug use?". Health service utilisation was measured by asking participants which services they had attended in the past month (e.g. GP, walk-in centre, A&E, etc.)

with answer options of 'yes' (scored 1) or 'no' (scored 0), how many times they had attended, and whether the visit was related to drug use.

The Drug Abuse Screening Test (DAST-10; Skinner, 1982) is a 10-item measure that provides a brief method for screening individual's use of psychoactive drugs (excluding alcohol and tobacco), and yields a score of the degree of problems related to drug use and misuse. Respondents are presented with a number of statements (e.g. have you used drugs other than those required for medical reasons?) and answer them 'yes' (scored 1) or 'no' (scored 0) with respect to the previous 12 months. Scores are totalled, and a score above three suggests likely problematic substance use. In the current study the DAST-10 was not used for screening, but the DAST-10 score was used as a covariate in analyses. Previous research has shown that the scale has good psychometric properties; with good diagnostic qualities and high internal consistency (Cronbach's  $\alpha=0.92$ ) (see: Gavin et al., 1989; Yudko et al., 2007).

#### *Mental well-being*

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS; Tennant et al., 2007) comprises 14 items that relate to an individual's state of mental wellbeing (thoughts and feelings) in the previous two weeks. Responses are provided on a 5-point scale ranging from 'none of the time' to 'all of the time', and a higher score indicates higher wellbeing. Previous research has shown that the scale has good psychometric properties with good diagnostic qualities and high internal consistency (Cronbach's  $\alpha=0.89$ ; Tennant et al., 2007).

#### 4.6 Statistical analysis

Data were exported into SPSS v21 (IBM, 2020) prior to analysis. Descriptive analyses were used to explore sample demographics, drug use, and scale scores. To analyse data from previously validated questionnaires, measures were scored in accordance with the developers' instructions.

Latent Profile Analysis (LPA) was undertaken to find the optimal number of latent profiles within the sample population, and predictors and dependant variables were

then added into the model to characterise identified classes (Vermunt and Magidson, 2005). Latent profile models were created using three continuous indicator variables chosen by the researcher based on literature review findings and in accordance with the project's research questions: 1) Belongingness to a Drug Culture Questionnaire (BDCQ) score, 2) Normalisation score, and 3) Cultural capital score. LPA models, from one to six classes were estimated and the fit of each model was compared to the others using Latent GOLD programme version 5.0 (Statistical Innovations, 2013).

Model fit was estimated using three sets of criteria: the Bayesian Information Criterion (BIC) value, entropy R-squared value, and classification error. The first criterion, the Bayesian Information Criterion (BIC) value (Raftery, 1995) balances two components: maximizing the likelihood and keeping the model parsimonious. When comparing models, a lower BIC value indicates a better model fit, and as such, the model with the lowest BIC is generally preferred (Vermunt and Magidson, 2005). Entropy R-Squared values indicate how well one can predict class memberships based on the observed variables (indicators and covariates). The closer this value is to 1, the better the predictions. When classification of cases is based on modal assignment (to the class having the highest membership probability), the proportion of cases that are estimated to be misclassified is reported by classification error; the closer this value is to 0 the better (Vermunt and Magidson, 2005). The three-step process in Latent Gold accounts for classification errors by correcting standard errors using a maximum likelihood (ML) correction method (Vermunt, 2017). After the best-fitting model has been identified, classes are labelled by interpreting their overall profile relating to the indicator variables. To compare the test for significance between the final number of classes, one-way analyses of variances (ANOVAs) were conducted to confirm that each class differed significantly on the indicator variables.

In many LPA applications the interest lies not only in identifying the latent classes, but also in relating the class membership to other variables of interest (Bakk et al., 2013). After the number of classes was chosen (step 1) and each case was assigned to one of the latent classes (step 2), the latent classification scores were related to external variables of interest (step 3). Predictor and dependant variables were introduced at this



point. These were taken from respondents' answers to other questionnaire questions; predictor variables were used to predict membership of latent classes, whilst dependent variables were used to examine if latent class membership predicted other observed variables (i.e. distal outcomes).

The association between classes and other variables were evaluated using Chi Squared tests and one-way analysis of variance (ANOVA). Previous research has suggested that traditional  $p < .05$  value is too stringent a criteria to identify important variables in LPA (Mickey and Greenland, 1989). Hence, any predictor or distal variable that had a p-value of .25 and lower was considered for the model, meaning that the following variables were brought forward to the next step of analysis: predictor variables included observed demographic variables: age, gender, ethnicity, and self-described sexuality; dependent variables included observed variables (distal outcomes) relating to drug use and related harms, measures of wellbeing and life values, drug trying score (including use of legal highs), DAST-10 score, WEMWBS score, and LVI score for 'creativity'. Once these variables had been related to the latent classification scores, meeting the second study objective, this concluded analysis for the quantitative study.

#### 4.7 Results

Using data generated from the bespoke online questionnaire (N=254) findings are included for the following information: prevalence of drug use, access and availability to drugs; specific information around the use of Novel Psychoactive Substances (NPS; otherwise referred to as 'legal highs'); data generated from previous validated measures, including the Theory of Planned Behaviour (TPB), The Life Values Inventory (LVI), and the Belongingness to a Drug Culture Questionnaire (BDCQ); and information regarding participants' health and wellbeing. Finally, Latent Profile Analysis findings are presented, suggesting three distinct heterogenous profiles, each labelled according to how prominently drug use and the related lifestyles and practices featured as part of their identity, as interpreted by the researcher: 1) salient drug user identity, 2) moderate drug user identity, and 3) non-salient drug user identity.

#### 4.7.1 Prevalence of drug use

Table 2 presents lifetime drug use amongst the sample population including all drugs that were listed by participants. Participants listed a total of twenty different substances; of those, the three controlled drugs that had highest percentage of use among the population were cannabis (90.6%), ecstasy (74.4%) and cocaine (66.9%). Table 3 presents participants' recent drug use (in the last 6 months) of these drugs. Highest daily and weekly use was reported for cannabis; 15% of all participants reported using cannabis daily and 20.1% reported using cannabis weekly. Highest monthly use was reported for ecstasy/MDMA; 21.3% of participants reported monthly use of ecstasy/MDMA.

**Table 2: Lifetime drug use**

<b>Drug</b>	<b>n (N=254)</b>	<b>%</b>
<i>Alcohol</i>	236	92.9
<i>Amphetamine</i>	68	26.8
<i>Cannabis</i>	230	90.6
<i>Cocaine</i>	170	66.9
<i>Ecstasy (MDMA)</i>	189	74.4
<i>GHB or GBL</i>	13	5.1
<i>Ketamine</i>	100	39.4
<i>Khat</i>	14	5.5
<i>LSD</i>	50	19.7
<i>Magic mushrooms</i>	62	24.4
<i>Mephedrone</i>	61	24.0
<i>Methoxetamine</i>	1	0.4
<i>Nitrous Oxide (laughing gas)</i>	125	49.2
<i>Poppers</i>	11	4.3
<i>Salvia Divinorum</i>	30	11.8
<i>Smoking mixture mimicking cannabis</i>	28	11.0
<i>Tobacco</i>	210	82.7
<i>Unknown powder</i>	42	16.5
<i>Unknown tablet</i>	39	15.4
<i>Valium</i>	2	0.8

**Table 3: Drug use in last 6 months**

<b>Drug</b>	<b>n (%)</b>				
	<b>Daily</b>	<b>Weekly</b>	<b>Monthly</b>	<b>Less than monthly</b>	<b>Not at all</b>
<i>Ecstasy/MDMA</i>	-	21 (8.3)	54 (21.3)	82 (32.3)	97 (38.2)
<i>Cocaine</i>	-	13 (5.1)	45 (17.7)	90 (35.4)	106 (41.7)
<i>Cannabis</i>	38 (15.0)	51 (20.1)	44 (17.3)	61 (24.0)	60 (23.6)

#### 4.7.2 Novel Psychoactive Substances (NPS)

Separate questions were included in the questionnaire to collect information on participants' use of NPS, or 'legal highs' (as they were more commonly known at the time of the survey). Last year use of these substances was reported by 17.7% of the sample, and the most common appearance/form of the substance was 'powders, crystals or tablets, with drug-like effects' (44.4%; see Table 4). Unlike more 'traditional' controlled drugs, which were most often purchased or acquired from a drug dealer, NPS were most often purchased or acquired from friends (33.3%) or from a high street shop (24.4%; reflecting date of survey, pre-Psychoactive Substances Act 2016).

**Table 4: NPS use in last 12 months**

	n (%)
<b>Have you used such products in the past 12 months?</b>	
<i>Yes, I have</i>	45 (17.7)
<i>No, I have not</i>	191 (75.2)
<i>I don't know/ I'm not sure</i>	18 (7.1)
<b>Appearance/form of NPS used in last 12 months</b>	
<i>Herbal smoking mixtures, with drug-like effects</i>	13 (28.9)
<i>Powders, crystals or tablets, with drug-like effects</i>	20 (44.4)
<i>Liquids, with drug-like effects</i>	10 (22.2)
<b>Where do you most often buy legal highs from?</b>	
<i>From a friend</i>	15 (33.3)
<i>From a specialised high street shop</i>	11 (24.4)
<i>From the internet</i>	6 (13.3)
<i>From a drug dealer</i>	8 (17.8)
<i>From a corner shop</i>	4 (8.9)
<i>Other</i>	1 (2.2)

#### 4.7.3 Accessibility and availability of drugs

Respondents reported most often purchasing/acquiring drugs from a drug dealer (45.5%) or from a friend (45.1%). Tables 4 and 5 show how available and accessible five drugs were to participants. Results show that respondents reported cannabis as being the most available drug; 78.7% reported that they could 'definitely' get cannabis from their usual dealer. Responses also show that participants believed they had greatest

access to cannabis; 59.8% of respondents believed they could ‘definitely’ access cannabis if their usual dealer was unavailable, whereas heroin was less accessible; only 2.8% of respondents believed they could access heroin if their usual dealer was unavailable.

**Table 5: Availability of drugs**

<i>Could you get the following drugs from your usual dealer?</i>					
<b>Drug</b>	<b>Definitely not</b>		<b>n (%)</b>		<b>Definitely (5)</b>
	<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	
<i>Ecstasy/MDMA</i>	32 (12.6)	7 (2.8)	48 (19.0)	32 (12.6)	134 (53.0)
<i>Cocaine</i>	26 (10.2)	11 (4.3)	58 (22.8)	25 (9.8)	134 (52.8)
<i>Cannabis</i>	15 (5.9)	5 (2.0)	24 (9.5)	10 (4.0)	199 (78.7)
<i>Ketamine</i>	46 (18.2)	28 (11.1)	77 (30.4)	35 (13.8)	67 (26.5)
<i>Heroin</i>	171 (67.6)	38 (15.0)	34 (13.4)	3 (1.2)	7 (2.8)

**Table 6: Accessibility of drugs**

<i>Could you get the following drugs tonight if your usual dealer was unavailable?</i>					
<b>Drug</b>	<b>Definitely not</b>		<b>n (%)</b>		<b>Definitely (5)</b>
	<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	
<i>Ecstasy/MDMA</i>	60 (23.8)	15 (5.9)	65 (25.8)	36 (14.3)	76 (30.2)
<i>Cocaine</i>	56 (22.1)	15 (5.9)	65 (25.7)	31 (12.3)	86 (34.0)
<i>Cannabis</i>	33 (13.0)	5 (2.0)	31 (12.2)	33 (13.0)	152 (59.8)
<i>Ketamine</i>	84 (33.1)	36 (14.2)	72 (28.3)	23 (9.1)	39 (15.4)
<i>Heroin</i>	188 (75.8)	30 (12.1)	20 (8.1)	3 (1.2)	7 (2.8)

#### 4.7.4 Theory of planned behaviour

Table 7 presents descriptive statistics for each question derived from Armitage et al’s (2010) investigation applying an extended theory of planned behaviour to legal and illegal drug use. Respondents took a ‘neutral’ stance when asked about their attitudes towards their own drug use, where mean scores ranged from -0.51 ( $\pm 1.74$ ) to -0.12 ( $\pm 1.96$ ); while these scores are close to ‘0’, indicating a more neutral stance, negative scores indicate that on average respondents’ had negative, rather than positive, attitudes about their use of drugs.

Table 7: Theory of planned behaviour mean scores

	Mean (SD)
<b>Attitude (ATT) Do you feel that you using drugs next week is...?</b>	
<i>Bad - good [ATT1]</i>	-0.29 (±1.78)
<i>Unfavourable - favourable [ATT2]</i>	-0.37 (±1.93)
<i>Negative - positive [ATT3]</i>	-0.51 (±1.74)
<i>Unsatisfactory - satisfactory [ATT4]</i>	-0.12 (±1.96)
<b>Subjective norm (SN)</b>	
<i>People who are important to me think I (should not - should use illegal drugs) [SN1]</i>	2.91 (±1.46)
<i>People who are important to me would (disapprove - approve of my using illegal drugs) [SN2]</i>	2.74 (±1.56)
<i>People who are important to me want me to use illegal drugs (unlikely - likely) [SN3]</i>	1.96 (±1.26)
<b>Self-efficacy (SE)</b>	
<i>I believe I have the ability to use illegal drugs (definitely do not - definitely do) [SE1]</i>	5.00 (±1.86)
<i>To what extent do you see yourself as being capable of using illegal drugs? (very incapable of using illegal drugs - very capable of using illegal drugs) [SE2]</i>	5.11 (±1.84)
<i>How confident are you that you will be able to use illegal drugs? (Very unsure - very sure) [SE3]</i>	5.13 (±1.83)
<i>If it were entirely up to me, I am confident that I would be able to use illegal drugs (strongly disagree - strongly agree) [SE4]</i>	4.96 (±1.97)
<b>Perceived control over behaviour (PCB)</b>	
<i>Whether or not I use illegal drugs is entirely up to me (strongly disagree - strongly agree) [PCB1]</i>	6.17 (±1.47)
<i>How much personal control do you feel you have over using illegal drugs? (very little control - complete control) [PCB2]</i>	6.07 (±1.34)
<i>How much do you feel that using illegal drugs is beyond your control? (very much so - not at all) [PCB3]</i>	6.08 (±1.43)
<b>Normative beliefs (NB)</b>	
<i>Health experts approve of me using illegal drugs (disagree - agree) [NB1]</i>	1.76 (±1.40)
<i>My family approve of me using illegal drugs (disagree - agree) [NB2]</i>	1.82 (±1.30)
<i>Most of my friends approve of me using illegal drugs (disagree - agree) [NB3]</i>	4.62 (±1.91)
<i>Most people approve of me using illegal drugs (disagree - agree) [NB4]</i>	3.24 (±1.55)

Respondents scored higher on measures of self-efficacy and perceived control, with mean scores ranging from 4.96 ( $\pm 1.97$ ) to 5.13 ( $\pm 1.83$ ) for self-efficacy and from 6.07 ( $\pm 1.34$ ) to 6.17 ( $\pm 1.47$ ) for perceived control over behaviour. Regarding normative beliefs, mean scores indicate that participants perceive their friends to be more approving of their drug use ( $M = 4.62 \pm 1.91$ ) compared to their family ( $M = 1.82, \pm 1.30$ ), health experts ( $M = 1.76, \pm 1.40$ ) and most people ( $M = 3.24, \pm 1.55$ ).

**Table 8: Cultural identity relating to drug using behaviours**

	<b>Answered 'yes' n (%)</b>
<i>Do you actively talk with your friends about drugs and drug use?</i>	212 (83.5)
<i>Do you actively take part in/access drug forums?</i>	27 (10.6)
<i>Do you actively seek out information about the effects of drug use?</i>	161 (63.4)
<i>Do you actively seek out information about the cultural history of drugs and drug use?</i>	119 (46.9)
<i>Do you regularly listen to music that contains prominent drug themes?</i>	120 (47.2)
<i>Do you regularly watch films that contain prominent drug themes?</i>	119 (46.9)

#### 4.7.5 Belonging to a drug culture and cultural capital

The total mean BDCQ score for the sample was 67.07 ( $\pm 24.12$ ) where the maximum score is 154, indicating that on average, the sample had relatively low-medium levels of belongingness to a drug culture, although the mean score is similar to the findings of Moshier and colleagues (Moshier et al., 2012) who developed this questionnaire to assess the role of perceived belongingness to a drug subculture among opioid-dependent patients (mean = 70.05,  $\pm 25.13$ ). Some additional bespoke questions were included in the survey to assess respondents' cultural capital in terms of drug use-related behaviour. Table 8 shows that 83.5% of respondents talked to their friends about drugs and drug use, 63.4% reported that they actively seek out information about the effects of drug use, but only 10.6% reported that they take part in/access drug forums.

#### 4.7.6 Life Values Inventory (LVI)

Table 9 presents descriptive statistics for each value on the LVI, where the highest mean scores were for 'Responsibility' ( $M = 11.68, \pm 2.40$ ), 'Independence' ( $M = 11.60, \pm 2.13$ )

and 'Concern for others (M = 11.58,  $\pm$  3.15), and the lowest value score was for 'Spirituality' (M = 7.00,  $\pm$  3.56).

**Table 9: Life Values Inventory (LVI) mean scores**

<b>Values</b>	<b>Mean (SD)</b>
<i>Achievement</i>	11.19 ( $\pm$ 2.38)
<i>Belonging</i>	10.13 ( $\pm$ 2.81)
<i>Concern for the Environment</i>	9.21 ( $\pm$ 3.15)
<i>Concern for Others</i>	11.58 ( $\pm$ 2.43)
<i>Creativity</i>	10.40 ( $\pm$ 2.79)
<i>Financial Prosperity</i>	10.55 ( $\pm$ 3.44)
<i>Health and Activity</i>	9.56 ( $\pm$ 2.86)
<i>Humility</i>	8.94 ( $\pm$ 2.25)
<i>Independence</i>	11.60 ( $\pm$ 2.13)
<i>Loyalty to Family or Group</i>	10.20 ( $\pm$ 2.76)
<i>Privacy</i>	11.01 ( $\pm$ 2.58)
<i>Responsibility</i>	11.68 ( $\pm$ 2.40)
<i>Scientific Understanding</i>	8.40 ( $\pm$ 3.10)
<i>Spirituality</i>	7.00 ( $\pm$ 3.56)

#### 4.7.7 Health and wellbeing

Respondents were asked to provide information regarding how often (if at all) they attended the following health services: General Practitioner (GP), Walk-In Centre, A&E, Hospital In-patient, Dentist, and Optician. Just over a third of respondents (31.5%) had seen their GP in the last month and 8% of those said that the visit was related to their drug use. Only 2.8% of respondents attended hospital and were admitted as an in-patient, but a third of those reported that it was related to their drug use. When comparing their health to others their age, most respondents felt that their overall health was generally 'somewhat better' than the average drug user their age (41.7%) and the majority of participants felt that their health was 'about the same' as the average non-drug user their age (56.3%). Most respondents felt that their overall health had 'not at all' been affected by using drugs (43.1%) and the majority of participants felt that quitting using drugs would help their current health either 'not at all' (35.2%) or 'a little' (28.1%). Compared to other people who use drugs, most respondents felt that they were 'less likely' likely to experience long-term harms from drug use (49.2%), but 'about as likely' to experience short-term harms from drug use (42.9%). The mean score for the WEMWBS in the present study was 50.95 ( $\pm$  10.29), similar to national averages

for the following year (population norms for 2015 were unavailable), where average wellbeing scores for men and women in England were 51.7 and 51.5 respectively (Morris and Earl, 2017).

#### 4.7.8 Latent profiles of people who use drugs

Latent profiles of drug user were estimated using the three indicator variables; Belongingness to a Drug Culture Questionnaire (BDCQ) Score; Cultural capital score; and Normalisation score. While inspection of model parameters suggested that the 4-class model provided the best fit (AIC and BIC), the fourth class in this model comprised <5% of the total cases and was therefore considered too small to incorporate into subsequent analyses (see: Nylund et al., 2007). Hence, the 3-class model (highlighted in bold) was chosen as this had acceptable BIC, Entropy R-Squared, and classification (see Table 10).

**Table 10: Model comparison**

	Number of classes	LL	BIC(LL)	AIC(LL)	Npar	Classification Error	Entropy R-squared
Model1	1-Class	-2532.2386	5097.7012	5076.4772	6	0	N/A
Model2	2-Class	-2463.6415	4999.2683	4953.283	13	0.0711	0.711
<b>Model3</b>	<b>3-Class</b>	<b>-2427.3047</b>	<b>4965.356</b>	<b>4894.6093</b>	<b>20</b>	<b>0.0659</b>	<b>0.8148</b>
Model4	4-Class	-2399.3998	4948.3076	4852.7996	27	0.0359	0.9003
Model5	5-Class	-2399.5123	4987.2939	4867.0245	34	0.1961	0.704
Model6	6-Class	-2360.0127	4947.056	4802.0253	41	0.0719	0.8715

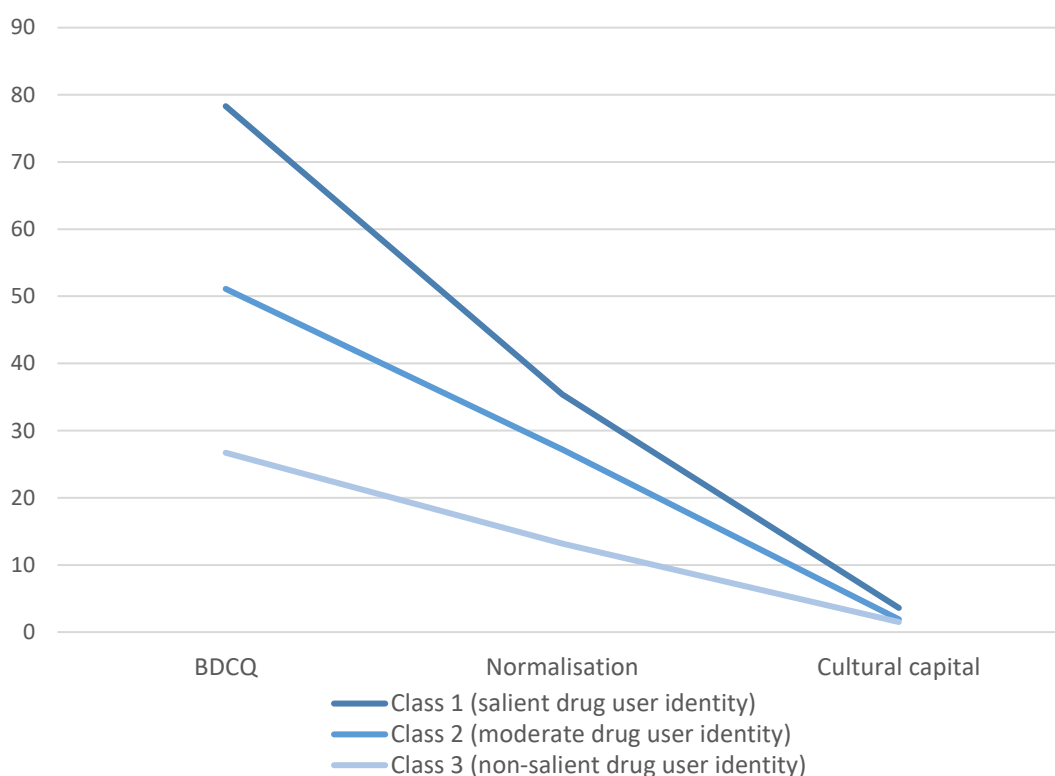
Table 11 presents the total number of cases assigned to each class in the final model and the mean scores for each indicator variable for each class. Relative to the other classes, Class 1 (n = 171) has a high BDCQ score (M = 78.3), a high Normalisation score (M = 35.4), and a high Cultural capital score (M = 3.6); Class 2 (n = 65) has a moderate BDCQ score (M = 51.1), a moderate Normalisation score (M = 27.2), and a moderate Cultural capital score (M = 1.9); and Class 3 (n = 18) has a low BDCQ score (M = 26.7), a low Normalisation score (M = 13.2), and a low Cultural capital score (M = 1.5) (see also, Figure 3). Scores for each variable are interpreted to mean that drug use and the related lifestyles and practices feature more prominently in the sense of identity for those with higher scores, hence the class labels: 1) salient drug user identity, 2) moderate drug user identity, and 3) non-salient drug user identity.



**Table 11: Mean scores for indicators variables for each class**

Indicator variables	Classes of drug user identity M (s.e)		
	<b>Class 1</b> <b>Salient drug user identity</b> n = 171 (67.3%)	<b>Class 2</b> <b>Moderate drug user identity</b> n = 65 (25.6%)	<b>Class 3</b> <b>Non-salient drug user identity</b> n = 18 (7.1%)
	<b>Mean</b>	<b>Mean</b>	<b>Mean</b>
<b>BDCQ</b>	78.3 (2.4)	51.1 (2.9)	26.7 (1.3)
<b>Normalisation</b>	35.4 (0.6)	27.2 (1.6)	13.2 (1.1)
<b>Cultural capital</b>	3.6 (0.1)	1.9 (0.3)	1.5 (0.3)

Mean scores for indicators variables for each class



**Figure 3: Mean scores for indicators variables for each class**

Table 12 presents the demographics for the three classes. ‘Salient drug user identity’ class presented as female (55.0%), aged between 18-25 years (82.5%), heterosexual (80.0%), and white (91.1%). ‘Moderate drug user identity’ class presented as female (80.0%), aged between 18-25 years (94.4%), heterosexual (95.4%), and white (95.1%). The ‘non-salient drug user identity’ class presented as female (64.2%), aged between 18-25 years (85.8%), heterosexual (85.4%), and white (92.7%).

Table 12: Class demographics

		n (%)		
		Class 1 Salient drug user identity	Class 2 Moderate drug user identity	Class 3 Non-salient drug user identity
<b>Gender</b>	<i>Male</i>	71 (45.0)	13 (20.0)	1 (5.6)
	<i>Female</i>	94 (55.0)	52 (80.0)	17 (94.4)
<b>Age</b>	<i>18-25</i>	141 (82.5)	60 (92.3)	17 (94.4)
	<i>26-35</i>	30 (17.5)	5 (7.7)	1 (5.6)
<b>Sexuality</b>	<i>Heterosexual</i>	136 (80.0)	62 (95.4)	18 (100.0)
	<i>Other</i>	34 (20.0)	3 (4.6)	0 (0.0)
<b>Ethnicity</b>	<i>White</i>	153 (91.1)	58 (95.1)	17 (100.0)
	<i>Non-white</i>	15 (8.9)	3 (4.9)	0 (0.0)

As previously described (see section 4.6) the third step of a 3-step latent profile analysis explores other variables in relation to class membership, either with variables predicting the class membership (covariates) or where other observed variables (distal outcomes) are predicted by the class membership. First, the three indicator variables were used as covariates to estimate the model using dummy first coding, where classes 2 and 3 were compared to class 1 for each indicator variable: BDCQ Score; Normalisation Score; and Cultural capital Score. Table 13 shows that each variable was significant as a predictor variable, supporting the fact that they were used to create the classes in step 1 ( $p < 0.001$ ). Table 13 also supports the previous analysis describing each class (see Table 11), as all predictor variables are highest in the ‘salient drug user identity’ profile (class 1), lower the in ‘moderate drug user identity’ profile (class 2), and lowest the in ‘non-salient drug user identity’ profile (class 3).

Table 13 also presents the relationships between observed variables that were previously identified being significantly different between classes as either 1) predictor variables predicting class membership, or 2) dependent variables than can be predicted by class by membership. Gender significantly predicted class membership ( $p < 0.001$ ), indicating that when compared to males, females were more likely to be in classes 2 and 3 than class 1 (as supported by class demographics in Table 12). Ethnicity also significantly predicted class membership ( $p < 0.05$ ); indicating than compared to ‘non-white’, those who identified as ‘white’ were more likely to be in classes 2 or 3, than in class 1 (again, supported by Table 12).

When comparing distal outcomes drug trying score and DAST-10 score were predicted by class membership ( $p < .001$ ). Membership of class 1 'salient drug user identity' predicted higher drug trying score and DAST-10 score compared with membership of either class 2 'moderate drug user identity', or class 3 'non-salient drug user identity'. Those in the salient drug user identity class were also more likely to have tried Novel Psychoactive Substances than those with either a moderate or non-salient drug user identity ( $p < 0.05$ ). Class membership also predicted attitudes towards acceptability of drug use. Membership of the 'salient drug user identity' profile predicted a higher acceptability of drug use as long as others aren't harmed ( $p < .001$ ). Findings also indicate that individuals in 'salient drug user identity' profile perceived themselves as more likely to suffer short-term harms from drug use compared to other drug users the same age, than those in either the 'moderate drug user identity', or the 'non-salient drug user identity' profiles. Furthermore, findings indicate that belonging to the 'moderate drug user identity' profile or the 'non-salient drug user identity' profile predicted better perceived overall health compared to other drug users the same age, compared to the 'salient drug user identity' profile.

Table 13: 3-step analysis for indicators, predictors, and distal variables

Models for Indicators	Class 1 Salient drug user ID	s.e.	Class 2 Moderate drug user ID	s.e.	Class 3 Non-salient drug user ID	s.e.	Wald	p-value	R <sup>2</sup>
BDCQ	26.26	-	-0.93	-	-25.33	-	370.85	<b>p &lt; 0.001***</b>	0.4579
Normalisation	10.14	-	-1.93	-	-12.08	-	315.61	<b>p &lt; 0.001***</b>	0.4557
Cultural ID	0.66	-	-0.22	-	-0.44	-	30.22	<b>p &lt; 0.001***</b>	0.2895
<b>Models for Covariates (Predictors of class membership)</b>									
Gender	0	-	1.83	0.63	2.55	0.99	14.32	<b>p &lt; 0.001***</b>	-
Age categories	0	-	-0.15	0.63	-0.76	1.25	0.42	0.81	-
Self-described sexuality	0	-	-2.45	1.39	-71.18	983341.10	3.12	0.21	-
Self-described ethnicity	0	-	-1.51	1.04	-4.37	1.96	6.55	<b>0.038*</b>	-
<b>Models for Dependents (Behaviours that can be predicted by class membership)</b>									
Drug trying score	0	-	-3.85	0.58	-5.33	0.45	143.26	<b>p &lt; 0.001***</b>	-
Use of NPS (legal highs)									
<i>Yes, I have</i>	0	-	0	-	0	-	10.1261	<b>0.038*</b>	-
<i>No, I have not</i>	0	-	1.09	0.42	1.15	0.59	-	-	-
<i>I don't know/ I'm not sure</i>	0	-	0.92	0.76	-0.15	1.40	-	-	-
DAST-10 score	0	-	-1.08	0.29	-1.87	0.40	31.06	<b>p &lt; 0.001***</b>	-
WEMWBS score	0	-	0.02	1.78	1.72	3.45	0.25	0.88	-
Long-term drug-related harms compared to other drug users	0	-	-0.22	0.21	-0.50	0.42	2.42	0.3	-
Short-term drug-related harms compared to other drug users	0	-	-0.46	0.18	-0.70	0.38	8.78	<b>0.012*</b>	-
Overall health compared to average drug user (same age)	0	-	0.64	0.25	1.01	0.63	8.03	<b>0.018*</b>	-
Overall health compared to average non-drug user (same age)	0	-	0.04	0.22	0.27	0.32	0.67	0.72	-
Acceptability of drug use if others aren't harmed									
<i>No</i>	0	-	0	-	0	-	23.99	<b>p &lt; 0.001***</b>	-
<i>Yes</i>	0	-	-0.76	0.67	-3.05	0.64	-	-	-
LVI score for E: 'Creativity'	0	.	-0.88	0.55	-1.03	0.88	3.65	0.16	-

Note a: \*p < .05, \*\*p < .01, \*\*\*p < .001

## 4.8 Discussion

This chapter outlines the process of data collection and analysis, and the related findings for the preliminary, quantitative study, which was the first phase of research in this mixed-methods, multiphase project. The research objectives for this study were:

1. To model latent profiles of drug user identities using latent profile analysis.
2. To explore the relationship between latent profiles and external variables in order to predict profile membership, or where profile membership was used to predict other behaviours or attitudes.

Latent Profile Analysis was conducted to model profiles of drug user identities and to explore the relationship between these different profiles and external variables. Findings presented in this chapter show that within a group of young adults who use drugs (N = 254; predominantly full-time undergraduate students), latent profiles of drug users can be identified using observed variables relating to i) belongingness to a drug culture, ii) normalisation of drug use, and iii) cultural capital relating to drug use and related lifestyles/behaviours. Latent Profile Analysis yielded a three-class solution. The largest class, 'salient drug user identity' (67.3%) comprised drug users with significantly higher scores for normalisation, drug-related cultural capital, and belongingness to a drug culture, than class 2, 'moderate drug user identity' and class 3, 'non-salient drug user identity'. The class labels were chosen as higher scores for the indicator variables are interpreted as indicating a more prominent drug user identity – i.e., for those belong to the 'salient drug user identity' group, their drug use and any associated lifestyles or practices featured more prominently a part of their sense of identity.

The 3-step analysis results demonstrated that class membership was predicted by gender and ethnicity. Regarding gender, participants who identified as male were significantly more likely to belong to the 'salient drug user identity' profile than those who identified as female; when compared to males, females were more likely to have a moderate or non-salient drug user identity. Compared to non-white ethnic groups, participants who identified as white were more likely to belong to either the 'moderate drug user identity' profile or the 'non-salient drug user identity' profile. Previous research has identified gender differences in substance use and demonstrated that

there are different patterns of substance use between ethnic groups. (Kulis et al., 2003; Rodham et al., 2005; McCabe et al., 2007).

Analyses also demonstrate that belonging to one of the identified latent groups could predict other substance use-related behaviours and attitudes, including: drug trying rates, and problematic drug use (as indicated by DAST-10 scores); attitudes towards acceptability of drug use; and perceived health compared to other drug users. Participants belonging to the 'salient drug user identity' profile were significantly more likely to have tried a wider range of controlled substances and to report higher levels of drug problems. Belonging to this profile also predicted attitudes towards acceptability of drug use; those belonging to the 'salient drug user identity' profile were more likely to perceive their drug use as acceptable, as long as others aren't harmed, compared to the other two profiles. Finally, belonging to this profile of drug user was associated with perceptions of overall health and drug-related harms. Participants belonging to this group perceived themselves as more likely to suffer short-term harms from drug use compared to other drug users the same age, compared to the other two profiles. Relatedly, belonging to either the 'moderate drug user identity' profile or the 'non-salient drug user identity' profile predicted perceived better overall health compared to other drug users the same age.

Findings regarding drug use across the whole sample show that lifetime drug use and recent drug use was higher in the sample, compared to the general population. For example, over ninety per cent of participants had reported using cannabis in their lifetime and fifteen per cent reported daily cannabis use, compared with just over a third of 15-34 year olds (as reported in 2016; EMCDDA, 2018) and under ten per cent of 16-59 year olds (Lader (Ed), 2015), respectively in the general population in the same year. However, these findings aren't unexpected, as current drug use (indicated by using any drug in the last month) was included in the criteria for participation, and higher rates of drug use have previously been recognised among students in higher education (National Union of Students, 2018: 7). Access to drugs amongst the study sample differed to the general population. Whilst accessing drugs from friends or acquaintances was comparable, 45.1% in the study sample and 42% in the general population (Lader (Ed),

2015), drug dealers are used more frequently by study participants with almost half of the sample reporting accessing drugs this way (45.5%). Whereas, in the general population drug dealers are used less frequently; a fifth of adults in the general population who have used a controlled substance in the last year reported sourcing drugs from a drug dealer (Lader (Ed), 2015).

This study presents the conclusions that that, within the sample population of 18-35 year old students, young adult who use drugs who are male and of non-white ethnicity are likely to have a more salient drug user identity, and that those with a more salient drug user identity are more likely to use a wider range of drugs in their lifetime and believe that their drug use is more acceptable than those with less salient drug user identities. Belonging to this profile also predicts more problems associated with drug use, and relatedly, those with a more salient drug user identity perceived more harm related to their drug use and worse overall health than those with less salient drug user identities. These findings suggest that tailored harm reduction strategies for particular profiles of drug users whose 'drug user identity' is more salient may be successful in targeting those individuals whose drug use is more likely to be, or become, problematic and where their drug use might have a greater impact on their overall health.

Young adults with a more salient drug user identity (where drug use is more prominent in their sense of belonging, drugs are more normalised to them, and they hold greater cultural capital regarding the practices and behaviours associated with their drug use) might be more resistant to reducing their drug use, particularly where their drug use and related lifestyle practices are perceived as valuable capital that enables their belongingness to a particular in-group or subculture. Previous research has identified that belonging to a youth subculture can have powerful influence on impacting drug practices (Pawson and Kelly, 2014). To engage those with a more salient drug user identity, service providers and policy makers might adopt universal harm reduction as a conceptual approach for healthcare, as outlined by Hawk and colleagues (2017). This approach pays particular attention to six key principles including humanism, pragmatism, individualism, autonomy, incrementalism, and accountability without termination (Hawk et al., 2017: 4). Individualism appreciates that people present with

varying levels of harm and receptivity and therefore require a spectrum of intervention options, while pragmatism suggests that health behaviours and the ability to change them are influenced by social and community norms and “health behaviors are not binary or linear but operate along a continuum based on a variety of individual and social determinants” (Hawk et al., 2017: 1). Hence having a more salient drug user identity and a greater belongingness to a drug culture might influence ability and motivation to change drug use behaviours. Adopting pragmatic principles that promote care messages about actual harms to individuals, as opposed to moral or societal standards, could be more effective in harm reduction, as these messages would likely have more credibility. Methods to support tailored interventions might include using more culturally sensitive strategies to promote harm reduction for PWUD from diverse backgrounds. Such methods have been effective to successfully reduce drug use and other risky behaviours in other minority groups (Nyamathi et al., 2017), and culturally adapting interventions for harm reduction may lead to more engaging strategies that are tailored for specific groups and developed to understand their motivations for using drugs.



## Chapter 5. Exploring the concept of 'drug user identity' in young adults who use drugs: an interpretative phenomenological analysis

### 5.1 Introduction

This chapter focuses on the second study in this research project. This phase of research was qualitative and involved interviewing ten young adult drug users about their lived experiences of drug use; exploring how drug use and the associated lifestyles and practices feature as part of their identity.

### 5.2 Objectives

Expanding on the findings from the questionnaire study, that explored different profiles of drug user and interpreted Latent Profile Analysis results in relation to 'drug user identity salience', the present study introduced two further research objectives:

1. To investigate the meanings that young adults attach to their drug use.
2. To explore how people may gain a sense of identity from their drug use.

### 5.3 Ethical considerations

Full ethical approval was attained from Liverpool John Moores Research Ethics Committee before proceeding with recruitment and data collection (REF: 15/EHC/103). The dynamic process of ethical research practice means that the researcher must consider the ethical implications of conducting a research project at every stage: before, during, and after the study has ended (David and Sutton, 2004).

#### 5.3.1 Informed consent

When recruiting participants for a research study, the principle of informed consent is generally agreed to be the ideal mode of operation (David and Sutton, 2004). Through processes of briefing and debriefing the research participant is made fully aware of the overall purpose of the research and the main features of the research design, as well as the consequences of their taking part, including any potential risks or benefits (Piper and Simons, 2011; Sin, 2016). To ensure that each participant was fully informed, each was

provided with the Participant Information Sheet (PIS) at the time of recruitment and were given a minimum of twenty-four hours to consider their participation before agreeing / declining to take part; this time also served as an opportunity to ask any questions they had in relation to what was outlined in the PIS. At the beginning of each interview the researcher repeated the key points on the PIS to the participant and asked if they had any further questions. Once any questions had been answered, the participant then completed the consent form, initialling each point and agreeing that they consented to participating based on the information they had been provided. Those who were interviewed over the phone were provided with the PIS and consent form prior to the interview date, via email, and were also given the opportunity to ask questions. They completed the consent form with electronic signatures indicating their consent and returned the password-protected form to the interviewer via email before the interview took place.

Ensuring that participants are informed and have the mental capacity to make a decision whether to participate in a research study is an integral ethical consideration when conducting research with human subjects (National Institute for Health and Care Excellence (NICE), 2018). In more complex health research tools have even been developed to measure the adequacy of informed consent and participants' understanding (Joffe et al., 2001). As this study was relatively simple in its design (semi-structured interviews, either in-person or over the telephone) and didn't involve any invasive physical procedures or examinations that might be technical and difficult to understand, the researcher was not required to conduct such a rigorous assessment of the participants' understanding.

### 5.3.2 Confidentiality and anonymity

An assurance of confidentiality is at the core of trusting relationships between researchers and participants. As previously stated in chapter four, research into sensitive, stigmatised or illegal behaviours fundamentally requires a guarantee from the researcher that information provided by the research participants will remain confidential and that anonymity will be maintained (Fitzgerald and Hamilton, 1997). Participants in the current study were assured that their participation would be kept

confidential and pseudo-anonymous. This was outlined in the PIS confidentiality statement that included the following points:

- The interview will be audio recorded if agreed by you [the participant]. Only the researcher and supervisor will have access to the audio recordings or raw transcripts.
- Only the researcher will listen to the audio recordings, and these will be deleted once the interview has been transcribed.
- Audio recordings will be kept locked in a filing cabinet in a secure office or stored digitally on a secure computer at Liverpool John Moores University.
- All names and other identifiers will be changed at the point of transcription.
- Any quotes used in the research and future publications will be anonymous and will not identify you [the participant].

These key points were reiterated on the consent form and fully explained to each participant. Participants were also informed that the only instance where the researcher would need to break confidentiality was if the participant disclosed something that the researcher interpreted to put either the participant or someone else at risk of harm.

Qualitative research has particular considerations regarding confidentiality and the level of detail to include in a study write-up; most qualitative research aims to offer an in-depth exploration of a phenomena, so researchers must act carefully to make sure that they convey detailed, accurate accounts of the social world they are examining, whilst protecting the identities of the research participants (Kaiser, 2009). To ensure participant confidentiality, each was given a pseudonym and data was edited so that any identifiable information was changed at the point of transcription to avoid the chance of 'deductive disclosure' (Sieber and Tolich, 2013); that is, removing any detail that might mean that participants could be identified based on information included in the study write-up (e.g. names, workplaces, or specific geographical locations). The researcher felt that the inclusion of such specific details wasn't necessary, and omitting particular details meant that participants were protected, and the remaining content provided adequate detail for analysis.

### 5.3.3 Personal safety

The physical safety of both the researcher and the participant is of vital importance in any study. The researcher followed the university's policy for lone working (see section 3.7.3 'Lone working' in Policy: SCP14 Fieldwork, Visits, Expeditions and Adventurous Activities off University Premises; Finance Director Deputy Chief Executive and University Secretary, 2016) and faculty guidelines. Most participants were either known to the researcher or known through a shared acquaintance (n = 7); these interviews took place in either a public place (private, pre-booked library room), in the participant's home, the home of a shared acquaintance, the researcher's home, or via teleconferencing software. The remaining interviews (n = 3) were conducted as telephone interviews, where the researcher sat in a private room in the university. Decisions about where the interview took place were made depending on where the participant felt most comfortable. As a precautionary measure, the researcher contacted a third party before conducting each interview and after it was completed.

### 5.3.4 Research impact and participant reflexivity

Researchers must ensure that their research participants do not endure any unnecessary distress following their participation or as a result of the research. This was ensured first, by voluntary recruitment and informed consent; guaranteeing that participants were fully informed about what their participation would entail and could stop their participation at any time. Although the inclusion criteria for the study excluded those that had a current clinical diagnosis of dependence or those who were receiving any structured drug treatment, due to the sensitive nature of the interview topic, all participants were provided with contact details for relevant support services (e.g. charities that work with people with problems relating to drug use) if they felt that they wanted to find out more about local available support.

Whilst reflexivity is frequently embedded into qualitative research (particularly IPA), this is often focussed on researcher reflexivity, neglecting the importance of participant reflexivity (Perera, 2019; Riach, 2009). Any study that asks about personal behaviour, particularly behaviours that might be judged by others, is likely to encourage participant self-reflection. This might be post-research reflection on what was said, or real-time

reflexivity (Weick, 2002), where the participant engages in a reflexive process during their interaction with the researcher. Reflexivity might be a positive or negative experience for the participant, and an important part of rapport building was for the researcher to listen and respond in a sensitive way. For example, remaining impartial on any matters discussed and not judging or reacting in way that could have made participants feel uncomfortable. No participants displayed any distress during their interview; in fact, at the end of the interview some participants said that they had enjoyed talking to the researcher and most expressed an interest in the project and its findings.

## 5.4 Access, sampling, and participants

Ten interviews took place over a ten-month period, from April 2016 – January 2017. Inclusion criteria matched the criteria for the questionnaire study, except for the condition regarding student status; participants were young adults (aged between 18-35 years) and were all current drug users (i.e. – they had consumed a controlled substance at least once in the last month) but were not currently receiving treatment for substance use or with a clinical diagnosis of dependence.

### 5.4.1 Sampling strategy and recruitment

For the chosen methodology (Interpretative Phenomenological Analysis; IPA) to be effective, the literature suggests a smaller sample size, and having examined previous studies that used this methodology when looking at drug and alcohol use, the mean sample size was six (Boserman, 2009; Shinebourne and Smith, 2009; Watson and Parke, 2009; Vangeli and West, 2012; Conroy and de Visser, 2014; Jackson-Roe et al., 2014; Rodriguez and Smith, 2014; Ware et al., 2015). The aim of the sampling strategy was to provide a varied group of individuals who were both suitable and willing to be interviewed. Based on existing literature four groups of non-dependent drug users were identified to recruit from; students (Bennett and Holloway, 2014; Bogowicz et al., 2018), professional adults who were “non-problematic” or “recreational” drug users (Pearson, 2001; Parker et al., 2002; Notley, 2009; Askew, 2016; Green, 2016), clubbers (Hunt et al., 2007; Fitzgerald, 2008; Ramo et al., 2010; Miller et al., 2013b; Kurtz et al., 2017), and “Psychonauts” (Newcombe, 2009; Deluca et al., 2012; Orsolini et al., 2018). The

researcher aimed to recruit individuals from each group that all met the inclusion criteria requirements.

In interpretative phenomenological research theoretical purposive sampling techniques are used; by deliberately seeking out participants with particular characteristics purposive sampling offers an insight into a particular experience or phenomenon (Smith et al., 2009). The present study was interested in exploring concepts of identity with young adults who use drugs, so having identified groups to recruit from and purposefully recruiting interview participants, the researcher was able to select information-rich cases in order to address the primary research question and the specific qualitative study objectives. For this study, participants were accessed through either: opportunities as a result of the researcher's own contacts; previous study participants recruited from the questionnaire database from the first study; or through purposive recruitment methods consistent with IPA research guidelines (Smith et al., 2009). To recruit participants through opportunity of the researcher's own personal and professional contacts, the researcher emailed potential participants that had already been identified as possibly meeting the inclusion criteria through previous casual conversations with the individual. As the researcher didn't have existing contact with anyone she could knowingly categorise as a 'Psychonaut', other recruitment methods were explored. For the 'Psychonaut' group, the research was advertised on online forums (e.g. [www.partyvibe.org](http://www.partyvibe.org), [www.ukchemicalresearch.org](http://www.ukchemicalresearch.org), or [www.ukchemicalresearch.org](http://www.ukchemicalresearch.org)) and the researcher also attended a meet up of the Psychedelic Society in London, sharing study information through their channels, with consent.

## 5.5 Participants

At the time of participation, of the ten participants, six were male and four were female. Ages ranged from 21 to 35 (see Table 14). Six of the participants were under the age of thirty, and four were aged thirty and above. Most were either white British, or other white background (n = 9) and one self-identified as South Asian. Two participants, both aged 21, were students: a female nursing student, Steph, and a male law student, Chris. Liam (22) was a recent graduate, working for a solicitor, and Mo (26) and Ed (28), worked

in IT-related fields. Nicole (27) and Gina (33) both worked in creative jobs. Nicole was a creative arts teacher for a charity for people in recovery (she also did bar work, part time), and Gina was a graphic designer. Matthew (33) and Denise (34) both worked in recruitment, and Mike (35) was a researcher. Gina and Mo were recruited from the Psychedelic Society event. Participants were all recruited from the UK; Steph, Nicole, Liam, Matthew, Denise, and Mike were all recruited from and interviewed in the Northwest of England; Ed, Liam, Gina, and Mo all lived in the south of England and were interviewed over the phone or via teleconferencing software.

**Table 14: Interview participant demographics**

<b>Participant pseudonym</b>	<b>Gender</b>	<b>Age</b>	<b>Ethnicity</b>	<b>Occupation</b>	<b>Location</b>
<b>Steph</b>	Female	21	White British	Nursing student	Northwest
<b>Chris</b>	Male	21	White British	Law student	London
<b>Liam</b>	Male	22	White British	Administrator in solicitors' practice	Northwest
<b>Mo</b>	Male	26	South Asian	Works for software company	London
<b>Nicole</b>	Female	27	White British	Creative arts teacher and bar work (both part-time)	Northwest
<b>Ed</b>	Male	28	White British	Website builder and musician	London
<b>Matthew</b>	Male	33	White British	Recruitment manager	Northwest
<b>Gina</b>	Female	33	Other white background	Graphic designer	London
<b>Denise</b>	Female	34	White British	Recruitment consultant	Northwest
<b>Mike</b>	Male	35	White British	Research Associate	Northwest

## 5.6 Procedure and sequence of analysis

Written consent was taken from participants prior to the interviews taking place. Participants were informed of the nature of the interview and their right to withdraw. A semi-structured interview style was adopted, and an interview topic guide was used that consisted of 29 different questions, prompts and probes that explored participants' understanding of their drug use (including aspects of normalisation), identity, lifestyle, and capital. The topic guide was used a tool for the researcher to guide the conversation and to encourage the participant to reflect on these specific topics, but the informal nature of the loosely structured conversational interview allowed participants to talk freely and to elaborate on their lived experiences without being constrained by a rigid interview schedule. Interviews lasted an average of 55 minutes (range: 40-83 minutes)

and were digitally recorded and transcribed verbatim by the researcher in preparation for interpretative phenomenological analysis (IPA). The researcher then followed the sequence of analysis for IPA as set out by Smith and Osborne (2008; see also Smith et al., 2009).

#### 5.6.1 Step 1: Initial notes

Once the interviews had been completed, each one was immediately transcribed. Once transcription was complete, each was read and re-read. Listening to the interviews beforehand enabled observations in tone of voice, language emphasis, and hesitation. Preliminary observations within the transcript were noted and revisited during the course of the data analysis process, facilitating an in-depth interpretation of what was said and how; for instance, if a particular quote included hesitation or repeated words, the original transcript would be reviewed, looking for notes made in this initial 'listening' phase to help with interpretation.

The first stage of analysis involved reading each interview transcript and making notes down the right-hand side of the text. The initial notes made during this stage provided a detailed commentary, from the researcher's perspective, of the interesting aspects of the text. This detailed analysis allowed for a thorough examination of each case and comments had a phenomenological focus; highlighting the experiences and concerns that were important to participants, as well as the meanings that participants attached to these experiences. This initial stage of analysis was completed by hand rather than utilising computer-assisted qualitative data analysis software (CAQDAS); it was thought that using CAQDAS might distance the researcher from the raw data, whereas performing the analysis by hand felt more conducive to being fully immersed in the data.

During this stage of analysis language used by participants was explored on three levels. Descriptive comments made note of what was important to the participants and gave a brief commentary on what was discussed during the interview, summarising key points. Linguistic comments offered insight into the way participants used language when talking about their experiences, this included use of metaphors, pauses, or repetition. An example of this was use of the word "addict" and how it was used repeatedly when



participants spoke about what type of drug use they disapproved of (explored further in the study findings, see section 5.7.2). Initial interpretative comments offered a more conceptual analysis, proposing initial interpretations of hidden meanings that emerged from each transcript. Whilst the method was inductive, not intending to test an existing theory, the researcher did utilise existing knowledge of relevant theories (e.g. Bourdieu's capital and distinction, 1984) in their interpretation.

#### 5.6.2 Step 2: Developing emergent themes

Through the explorative analysis of the raw data in step 1, the researcher identified themes that emerged in the individual transcripts. Each transcript was looked at in parts and as a whole; this refers to the hermeneutic circle (Smith, Flowers and Larkin, 2009). By working through the data in this way, moving between smaller and larger parts/wholes, the researcher can determine the meaning of both. As previously discussed, IPA is a double hermeneutic type of analysis; the interview participants firstly interpreted their experiences in response to the interview questions and then the researcher interpreted and performed an in-depth analysis of the data; thus, the researcher made sense of the participants' sense making of their own individual experiences. For instance, when asked about memorable drug use experiences participants will have considered what they have found memorable, these could be positive or negative memories, and provided the researcher with a detailed description of that experience, and then the researcher completed a thorough interpretation of what was said during the analysis process. Occasionally, the researcher actively interpreted the interviewee's response during the interview and prompted them to explore an idea further to discover meaning behind what was disclosed. The themes for each interview were listed down the left-hand side of the transcript, in keeping with the traditional IPA methodology.

#### 5.6.3 Step 3: Searching for connections across emergent themes

Once each transcript had been explored and analysed, and themes identified, the next step of the linear analysis process involved clustering themes to identify overarching superordinate themes for each case. The clustering of themes helped to establish a

picture of the individual participant's lived experience of using drugs and how these experiences were related to their sense of identity.

#### 5.6.4 Step 4: Moving on to the next case

Once the first transcript had been fully analysed using steps 1-3, the researcher moved on to the next. The themes that had already been established were used to orient the subsequent analyses, but convergences and divergences in the data were respected, recognising ways in which accounts from participants were similar but also different (Smith and Osborn, 2008). It was important to acknowledge new issues and meanings that emerged when working through the data corpus. Themes that emerged from the first transcript were also identified when analysing the second, but the participants' accounts relating to that theme were different. For example, parts of both Steph and Ed's transcripts were coded using the theme, 'gendered experiences of drug use', but the meaning behind this diverged between the two participants; for Steph, the gendered aspect of her drug use related to concealing her drug use from her boyfriend, whereas for Ed, intoxication meant he couldn't "protect" his partner on one occasion.

#### 5.6.5 Step 5: Looking for patterns across cases

Once each transcript had been analysed individually and themes had emerged for each, the researcher then looked for patterns across the dataset. Patterns that emerged in relation to the research questions included: consumption practices and lifestyle choices; social networks and relationships with other drug users; distinctions made from 'other' drug users; and negotiating the 'drug user identity' in a broader sense of self. These patterns were conceptualised and formed the superordinate themes for the complete dataset, as outlined in section 5.7.1.

Some themes from step three were included and others were discarded where less significance was held when analysed in relation to the now established superordinate themes. For example, participants discussed polydrug use (using more than one drug at one time – e.g. Liam reported consuming alcohol, ecstasy, cocaine, and cannabis during a house party); however, this wasn't picked up and developed into a theme as it wasn't interpreted as being particularly meaningful in understanding drug user identity in this

study. Whilst IPA focuses on the individual lived experiences of a phenomenon (in this case, drug use and the associated lifestyles and practices), in this final step it moves to a more theoretical understanding of that phenomena, and how the personal lived experiences of one participant could be translated and shared by others.

## 5.7 Results

Findings from this interview study develop the concept of how a ‘drug user identity’ might feature as part of a young adult’s identity, by presenting three superordinate themes, and related subthemes for each, that were generated through an in-depth Interpretative Phenomenological Analysis of the data corpus.

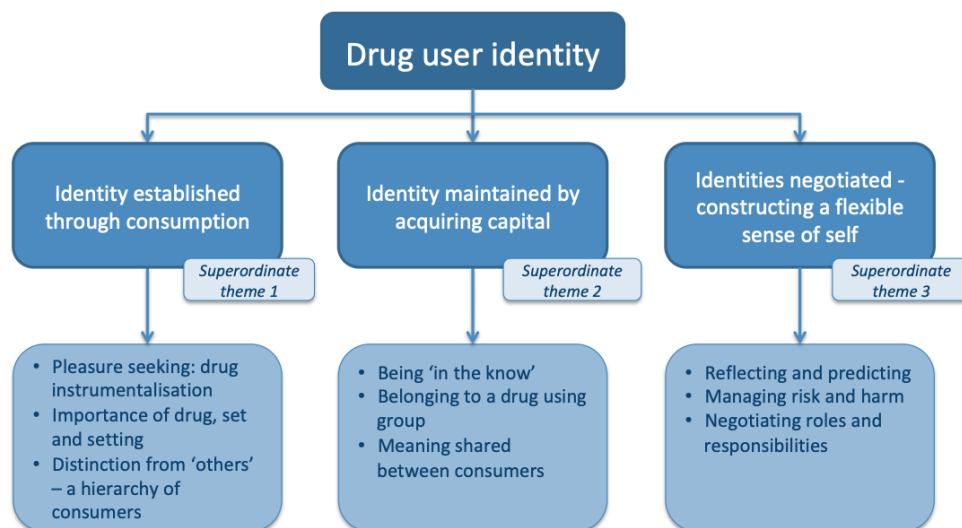


Figure 4: IPA themes diagram

### 5.7.1 Introduction to Superordinate Themes

Once IPA had been conducted with all interview transcripts the superordinate themes were generated from the data; these frame the analysis and are the overarching collection of themes that came from a deep emersion and analysis of the interview transcripts.

This thesis presents three superordinate themes: 1) identity established through consumption; 2) identity maintained by acquiring capital; and 3) identities negotiated –

constructing a flexible sense of self. Each of the superordinate themes has a set of subordinate themes, creating a framework for understanding drug user identity from an idiographic phenomenological perspective. The three superordinate themes move through a chain: from establishing identity; to maintaining it; to, finally, negotiating that identity as part of a sense of self (see Figure 4). The first theme, 'identity established through consumption' addresses the first study objective: to explore how people may gain a sense of identity from their drug use, and theme two, 'identity maintained by acquiring capital', in particular, addresses the second study objective: to investigate the meanings that young adults attach to their drug use. The final theme, 'identities negotiated – constructing a flexible sense of self' offers a conceptualisation of how these established drug user identities and the associated lifestyles and practices feature as part of a young adult's identity, responding to the project's overarching research question.

'Storytelling' was initially identified as an independent subtheme under the first superordinate theme; however, after going back and forth through the analytical process, it became clear that the essence of storytelling ran through all the themes. The stories that participants told the researcher about their drug use played an important role in communicating how they understood their identity in this context; by explaining the way that drugs have played a part in memorable times, they used storytelling as a tool to help them define the parameters of their drug user identity. This supports Giddens' view of identity, that it is a 'reflexive project of the self, which consists in the sustaining of coherent, yet continuously revised, biographical narratives' (Giddens, 1991: 5). Giddens' view suggests that people are constantly narrating a sense of self; storytelling is part of that process and can shift and change depending on the context and individual circumstances through the life course.

Similarly, the normalisation thesis (Parker et al., 1998; Parker et al., 2002) and the concept of differentiated normalization (Shildrick, 2002), specifically aspects of access and availability of drugs, and social accommodation, also ran through all three main themes.

### 5.7.2 Superordinate theme 1: Identity established through consumption

Terminology around consumption and taking drugs, and the different groups and people who use drugs, was prominent in each participant's account of their drug use. This theme is split into three subordinate themes: (i) pleasure seeking: drug instrumentalisation, (ii) the importance of drug, set and setting, and (iii) distinction from 'others' – a hierarchy of consumers. The first and second subthemes explore the importance of consumption practices in establishing a drug user identity, and the final subordinate theme suggests that drug user identities are also formed through resistance to other identities. As drugs are consumables, the ways in which they are consumed by users, the reasons they are used, and the decisions that are made by people when taking drugs, including which drugs not to use, are all identified as essential building blocks in the formation of drug user identities.

#### *Pleasure seeking: drug instrumentalisation*

Drug instrumentalisation is the idea that people use drugs as instruments or tools to help them achieve another goal. The 'instrumentalisation of drug use' (Müller and Schumann, 2011) refers to a two-step behavioural process: (1) the seeking and consumption of a psychoactive drug in order to change the present mental state into a previously learned mental state, which then allows for (2) better performance of other, previously established behaviours and better goal achievement (Müller and Schumann, 2011: 295). The instrument here is a tool used to help achieve a goal that would be unachievable, or would take more work to achieve, without the aid of the instrument. The goal is the outcome of an already established behaviour. In the context of drug consumption, the instrument is the effect that the drug has on the individual's mental state; drugs are instrumentalised to change the mental state into a previously learned mental state, to, in turn, perform better or achieve a goal. This type of consumption helps to establish drug user identities, as specific goals help define the motivations for using drugs, hence revealing the meaning behind someone's use of drugs. Hedonic consumption denotes that drug users use drugs for a purely self-satisfying reason and that the consumption is explicitly for pleasure.

Pleasure seeking could be associated with impulsivity; however, when thought about in broader terms, hedonism and euphoria could be perceived as considered motivations of drug use, particularly when consumption takes place at a planned event. Participants associated drug taking with a “good night out” (Steph, 21), and feelings of “euphoria” (Matthew, 33, and Denise, 34) that they hadn’t experienced before using drugs. Often this idea of taking drugs for pleasure maximisation was the primary motivation for consumption. Pleasure is often neglected in academic and public discussions about adult drug use (Moore, 2008); due to the public health and social issues related to problematic and dependant drug use, drug-related harms receive more attention, both academically and politically (Hamilton and Aldridge, 2019). Yet, when asked why they used drugs, all participants that were interviewed for this study said that the reason they choose to use drugs is because they enjoy using them, as Mike explains,

*“I think firstly just to have fun, like to enhance like your experience of things.”*

*(Mike, 35 – Research Associate)*

Participants saw drugs as a positive addition to a night out, or as something that will enhance their mood and have a positive effect; their drug use is positively associated with their lifestyle, as has been previously recognised in young peoples’ consumption of alcohol, where binge drinking is re-framed a “calculated hedonism” (Szmigin et al., 2008: 365). Drug consumption and the feelings aroused by consuming drugs, are appreciated for enhancing already existing pleasures, such as attending a live music event,

*“If you go to a music event and there's lights n stuff, um, psychedelic drugs enhance the experience.”*

*(Chris, 21 – law student)*

Participants’ positive connection with their consumption practices gives the impression that they are rational consumers; they use drugs because of the positive outcome and make measured decisions to use drugs by weighing up the risk and rewards of doing so, and basing their decisions on past experiences. If most of their past experiences of using

drugs have been positive and enhancing, then this will encourage them to continue taking drugs because of the rewards gained. Motivations for pleasurable drug use were identified: relaxation; creativity and productivity; and sensory curiosity, each will now be described in turn.

### Relaxation

Escapism, in drug using terms, is when drug users consume drugs to escape their day-to-day routine or lifestyle; using drugs can aid practices of escapism as the psychoactive effects of various substances let the user alter the way they feel and escape their here and now, and escape other identities placed on them, such as being a professional at work, or a parent. Escapism can take many forms; it could be relaxation, entertainment, or distraction. Amongst the sample for this study, cannabis users indicated that their primary motivation for their cannabis use was relaxation, as reported in statements made by Ed and Chris,

*“Yeah, so hash wise erm, I smoke hash cause I find it, I mean I’ve smoked lots of different types of weed, I find it er, it has the least effect in terms of making me feel bad the next day or, erm, it it, I just feel, basically I feel like myself but a little bit more relaxed.”*

*(Ed, 28 – website builder)*

*“I smoke weed to relax... um, just to like maybe feel at peace I guess, after a long day, or if I’ve had like a stressful day, it relieves anxiety.”*

*(Chris, 21 – law student)*

The idea that cannabis use helps users relax has been explored previously (Schafer and Brown, 1991; Lee et al., 2007; Askew, 2016); Boys et al. (2001) examined profiles of young polydrug users (aged between 16-22; 96.2% lifetime cannabis users) and found that 97% of cannabis users reported using cannabis in the past year to help them relax. In an examination of self-reported cannabis effects, relaxation was the effect reported most in naturalistic studies of cannabis users, irrespective of the method used (Green et

al., 2009). Here, relaxation could be seen as a form of escapism, where drug users want to get away from otherwise stressful or busy lives and associated identities, and drugs can be instrumental in helping them achieve this goal. For Chris and Ed, their use of cannabis for relaxation can be understood in the context of identity-making in neo-liberal times, where personal responsibility and success are championed; that is, Ed doesn't want his drug use to impact on how he feels the next day, to interfere with his responsibilities, and Chris talks about having a stressful day, and smoking to escape the pressures associated with the identity attached to his work or study. The framework for the instrumentalisation of drugs, identifies various instrumentalisation goals including, "facilitated recovery from psychological stress" (Müller and Schumann, 2011: 300), and the authors identified using cannabis to recover from a stressful day at work as the behavioural example for this goal. This type of consumption has been described as "stress-related drug use" (Hyman and Sinha, 2009).

All of the participants in the present study were aged between 18-35 years. Young adults in modern life are vulnerable to stress as various pressures are introduced as they enter early adulthood where neo-liberal philosophies promote self-regulation and personal responsibility for being productive (Vassallo, 2012). The idea of "having it all" and striving for success is prominent amongst young adults and a main source of stress (Mental Health Foundation, 2018). This appears to be relevant for Chris (21), in particular, who uses cannabis to relax and also to relieve anxiety. In their longitudinal study of young people's recreational drug use, Parker et al. (2002) found that as adolescents transitioned into early adulthood, their drug use becomes more strategic. As young drug users mature, hedonistic motives become secondary to functional relaxation and winding down from the stresses of the work week (Hathaway, 2004). Younger participants' indications of relaxation being their main motivation for using cannabis might then be an attempt to signal maturity in their consumption practices. Nicole (27) talked about "sitting... listening to guitar tunes" whilst "smoking weed", almost in a ritualistic way. It is inferred that this is a relaxation practice; the nature of the "guitar tunes" and wanting to "sit" gives the impression of a relaxing setting where her drug use combined with listening to music are tools to aid relaxation. Matthew, who



also stated that relaxation was his motivation for cannabis use, compared his motivations for using cannabis use with other peoples' alcohol use,

*“Yeah, relaxation, some people come home n have a glass of wine, I come home ‘n have a glass of wine ‘n a joint.”*

(Matthew, 33 – recruitment manager)

Here Matthew identifies shared goals between illegal and legal consumption of different drugs, comparing his smoking cannabis (in addition to a glass of wine) to another person drinking alcohol to achieve the same goal, to relax. This comparison could be seen as a way of justifying, or normalising, his consumption of illegal substances; the end goal of relaxation is the same as those who might have a glass of wine to help them relax, he just employs a different instrument to achieve the same goal. The justification of deviance is a prominent idea in criminological literature. Becker (1970) identified this as a fundamental aspect in the process of becoming a deviant; that the gradual learning about justifications that help people to consider that dominant stereotypes condemning their behaviour are wrong (Peretti-Watel and Moatti, 2006). In terms of identity, this is important; by comparing his deviant behaviour to more socially acceptable and normalised behaviour, Matthew wanted to show similarities between legal and illegal drug use, thus appearing less deviant and more socially acceptable.

#### Creativity and productivity

The next example of *instrumental consumption* is to achieve goals of increased creativity and productivity. This type of consumption is more commonly known as neuroenhancement. Neuroenhancement (NE; Brand et al., 2016) is the non-medical use of psychoactive substances to produce a subjective enhancement in psychological functioning and experience. Improving cognitive performance was another instrumentalisation goal outlined in the original framework for drug instrumentalisation (Müller and Schumann, 2011), and in the context of neoliberalism and peoples' use of drugs, has been linked with cognitive enhancing drug use by students who want to improve their academic performance in a competitive market-based context (Mann, 2021). Whilst in this study participants didn't specify cognitive performance, some

indicated that using drugs aided their productivity or creativity. For example, Denise said that at times she used drugs (namely, cocaine) because it increased her productivity; giving housework as the example, she explained how she would occasionally consume stimulant drugs to speed up her work rate,

*“... do a bit of paintin’, like, really quickly ‘n g’tting’ it done, or like the housework or something.”*

*(Denise, 34 – recruitment consultant)*

Hunt and Evans explored this idea of ‘transforming the everyday’ and how consuming drugs can ‘transform mundane activities and interactions into ones that were deeply pleasurable, satisfying and exciting’ (2008: 337). Interestingly, in their study on gender, drug ‘careers’ and the normalisation of adult ‘recreational’ drug use, Measham et al. (2011) found that female adult recreational drug users reported that the demands of housework meant that they had less time for taking drugs. Denise reports that stimulant drug use helps her complete these tasks more quickly. Perhaps by instrumentalising drugs in this way she rejects this idea of gendered tasks limiting her opportunity for drug use; instead, she utilises the effects of the drugs to her advantage in accomplishing these tasks more quickly. However, no male participants reported on using drugs when doing housework, suggesting that Denise was using drugs to successfully achieve a gendered role, and cocaine gave her more energy to get the housework done on top of her other responsibilities. This presentation of women ‘doing gender’ in ways that are both challenging and supportive of traditional expectations of femininity has been recognised when understanding women’s consumption of alcohol (Atkinson et al., 2022a). Here Denise is making sure that that she achieves a traditionally gendered role of housework, but while using drugs, she challenges the discourse that drug use is unfeminine and women’s use of illicit drugs as morally deviant (Collins et al., 2020).

Mo stated that he used drugs to improve his thinking and creativity when writing music,

*“I mean I was um, I mean I was writing music sure, I’d even say I’m half talented too yeah, especially when I smoked weed or something, I was able to connect*

*dots that I wouldn't have been able to do otherwise... all I would need to be is in the zone, you get into that zone of, um, ideal creativity and, er, execution, so when that zone is there, then you are, your psychological flow, you're lost, you're so in the moment you're not really aware, you are the process, and, that state is induced rather easily by marijuana, and that's, that's the thing, because it means, I can flow otherwise, but it's not, it's not as frequent, I can always wait sometimes, but, marijuana in general increases definitely the frequency of thinking while you are on it."*

**(Mo, 26 – works for a software company)**

Here Mo is referring to his cannabis use and the instrumentalisation goal of neuroenhancement for the purposes of writing music. Previously in the interview Mo referred to his substance use influencing, "something as complex as human creativity", indicating that he believes that by using cannabis, his thinking changes. This description of the purpose of his consumption helps Mo establish his drug user identity as one that is linked to creativity; by describing the intended perceived outcome, the reasons for consuming the drug then begin to shape his relationship with the drug, whereby importance is placed on how drug use allows him to express his creativity, rather than on the use of this drug itself. By reflecting on his instrumentalisation goals, he establishes his drug use as a purposeful, goal-directed process. Interestingly, research investigating the effects of cannabis on creativity concluded that cannabis does not have any impact on creativity, and that highly potent cannabis can even impair divergent thinking (Kowal et al., 2015). Mo's perception that his drug use improves his creativity might in fact be him reproducing this discourse (Steve Jobs has been repeatedly quoted saying that, "the best way I could describe the effect of the marijuana and hashish is that it would make me relaxed and creative"), and as such, justifying his use and performing his desired identity of a creative.

Liam referred to a similar goal of his drug consumption. He spoke about taking drugs when playing and listening to music, and the psychoactive effect of the drug changing his experience,

*“I take MDMA, n instead of just listenin’ ‘n playin’ the music, I’ll feel the music, I can see the music.”*

*(Liam, 22 – administrator in solicitor’s practice)*

For Liam, music is an important part of his life; he often spoke about playing in a band with friends and performing at and attending gigs. Here he reflects on how consuming MDMA when playing music meant that he was able go beyond just playing music, the psychoactive effect of the drug helped him “feel the music”. The importance of music in Liam’s life is evidenced in his interview transcript and at the end of the interview, he returned to this point,

*“Well when I started takin MDMA an’ playin’ music, I discovered new music, ‘n new styles to play, so, but it only seems I can play that style of music when I do take drugs, it’s somethin’ that just clicks in me mind.”*

*(Liam, 22 – administrator in solicitor’s practice)*

Musical creativity is an important aspect of signalling Liam’s drug user identity. Here he focuses on how his drug use affects and improves his ability to create and play music, or at least this is how he wants his drug use to be perceived, to make his use of drugs appear more meaningful and useful. This purposeful consumption helps Liam gain a sense of identity from his drug use, by explaining his instrumentalisation goals and continuously making the link between his drug use and music he curates an identity that centralises the importance of creativity and music, and drug consumption as a tool in achieving this. In his seminal work examining the history and dynamics of the association between illegal drug use and popular music, Shapiro (1988) recognised the link between music and drug use beginning as early as the 1920’s, with the parallel rise of jazz and marijuana use. Since then, literature on the relationship between drugs and creativity has grown substantially. Smith explored links between psychostimulants and creativity in the arts and noted that there are “many subcultures in today’s more varied and

fragmented music scene” (2015: 322). The associations between identity and music in drug using subcultures will be explored further in section 5.7.3.

#### Sensory curiosity

The final goal achieved through drug instrumentalisation in the current study was sensory curiosity. Some participants spoke about using drugs to achieve some form of “enlightenment” (Mike), or “ascending consciousness” (Mo). The intended goal of sensory curiosity is an abstract notion, unlike those of relaxation or increased productivity or creativity, and was most associated with the consumption of psychedelic drugs facilitating spiritual or transcendent activities. Research has previously shown associations between the instrumentalisation of psychedelic drugs to explore spiritual and religious experiences (see Richards, 2015) and when analysing responses to an internet survey of psychoactive drug use and spiritual experience, Saunders et al. (2000: 37-8) identified several reported characteristics, including: “transcendent nature of the experience”; “a feeling of ‘truth’ or ‘rightness’ ” about it; a “sense of [personal] transformation”; positivity; and the “imperative nature” of the experience. This speaks to Giddens’ understanding of authenticity in the way people shape their identities, that, “what makes an action good is that it is authentic to the individual’s desires, and can be displayed to others as such” (1991: 170). Hence, participants who referred to these practices were presenting a sense of authenticity to others (in this case, the interviewer) in the way that they choose to use drugs, and their motivations for this.

The instrumentalisation of drugs to explore the mind and to induce spiritual and transcendent experiences is a particularly personal and significant activity. Those who identified this goal of their drug consumption spoke in quite abstract but meaningful terms about what they had gained from these experiences, and reporting voyages of self-exploration; Gina referred to this process as,

*“... creativity, exploration and realisation, about the world we’re living in and about myself.”*

*(Gina, 33 – graphic designer)*

Gina spoke of her use of psychedelic drugs as a way to “*experience what else is in this universe besides the societal structure that’s been set up for us... getting back to nature*”. Here Gina was possibly wanting to distance herself from societal structures of capitalism and neo-liberalism that promote consumption and individual responsibility, and be perceived as anti-capitalist or anti-consumption, yet in order to do this, she was still achieving identity through a consumption-based practice of using psychedelic drugs.

By talking about their drug consumption as an instrument in an attempt to learn more about themselves and about the world, participants believed that they learned more about their place in the world and therefore gained a sense of identity from that increased awareness, or perceived awareness, which Mike (35) called, “*a shortcut to wisdom at times*”. Participants who spoke about psychedelics drugs in this way arguably wanted to be perceived by others as being more worldly and enlightened, and perhaps saw their motivation of sensory curiosity as more meaningful than other people’s motivations for using other types of drugs.

The instrumentalisation of drugs for sensory curiosity, specifically linked to religious or spiritual experiences, was an important feature of Mo’s account. Mo (26) spent a lot of time explaining his understanding of the connections between spirituality and drug use; his keenness to appear well educated on this subject was apparent, as is illustrated in the following example,

*“I’ve been studying mythology, and religions for a while now, actually in the last few years, so, what I’ve essentially come across is um, from the psychedelic experience I feel that they’re all, the ultimate parts of religion, they ultimately are just, they’re trying to reach the same thing, they’re trying to understand the same idea, but I, I do, I delve deeper into the mystical branches of several religions, and, er, it became rather obvious to me that, they all had a cosmology that was rather similar, and um, what was important was that the, the idea of this macrocosm and this microcosm, and this was, stop me if I’m, if I get like to technical about this.”*

*(Mo, 26 - works for a software company)*

Here, and repeatedly during his conversation with the researcher, Mo wanted to establish the identity of a well-informed drug user, and arguably a wiser person more generally. His account presents his consumption practices and motivations as well thought out, and informed decisions are made based on his understanding that, “*the real purpose of psychedelics... is to align you to the path of ascending your consciousness*”. His commitment to this identity will be explored later in section 5.7.3.

#### *Importance of drug, set and setting*

The next subtheme under the superordinate theme, ‘identity established through consumption’ is the importance of drug, set, and setting. This concept, originally introduced by Zinberg (1984), suggests that there are three important factors to consider when a person chooses to consume a drug; the *drug* itself [Zinberg specified the “pharmacological action of the substance itself” (1984: 6)], the *set*, being the frame of mind of the person at the time of consumption, and the *setting* in which they consume the drug. When reflecting on their personal experience of using drugs, most participants considered these factors when describing how and why. Zinberg understood the set as “the attitude of the person at the time of use, including his personality structure” (1984: 6). Whilst personality theory and identity theory have different theoretical underpinnings, they are both concerned with understanding and explaining human behaviour; for identity theory, identity and its parent term ‘self’ refer to internalised meanings of social roles through which persons relate to others; for personality theory, identity and self are dispositional structures of traits (Stryker, 2007: 1095). The setting in which drugs are consumed is important for understanding identity, as people who choose to use drugs do so in specific environments, and these environments can be associated with their sense of belonging and other aspects of identity making (e.g. specific types of music, or accessing certain venues), particularly if the environment and sense of belonging is attached to a social group or network.

Steph (21) reported “*using different substances with different groups*”, signifying a relationship between specific drugs and particular social networks. This highlights the importance of the drug and the setting and suggests that her drug user identity is not

fixed, but fluid, and adapts dependent on the context and people she interacts with when using drugs. Nicole referred to the importance of the setting when using drugs,

*“If I was havin’ a dance in Ibiza... the whole time I was there I was like, ‘ohhh I’d love to ‘ave a pill now.’”*

*(Nicole, 27 – charity worker and bar worker)*

Here she explicitly emphasises the importance of the environment she uses drugs in. The space and context of the drug using experience can be powerful in making it a pleasurable experience or not. Nicole associates having a “pill” (ecstasy / MDMA) with dancing in Ibiza. Research has previously shown that young visitors to Ibiza significantly alter their patterns of drug, alcohol, and tobacco use. For ecstasy, in the UK 2.9% of users used 5 or more days a week, while in Ibiza this rises to 42.6% (Bellis et al., 2000: 238). Nicole’s comments suggests that the dance culture in Ibiza has a direct effect on her wanting to use drugs; here the specific drug (ecstasy) and the setting (Ibiza), and Nicole’s attitude at the time (set) are all acknowledged in her decision to use drugs. The fact that she links this drug with a particular setting suggests that her identity linked to this drug could be temporary, one that is salient when she is in Ibiza, but perhaps less salient when she is away from that environment. The setting is also important for Gina (33), as illustrated in this comment,

*“We try to trip together, um, together, we try to do it in a safe environment where it’s just the two of us... put some music on, erm, some YouTube, which was probably just some sort of drum and base or trance, erm, it was, there was some visuals with it, like some event, you know that kind of thing happening, but most of the time we were just, we had our yoga mats out erm on the floor.”*

*(Gina, 33 – graphic designer)*

In this extract Gina was referring to using psychedelics at home with her partner; she mentioned listening to particular genres of music and watching visuals on YouTube and using their yoga mats. Gina paints a picture of a carefully curated, relaxing environment,



where the two drug users feel safe. In this extract, Gina establishes her identity by talking about the ways in which she uses drugs; she creates an impression that her decision-making is rational, and her consumption is thought-out and rarely opportunistic or spontaneous. It is important that her drug use is viewed as safe and considered, associated with certain music and activities, and the connotations attached to these; by considering the drug, set, and setting, she carefully creates a pleasurable experience. This account of drug use suggests that Gina's ritualistic practice of taking drugs, listening to music, and practicing yoga with her partner is about self-care, improving wellbeing, and as previously mentioned, spirituality and exploration. The concept of self-care has been popularised in recent years, and a recent interview study with people who use psychedelics for self-care practices found that most participants reported these practices happening in ceremonial, recreational, or private settings (Soares et al., 2022: 1), as reported by Gina. Here, Gina is establishing her drug user identity, not only through the choice of drug, but through the traits, meanings and activities associated with the drug.

Whilst the importance of the 'set' is inferred in Nicole and Gina's comments, other participants were more explicit; Mo (26) displayed an awareness of the concept of drug, set, and setting,

*"I think that to explore any substance, for real, the problem is your intention, your set and setting... marijuana affects everyone differently, and to some extent, the intent with which you approach marijuana might have something to do with it."*

*(Mo, 26 – works for a software company)*

In this extract, he explicitly refers to the importance of set and setting when using cannabis, he reflects on how people's mindset when using this drug can influence the affect the drug has. By using this terminology, he presents himself as a knowledgeable drug user. This idea is important when considering how Mo is establishing his identity in the context of the interview, by providing evidence that he is familiar with more academic terminology around drug use, he is creating a knowledgeable identity; as has

been previously mentioned, Mo repeatedly spoke at length about his educated understanding of drug use and confidently took time to explain his understanding to the researcher.

Both Mike and Denise acknowledged that the drug user's mindset could affect their experience of using drugs,

*"If you're gonna doubt it in the first place then don't do it cause you're not gonna enjoy it."*

*(Denise, 34 – recruitment consultant)*

*"Your state of mind goin into an episode of drug use is quite determinant of ya state of mind comin out of it."*

*(Mike, 35 – research associate)*

They indicate that their state of mind can influence their drug using experience, and that if there is any doubt prior to using a drug, the experience won't be enjoyable. Here we see the participants contemplating their consumption practices, and thoughtfully considering how their mental state can affect their experience when using drugs. These drug-using experiences are examples of consumer behaviour, which allow them to establish their drug user identity by describing how they choose to use drugs. By expressing themselves in the choices that they make when using drugs, they present an identity that is responsible and considerate of how their drug consumption might have both positive and negative effects, and can depend on various factors, including the environment and mental state of the user. The rationality of contemplating the drug, set, and setting, in addition to the importance of maximising pleasure and using drugs as instruments to increase productivity and creativity, places the young adult drug user as a rational consumer; where the consumption and product might be illegal, but the motivation and goals mirror those of consumption practices of other legal and ordinary activities. These notions of individual agency, control and responsibility are all key ideals of constructing neo-liberal consumer identities, and reflect the feature of consumer

culture theory where consumers are enabled to “proactively transform their identities” (Arnould and Thompson, 2018: 7 as cited in, Lambert, 2018: 330).

Related to the concept of drug, set, and setting is the link between drug use and socialising, and the relationship between socialising, leisure, and pleasure. Whilst the findings relating to drug instrumentalisation (where participants used drugs to achieve goals of relaxation, creativity and productivity, and sensory curiosity) refer to the personal experience of using drugs, all participants referred to their drug use as something they did with others; it was often described as a group activity and seldom done in isolation. Steph (21), Denise (34) and Mo (26) all referred to their drug use as “social” or something they did “socially”. Participants are establishing a social identity that is linked to their drug use, rather than an individual identity. Here we see drug use as part of belonging to a group with shared goals (this will be explored further in section 5.7.3). The social aspect of drug use could be included when describing the ‘setting’ in which drugs are consumed; that is, drugs are used in a social setting with other people. The importance of framing drug use as a social activity was highlighted when Steph (21) said that she would, “*never use drug on [her] own.*” Steph is distinguishing herself from people who use drugs alone and perhaps trying to establish her drug use as recreational, rather than problematic.

In addition to socialising, participants also made associations between their drug use and various leisure activities and settings. Most of the comments associating drug use with leisure activities were provided by younger participants between the ages of 21-28, and Gina (33) who also linked these activities with her younger drug using self,

*‘I spent most of my twenties er clubbing, and er, on the weekend, and taking ecstasy.’*

**(Gina, 33 – graphic designer)**

The associations that made between leisure time and young people’s drug use has been explored before (Parker et al., 1998; Peretti-Watel and Lorente, 2004; Shinew and Parry, 2017). In consumption-orientated leisure society, ‘illegal leisure’ is seen as part of the

contemporary social world (Parker et al., 1998). This notion of using drugs in a social leisure environment develops the idea that young adult drug users use drugs to maximise pleasure; they are rational consumers who perceive themselves as reasonable decision-makers. Within the world of consumerism, drugs are used to form part of the identities of those who use them, and in the context of drug, set, and setting, consumer culture and the need to consume products to perform an identity speaks to the drug users' *set*, and the consumer environment, which often includes group consumption, speaks to the *setting*. Participants told stories and used examples that related their drug use to socialising, leisure, and pleasure,

*'... shopping... getting ready... party... bit of cocaine'*

(Steph, 21 – nursing student)

*'I went up North to erm, I went to the boxing... we bought some coke.'*

(Ed, 28 – website builder)

*'... little bit of weed at a festival...'*

(Nicole, 27 – charity worker and bar worker)

*'... just doin' it socially, at events, festivals, house parties.'*

(Liam, 22 – administrator in solicitor's practice)

*'I had a season ticket... cocaine... got like really drunk.'*

(Chris, 21 – law student)

Storytelling helps participants communicate how they understand their identity in this context; by explaining the way that drugs have played a part in memorable times, they used storytelling as a tool to help them define the parameters of their drug user identity. Here different substances are used in different settings, including: music festivals, shopping and partying, a live music event, watching a football or boxing match, and clubbing. Both male and female participants told stories of using drugs at music events

and parties, but there were also gender differences regarding where and when drugs were used. Male participants reported using drugs whilst watching sporting events, such as a football or boxing match, whereas female participants never reported using drugs at sporting events, but one female participant reported using drugs when shopping and getting ready for a night out. Shopping and “*getting ready*” could be perceived as more female leisure activities, the latter having been previously been linked to young women’s drinking practices, where young women pre-drink before a night out, initiating group bonding (Atkinson and Sumnall, 2017). This idea could be extended to include the consumption of illicit drugs, in this example, cocaine, contributing to this feminine bonding practice. Attending sporting events, particularly football and boxing, are often more attributed to men; sport and masculinity and have previously been associated with intoxication of alcohol (Atkinson et al., 2012).

By telling stories of their drug use and linking them to recreational activities, these participants are not only establishing a drug user identity, but also a gendered drug user identity. Scholarly commentary has acknowledged the importance of understanding the role that gender plays in young people’s storytelling of their experiences of intoxication (Gunby and Atkinson, 2014; O’Neill, 2014; Radcliffe and Measham, 2014). Other research has reported links between drug use and performing gender identities, as Measham explains, “drug use is not just mediated by gender, but, far more significantly, drug use and the associated leisure, music and style cultures within which drug use is located are themselves ways of accomplishing a gendered identity” (2002: 335-336). This highlights the importance of drug, set, and setting not only in relation to the experience of the person at the time of taking drugs, but also in establishing their identity in relation to their drug use.

#### *Distinction from ‘others’ – a hierarchy of consumers*

The third and final subtheme under the superordinate theme, ‘identity established through consumption’ explores how participants regularly differentiated themselves from other drugs users, often those associated with problematic use and dependence. This behaviour has been termed, ‘drugscriminisation’, whereby “participants justify their own drug taking by characterising it as less risky than other types of drug using

behaviour” (Askew, 2013: 117). While this term is useful, it emphasises the drug, and discriminatory behaviour against the use of a particular substance. It could be argued that this type of discrimination goes beyond the drug itself, and when people make distinctions between acceptable and unacceptable drug use, they’re not just discriminating and labelling someone negatively based on their drug use, it’s about the ‘type’ of person they think they are. Labelling may be involved here – ‘stoner’/ ‘smack head’/ ‘pill head’ etc. and could contribute to ‘othering’, where drug users have an in-group and out-group; those who are not part of the in-group are an out-group of ‘others’ and do not hold any social or cultural capital that is of interest to the drug using in-group. The term ‘drugscriminisation’ places emphasis on the drug, and possibly ignores other forms of discrimination. For example, when someone labels someone a ‘smack head’, it’s not just the use of heroin they are commenting on and stigmatising, it’s also their perception of ‘addicts’ as a group of people that are seen as beneath them, on a social class and status level. By labelling them, they distinguish themselves from these connotations, and in turn raise their own social status.

In the current study sample most participants made comments about this particular demographic of drug user; those that they associated with what they perceived to be problematic drug use, often linked to intravenous use, such as heroin, or other highly addictive drugs such as crack cocaine. Participants had strong views about the negative associations they made with these drugs and those who use them. When referring to heroin, Steph (21) claimed, *“homeless people do it”* and called it *“a dirty drug”*. Matthew (33) noted the *“negative connotations”* attached to heroin use/rs, *“... you tend to think of heroin users as, as er something that is a bit, somethin that ruins peoples’ lives”*, and Liam (22) stated that he’d, *“never touch some of the stuff like that, like the proper class A drugs”*. Interestingly, Liam himself admitted to using other class A drugs, ecstasy and cocaine, the weekend prior to being interviewed. Chris (21) associated these drugs (namely, heroin and crack cocaine) with addiction, and explicitly referred to these users as a *“different”* group,

*“... once you start taking those drugs it would be a different sort of group... there would be drug addicts at that point.”*

**(Chris, 21 – law student)**

Relatedly, some participants also had negative attitudes towards those who choose to inject drugs, rather than consume them in other ways, and were fearful of the potential consequences of intravenous drug use,

*“I certainly wouldn’t inject anything... I think there are plenty of things out there that you can do, that you don’t need to do it that way.”*

**(Matthew, 33 – recruitment manager)**

*“... scared of overdosing... risks involved, like contracting diseases.”*

**(Chris, 21 – law student)**

*“I would be probably too afraid to inject heroin, I’d be quite happy to smoke, like opium, or heroin if it was at a high enough grade.”*

**(Mike, 35 – research associate)**

Even when Ed admitted to trying heroin, he made the point of saying that he had never injected it,

*“I’ve tried heroin, I’ve never injected it.”*

**(Ed, 28 – website builder)**

Stigma associated with injecting drugs has been explored previously. Luoma et al. (2007) examined the impact of stigma on patients in substance abuse treatment and found that intravenous (IV) drug users, compared to non-IV users, reported more perceived stigma. Here participants are not establishing their drug identity through their own consumption, rather, they are forming an identity through resistance to other drug user identities that they associate with more risky and problematic behaviours, a view they

likely perceived to be echoed by mainstream society as this view of ‘outsiders’, excluding certain drug users from society, is prevalent in media representations of drug use (Taylor, 2008).

This thesis presents the idea that by describing other people’s drug use as “negative” and “dirty” and comparing their own behaviours to others’, study participants create a *hierarchy of consumers*, where drugs and drug users are ranked according to their relative status. This hierarchy is subjective to each individual drug user. In addition to the choice of drug, some participants also compared, and arguably, judged, other people’s motivations for using drugs; Denise and Mo made a point of clarifying that they don’t use drugs for escapism,

*“... if it’s something you enjoy n you’re doin it for the right reasons, then there’s nothing to feel guilty about, um, you know, n like, if, if it’s for the right reasons, you can afford, ya not fuckin up ya life... I hate people that take drugs for escapism... it really winds me up, I’d, I don’t understand it.”*

(Denise, 34 – recruitment consultant)

*“... because it makes the rest of us also look bad, doesn’t make us look like we are serious explorers of the human condition or consciousness or anything, it just seems like we are escapists just like them.”*

(Mo, 26 - works for a software company)

Escapism here is likely associated with more problematic use, hence Denise and Mo portray their own drug use as, comparatively, non-problematic. Yet by framing drug use as a simple choice they show no acknowledgement that more problematic users who drugs to escape may be more likely to have experienced life conditions that influence their use, and issues they have no control over. This aligns with neoliberal principles, as the emphasis is on choice, but suggests that there are right and wrong choices, perhaps creating a class distinction on what is regarded as good taste. Atkinson and Sumnall (2018: 18) suggest that,



“... these attitudes can heighten this process of othering, by reducing substance use to choice and in turn, holding individuals as responsible and accountable in a way that blames them for their addictions and circumstances”.

Interestingly, Mo also resisted the label of a “*recreational*” marijuana user,

*“I’m not entirely a fan of pure recreational marijuana, because I think, I think it has more of a, I think it has much more to offer.”*

(Mo, 26 - works for a software company)

By resisting the identity of a “recreational” user, and an “escapist” he is establishing his own identity through distinction, distinguishing his self from other drug users who he would rank lower in his hierarchical structure of drug consumers. Relatedly, Liam (22), a daily cannabis user, made a point of resisting another identity, “...*types of hippies just constantly smoke weed... completely different people*”. Again, Liam is establishing his own cannabis user identity by resisting that of another. These examples suggest that each drug user has their own subjective *hierarchy of consumers* often placing their own drug use and related behaviours at the top of their hierarchy and ranking other people’s consumption practices below, based on their own personal opinions and feelings towards other types of drugs, and the people who use them. This idea of hierarchy has been identified in other groups of PWUD, where a “hierarchy of stigma” has been used when comparing use of synthetic drugs (synthetic cannabinoid receptor agonists) with heroin or crack cocaine use (Adley et al., 2022).

### *Summary*

The first theme offers an interpretation of how participants establish their drug user identities through the meaning they attach to the way that they consume drugs. The consumption practices are explored through three subthemes (i) drug instrumentalisation, (ii) the importance of drug, set and setting, and (iii) distinction from ‘others’ – a hierarchy of consumers. Drug instrumentalisation theory suggests that PWUD use drugs to achieve a goal, and various goals were identified amongst study

participants. These individual goals help participants shape their identity in relation to their drug use by providing explicit motivations for using specific drugs. These motivations were linked to consumption, generally speaking, in the idea of the rational consumer and this is seemingly an important part of the young adult drug user identity – that drug use is well thought out and therefore meaningful and goal-orientated, even when the goal is simply to seek pleasure. The idea of drug-related pleasure was explored in relation to socialising and leisure, in the context of drug, set and setting. Participants acknowledged the importance of their set, and the setting (environment) that they use drugs in, and these factors were important in describing their substance related decision-making and establishing their identity. Whilst some instrumentalised drug use is described as a goal-orientated individual experience, most of the stories told by participants involve using drugs in a group with others, establishing a social identity attached to their drug use, and this ‘drug user identity’ is salient during these experiences of using drugs.

Finally, identities were formed through resistance; that is, participants presented their own identities by distinguishing their own behaviours and choices from others’. This final subtheme importantly recognises that identities aren’t only established by presenting who one is, but also by stating whom one isn’t. Most participants resisted the identity of a what they perceive to be problematic drug use via a process of ‘drugscrimination’ (Askew, 2013), justifying their own drug taking by characterising it as less risky than other types of drug using behaviour. This interpretation offers a new concept of a *hierarchy of consumers*; that each individual drug user holds a subjective view of drug use and drug users and has their own hierarchical structure in relation to the acceptability of using different drugs, and the motivations to use drugs. This also supports the argument for a more differentiated understanding of normalisation, which Shildrick asserts,

“... allows for the ways in which some types of drugs and some types of drug use may be normalized for some groups of young people, may be more useful in attempting to understand the complex relationships that some young people have with illicit drugs.” (Shildrick, 2002: 47)

Building on the idea of drugsdiscrimination, and on Bourdieu's work on class and distinction (1984), which argued that each social class has its own cultural framework, or set of norms, values and ideas, this hierarchical concept suggests that individuals who use drugs perceive their motivations to be more meaningful and the drugs they use to be more appropriate, compared to choices made by other drug users. By establishing this hierarchy, they set the parameters for what defines acceptable and unacceptable drug use. Social class distinctions were made when participants distinguished themselves from drug users who they perceive to be "homeless", have "disease" and are "dirty", framing these people as socially disadvantageous. Through associations with spirituality, participants who used psychedelics and linking their consumptions with other behaviours related to wellbeing and self-care, are arguably also presenting a classed identity; alternative spirituality being linked to a "new middle class" (Dawson, 2013).

### 5.7.3 Superordinate theme 2: Identity maintained by acquiring capital

As discussed in the literature review chapter (see section 2.4), identity theorists have recognised how individuals can play an active role within the process of identity formation through acting and performing identity within particular social settings in the pursuit of power, status, and particular associations. Bourdieu (1984) moved away from rigidly vertical models of social structure and located groups in highly complex multi-dimensional spaces. His theoretical framework discussed cultural, economic, and social capital. Previous research has linked the work of Bourdieu, particularly the idea of social capital, to drug taking. In their research investigating the cultural and social meaning associated with MDMA use in Oslo, Edland-Gryt et al. (2017) draw on the work of Bourdieu; as do Lamont and Molnár (2002), when exploring concepts of 'social identity and symbolic boundary work' (Edland-Gryt et al., 2017: 2), whilst Aslund and Nilsson (2013) investigated social capital in relation to alcohol consumption, smoking, and illicit drug use among adolescents, concluding that 'social capital may be an important factor in the future development of prevention programs concerning adolescent substance use' (2013: 10).

In the present study these different types of human capital (social, cultural, and symbolic) featured in the participants' personal accounts of their drug use and in their understanding of their role in their drug using networks. Once they had defined their drug user identity in this context through their consumption practices, as outlined in the first superordinate theme, '*Identity established through consumption*' they maintained these established drug user identities by securing their place in a drug using network by acquiring and embodying different forms of capital. As cultural and social capital is acquired and acknowledged (thus becoming symbolic capital), this creates a sense of belonging and helps maintain their commitment to their identity and place in the field of drug use. The social, [sub]cultural, and symbolic capital that are inferred through participants' accounts of their drug use help understand the practise of using drugs.

#### *Being 'in the know'*

For Bourdieu, the concept of cultural capital refers to the assemblage of symbolic elements such as skills and tastes that a person acquires through being part of a particular social class. Thornton (1995) extended Bourdieu's theory of cultural capital and introduced the notion of subcultural capital, which confers status on its owner in the eyes of the relevant beholder. In her work on club cultures, Thornton noted that subcultural capital can be objectified or embodied, and just as Bourdieu's cultural capital can be personified in good manners and urbane conversation, so subcultural capital is embodied as being in the know (Thornton, 1995). The Latin phrase, '*scientia potentia est*' meaning '*knowledge is power*' succinctly encapsulates this idea.

In the present study, the relationship between the concept of the 'drug user identity' and this notion of subcultural capital being embodied by members of particular drug using groups as being 'in the know' was indicated in participants' accounts of seeking information about the drugs that they use. Liam (22) mentioned that he actively reads about drugs and the associated affects prior to using them, and Chris (21) identified himself as being the most knowledgeable in his friendship group,

*"I looked into everythin' before I tried it"*

*(Liam, 22 – administrator in solicitor's practice)*

*“... they aren’t as informed as me about drugs”*

(Chris, 21 – law student)

Knowledge about drugs, interpreted here as subcultural capital, is important to these individuals as it is crucial that they are seen to be well informed about what they are consuming. The importance of holding this subcultural capital is particularly evident in Chris’ comment, as he wants to be perceived as the most knowledgeable drug user in his friendship group, thus conferring status. Being informed can help these young adults make a decision about what drugs they use and therefore aid them in establishing themselves as rational, and therefore responsible, consumers. Matthew (33) commented on using the Internet to read about drugs,

*“... if there is a new batch an’ I’ve never tried them before I’d certainly have a look on the Internet, and er, and see if there’s been any er adverse stories about those things.”*

(Matthew, 33 – recruitment manager)

This behaviour of actively researching a substance before choosing to try it is consistent with the continued commitment to wanting to be perceived as a rational consumer; participants want to know what the likely effects and risks might be before they choose to use a drug. Here, knowledge is a powerful tool that is used to indicate subcultural capital; by researching drug products before consuming them Matthew and Liam both appear to be weighing up the pros and cons of using a drug, hence making informed, responsible decisions.

Shared knowledge can help establish a collective identity, and subcultural argot within drug using networks portrays a level of competence and trustworthiness (Pearson, 2001; Røed Bilgrei, 2017), so by acquiring this type of subcultural capital these young adults can maintain their position in their chosen field of drug use. When belonging to a group whose activities are illicit and therefore official information and guidance is limited,

some admit to learning about drugs, and their affects, from other people, as indicated here by Denise, Gina and Chris,

*“I think ya sort of, you kind of generally know bits and pieces from ya friends”*

(Denise, 34 – recruitment consultant)

*‘... my partner read up a lot about it, and if it wasn’t for her I would say that I, probably just have this amateur knowledge of my twenties.’*

(Gina, 33 – graphic designer)

*“I trust certain friends with their opinions on drugs more than others.”*

(Chris, 21 – law student)

This idea of learning from and between users supports the idea that drug users embody subcultural capital by being ‘in the know’. This knowledge is shared between drug using peers within a network, and thus by acquiring this knowledge and capital both individual drug users and groups of drugs using friends maintain their identity and belongingness to their in-group. Information sharing is also evident in the wider drug using community, notably amongst those who use novel psychoactive substances (NPS). In their qualitative analysis of drug-related Internet discussion forums Soussan and Kjellgren (2014) identified four themes: (1) uncovering the substance facts, (2) dosage and administration, (3) subjectively experienced effects, and (4) support and safety, and found that “discussions were characterized by a social process in which users supported each other and exchanged an extensive and cumulative amount of knowledge” (Soussan and Kjellgren, 2014: 8). This suggests a large amount of trust among drug users. The sharing of knowledge is then passed down or across drug using communities or groups, and subcultural capital of ‘being in the know’ is passed along; so in this sense, identity is learnt and shared, informed by each other’s experiences and knowledge. Interestingly, Gina also makes a point of distinguishing herself from her younger, “amateur” self, indicating that her acquisition of knowledge, learned from her partner, transformed her drug user identity and suggests that she now holds more subcultural capital than she did previously.

Some participants were keen to talk about their knowledge around the topic of drugs, it seemed to be important to them, and so they made an effort to evidence, and sometimes share, their knowledge during their conversation with the researcher,

*“I do have an interest in it outside of work, ‘n read books, ‘n go online ‘n stuff like that”*

(Mike, 35 – research associate)

At the of being interviewed, Mike was a researcher in the field of health and sometimes worked on projects related to drug use. Here, he states that he chooses to read about drugs in his recreational time in addition to when he is required to for work. This suggests that, for Mike, his interest in drug use goes beyond consumption. This extended knowledge and interest in drugs was also notably important to Mo,

*“I’d say there was a lot of reading, er, because I guess after the marijuana experience I was curious about what this, what the world, what nature offered.”*

*“... that’s when I started, I guess that’s when, I chemically understood what tryptamine is and, and neurochemistry is.”*

(Mo, 26 – works for a software company)

Mo used particularly specific and lesser-known drug related words such as *“tryptamine”*, to show his understanding, and perhaps to evidence his knowledge to the researcher by using subcultural argot. Whilst Mo didn’t self-identify as a Psychonaut, he was recruited from the Psychedelic Society event, and similarly to Mike, his drug use had meaning beyond consumption. As previously discussed, in relation to his instrumentalisation of drugs for the purposes of ‘sensory curiosity’ (section 5.7.2), it was important to Mo that the researcher understood that he was knowledgeable of the drugs he used, and at times he spoke in an academic way. This is important, as he was not performing his knowledge to other drug users as a way of demonstrating capital within a drug-using group; in this context he is evidencing his knowledge to the researcher. The way that

Mo's cultural capital of being 'in the know' was important to him outside of the field of drug use suggests that he was particularly committed to his drug user identity, and that this understanding of cultural capital is an indicator of a more salient drug user identity.

Knowledge could also be associated with the practice of using drugs. Below, Ed talks about learning from experience,

*'...you have that sweet spot, ya know, that kind of prime moment of a night, where you really are flying high, n you can kind of top yourself up.'*

(Ed, 28 – website builder)

Here he refers to knowing how to control the effects of MDMA (ecstasy) and knowing from experience when to "*top yourself up*" to maintain the high. Knowing how to get the best high from using drugs could be perceived as a form of subcultural capital, and perhaps important capital; if a pleasurable high is the intended outcome, then you need to know how to get there. Ed displays knowledge of how he is aware of when he gets to that "*sweet spot*" and how to then stay in that moment. However, this feeling is subjective, so in the context of sharing information with other drug using peers, there could be harmful implications if one person passes this information on to another, recommending dosage to hit that sweet spot, without factoring in individual differences.

For Bourdieu, cultural capital indicated good taste. Subcultural capital relating to other activities amongst drug users can also indicate good taste, for example cultural associations between certain genres of music and drugs. Music taste has been previously linked to particular drug using subcultures, for example: ecstasy and the dance music scene (Winstock et al., 2001; Grigg et al., 2018; Palamar and Barratt, 2019; Palamar, 2020); cannabis and hip-hop (Pawson and Kelly, 2014; Knutzen et al., 2018); and psychedelic drugs and the rock scene in the 1960s (Bromell, 2000), and more recently 'psytrance' (St John, 2009) and findings from a multi-level analysis of taste clusters of music and drugs demonstrate the occurrence of "symbolic boundaries simultaneously drawn around both activities" (Vuolo et al., 2014: 550). This idea was present in the current study; participants spoke about using drugs when listening to and



playing different types of music. Nicole (27) mentioned smoking weed and listening to guitar music,

*“... sometimes if am like listenin to guitar tunes n that, I just wanna sit n smoke weed.”*

*(Nicole, 27 – charity worker and bar worker)*

This gives the impression of a more relaxed environment and indicates a relationship between listening to relaxing music and smoking cannabis. As has similarly been acknowledged in previous research, Matthew made a connection between consuming pills (ecstasy) with going out to dance clubs,

*“... pills, they just make you feel happy and euphoric n, you know goin out n dancing... I remember just bein in a club this time last year n just havin a massive grin on ma face, surrounded by ma friends n just havin the time of ma life really”*

*(Matthew, 33 – recruitment manager)*

Both of these accounts relate back to the importance of drug, set, and setting; Nicole establishes her identity through her consumption and the instrumentalisation of drugs for relaxation, and this identity is maintained by acquiring subcultural capital in the practices that are associated with this identity, listening to specific types of music and smoking marijuana, hence establishing symbolic boundaries around the two activities. Similarly, Matthew uses storytelling of a memorable night out, consuming ecstasy at a nightclub and dancing with friends, again drawing symbolic connections around these activities.

Subcultural capital, indicated through having good taste and being in the know, is an important form of capital among drug users; as the drugs mentioned in this study are all illegal, information on how to use them safely is limited due to the illicit nature of possessing them, therefore information must be shared between users, and by users exploring for themselves. Although the amount of harm reduction advice available from other organisations is increasing and improving (e.g. ‘start small’ and organisations like

The Loop offering pill testing sites at music festivals), unlike legal drugs, such as alcohol, there is no official government public health guidance on consumption; therefore it is up to users to guide each other through the process and to share information and knowledge within their community. This behaviour has recently been characterised as ‘enlightened hedonism’, whereby “issues of safety and self-responsibility [are] interweaved with the pursuit of pleasure as [ecstasy users] sought to enjoy their drug consumption, but in a way that navigated potential harms” (Taylor et al., 2020). This means that drug users are depended on each other to stay safe, which means that there is a huge amount of trust between users, and evidence of knowledge and experience can confer status within a particular field of drug use. Some participants displayed a greater affiliation with information around drugs and drug use, for example, Mo, and a commitment to this knowledgeable identity perhaps indicating that their drug user identity is more salient compared to other drug users.

#### *Belonging to a drug using group*

The acquisition of cultural capital indicates belonging to a particular social group or class. Contemporary research that refers to the concept of social capital draws on the definitions made by Bourdieu (1986), Coleman (1988), and Putnam (1995). Broadly, the concept of social capital includes both structural and cognitive components that represent the “norms and networks that enable people to collective action, co-operation and social participation” (Aslund and Nilsson, 2013: 1). Structural components include societal aspects, such as networks and connections, whereas cognitive component includes aspects of trust and social cohesion between individuals belonging to a social group. Previous research that explored social influences on drug-use related health behaviours found “that social capital, in the form of collective norms, trust, and exchange of safer drug use information, within users' drug networks encouraged risk and/or protective behaviours within particular contexts” (Kirst, 2009). The exchange of drug use information is interpreted in the present study in the previous subtheme, as subcultural capital, but the collective norms and trusts that come from belonging to a drug using network is interpreted here as social capital.

Belongingness to a drug-using group was prominent within the study sample. Steph (21) referred to a “*drug-using scene*”. The word “scene’ here is of interest, as it gives the impression that the scene is almost like a stage on which drug users can perform their drug user identity, similar to Goffman’s dramaturgical account of social interaction as a kind of theatrical performance (1959).

Matthew talked about belonging to the gay scene, and that, “*the gays in general are much more hedonistic, or tend to be, and that’s the big stereotype anyway, but I think that stereotype to a certain degree is fairly true.*” By belonging to the gay community, and within that, the drug-using gay community, he refers to his friendship group,

*“... tend to have friends round for dinner parties n drinks n stuff, n then inevitably once we’ve had a few beers n some food we’ll er, we’ll usually get the er, er get the white powder out.”*

(Matthew, 33 – recruitment manager)

He talks about this in a very casual manner and infers that it happens regularly. This might suggest that the importance of drug use to the group identity, and belonging to the group, could influence their decision making around their consumption of drugs. Matthew presents himself as an important figure within his group, as he and his partner host the parties where drugs are consumed, indicating that he holds social capital within the drug-using group, as the ‘host’ figure, “*... we usually host the after parties cause we tend to be the sort of centre of our friendship group.*”

Being the host for a party where drugs are consumed is an important role in a drug-using group; due to the illegality of consumption of illegal drugs, the host takes on the responsibility of providing a safe space for consumption to take place. This, again, supports the idea that there is a lot of trust among drug users, an important feature of social capital. The role of host appears to be important to Matthew; he sees it as a positive that he and his partner are the centre of their friendship group, it is a position he holds with pride and perhaps an important feature of his drug user identity.

In terms of belongingness, Mike reflects that drug use was something that defined his friendship group,

*"... that was sort of a substance using group, and um, the other was not a substance using group, 'n I suppose in terms of like, identity, that was the thing that kind of defined us a little bit."*

(Mike, 35 – research associate)

Drug use as a defining feature of a friendship group infers a collective identity, one that refers to the identity of the group as a whole. The collective norms and social cohesion that bonds a group creates a sense of belonging. Mike describes belonging to his friendship group and their collective identity by making a distinction between two groups: drugs users, and non-drug users. Relatedly, Steph talked about how there is a sort of knowingness amongst users, that users of the same substances are affiliated, as she indicates here,

*"... everyone who's doin' the same type of drugs, know each other"*

(Steph, 21 – nursing student)

By belonging to this collective identity, a person who uses drugs not only presents their individual identity in relation drug use, but also they are part of something bigger. Gina talks about belonging to the psychedelic community, and the importance of that within her friendship group,

*"... kind of people who are interested in psychedelics for recreational purposes, erm, those would be the main people that we see."*

(Gina, 33 – graphic designer)

Here she describes this as an importance characteristic of people that she and her partner choose to spend time with. Belonging to this community is important to her, she socialises with other psychedelic drug users when using drugs, but also as a community beyond drug use when meeting other members of The Psychedelic Society at social

gatherings, “going to this, one of these psychedelic um society meet ups”. The Psychedelic Society is a community who claim to “create life-affirming experiences to connect people with themselves, each other, the natural world and the mystery of existence” and are, “passionate about reinstating the public understanding of and access to psychedelics in the UK and beyond” (The Psychedelic Society, 2021). Psychedelic Society meet ups are often events where no drugs are consumed, therefore the belongingness to this group goes beyond using drugs together. There is a mutual appreciation of using psychedelic substances for various reasons, but also a wider community with shared thinking about the world. This community seem to use drugs as a way of connecting to other interests, such as spirituality, and inclusion in this community requires the individual to have certain attributes. Mo (also a user of psychedelic substances) suggested this when talking about his drug use and friendship groups,

*“...yeah definitely I spend time a little bit more with people who, slightly more open minded.”*

*(Mo, 26 – works for a software company)*

Open mindedness is an important attribute for someone to have when belonging to a drug-using group as drug users can be seen as being more open minded simply for their openness to try and experiment with different substances. Within the psychedelic community, this becomes even more important as the mind needs to be open to fully explore the possibilities that users believe are open to them when taking psychedelic drugs for purposes of self-exploration. This could also indicate that these people want to be perceived as having a broader identity that is seen as more worldly, and almost wiser, with a heightened understanding of the worlds around them – this sense of self in relation to drug use is arguably hierarchical, speaking to the previous theme around a hierarchy of consumers. Some of these concepts might seem unusual (even pretentious) to other drug users, who take drugs for different reasons, e.g. marijuana smokers who smoke for relaxation.

Drug use was frequently discussed as an activity that friends bond over, as Ed states,

*"I've got a few other friends who, yeah, we probably did bond over spliffs"*

(Ed, 28 – website builder)

Liam (22) and Chris (21) felt that they had stronger bonds with the friends who they used drugs with, in comparison to their relationships with friends who don't use drugs,

*"... the people I take drugs with, we seem closer than the people that don't do, because, we're on exactly the same level the same path, we do drugs together... they are family to me."*

(Liam, 22 – administrator in solicitor's practice)

*"... the friends that I do drug with are closer to me than the ones who don't."*

(Chris, 21 – law student)

Here Liam refers to his drug-using friendship group as *"family"* and both Liam and Chris note a particular closeness to friends who they use drugs with. This is an important finding, the sense of belongingness and trust among drug users, means that their relationships are possibly stronger, also because they share a collective identity. Bonds are made between drug users when they consume drugs together; they have a shared experience that involves a certain level of trust.

Denise (34), in particular, spoke very highly of her drug-using group, saying, *"I have met my best friends through all of this"*. Her belongingness to this community of drug users (predominantly club drug users) is of significant importance to her, and she also mentions that she can't think of any friends that don't use drugs,

*"... like friends wise I can't really think of many, I can't really think of anyone that doesn't do it."*

(Denise, 34 – recruitment consultant)

Here, drug use is positioned as a collective rather than individual pursuit and drug use is a key feature of belonging to her friendship group. Denise shared how she relocated to the city from her hometown, and how she felt that her whole world changed. She previously spoke about being quite sheltered in her previous life, but since she moved to a new city and met certain people who introduced her to the community she identifies with, she now feels a sense of belonging.

The sense of belonging and connectedness that participants feel with their network of friends who use drugs highlights an important feature of their individual and collective identities in relation to drug use. The structural components of social capital are these networks and friendships that are established between young adults who use the same drugs together, and the cognitive components of social capital is the social cohesion and trust that comes with feeling a sense of belonging to a particular drug using group.

#### *Meaning shared between consumers*

For Bourdieu symbolic capital is not a specific kind of capital (i.e. social or cultural) but, “what every form of capital becomes when it obtains an explicit or practical recognition” (Bourdieu, 2000: 242). Capital exists and acts as symbolic capital once it is perceived as a positive sign of whatever values are appreciated in a specific field, and it makes the bearers of this capital “visible, admired and invited”, giving them a kind continued justification for belonging to the group and for continuing to pursue the lifestyle associated with this form for capital (Bourdieu, 2000). Symbolic capital is the form that cultural and social capital takes once they become known within a drug-using group; it is the shared understanding and mutual appreciation of cultural and social capital in specific fields of drug consumption. In the present study symbolic capital was insinuated when participants talked about their relationship with other drug users within their drug using community.

Denise felt an instant connection with her drug using friends. She identified a shared care-free attitude towards drug use, and perceives this as a positive sign of their shared values,

*“I think I instantly loved them all... I realised there was other people like me, that we’re just, like would take all sorts of drugs, were quite experimental, n like didn’t feel any guilt about it.”*

**(Denise, 34 – recruitment consultant)**

In their study analysing alcohol experience as a form of symbolic capital among youths, Järvinen and Gundelach also used Bourdieu’s definition of symbolic capital, and his definition of lifestyle, in that, “a lifestyle is always a relational phenomenon, connected to other lifestyles through complex processes of distinction, where certain patterns of attributes and activities become defined as valuable, right or good” (Järvinen and Gundelach, 2007: 57). For Denise, her attitude towards her drug use is shared among her friendship group; this shared attribute and drug-related decision-making, and her recognition of it, represents the symbolic capital between those who share this lifestyle.

Mike indicated that drug users have a sort of symbolic recognition, that they can sense other drug users who have similar attributes,

*“... you quickly like group together with people that are similar to you, kind of have similar habits with drugs I guess.”*

**(Mike, 35 – research associate)**

He refers to grouping together with other drug users with similar habits to his. Here drug users who share similar preferences relating to their consumption of drugs recognise each other as members of an exclusive group or community; belonging to this group and the shared understanding of what that means is symbolic of the social and cultural capital that they share. Mike also referred to instances where symbolic capital within a drug-using group is evident, particularly when needing to source drugs,

*“You do have to be introduced, you couldn’t just ring him up um, you know, cold call him if ya like, cause he just wouldn’t deal with you.”*

**(Mike, 35 – research associate)**



Here Mike talks about his dealer and how you need to be well-connected to buy drugs from him, you must be introduced to him. Here, social and cultural capital within the drug-using group becomes symbolic, as he is 'in the know', having the connections that enable him able to buy drugs. Bourdieu says that symbolic capital makes the member of the group "visible, admired and invited" (Bourdieu, 2000: 242), if another user wants to purchase drugs from Mike's dealer, he needs to introduce them; once you have been introduced to the dealer, you then hold symbolic capital within that community; you become visible, admired and invited.

Nicole (27) also referred to her dealer, that she trusted him "*like a friend*". This is important, as he is supplying her with a commodity that is unregulated there is a high level of risk involved, and a level of trust between dealer and buyer is required. His status as a dealer in this scenario displays his symbolic capital within the drug using community, as other members of the community place their trust in him providing substances for consumption that are going to deliver in both value for money, and on the desired outcome – a positive experience when consumed. Yet the dealer cannot control everything, he might not know the potency of drugs, or could be dealing a bad batch; trust in this context doesn't necessarily mean that the drugs are safe. Matthew also talks about sourcing drugs, and social supply; specifically, that he is the one that sources and provides drugs for his drug-using group,

*"I tend to er, I suppose I tend to, because I've got quite good contacts, I tend to be the one that friends come to."*

(Matthew, 33 – recruitment manager)

Here, his social capital becomes symbolic, as his connections to dealers is seen by other drug users within his group and has obtained an explicit and practical recognition – he is able to source and collect drugs on their behalf. This idea of social supply challenges stereotypes of drug dealers, and highlights the importance of social capital for Matthew to maintain his drug user identity as the "host" figure, being the one who provides drugs for his friends, and also hosts evenings when drugs are consumed. Social supply also

extends the normalisation thesis of drug use to dealing, where small-scale dealing is justified as social transactions between friends (South, 2009).

### *Summary*

This theme, *Identity maintained by acquiring capital* captures the meaning behind different types of human capital (social, cultural, and symbolic) that are featured in the participants' personal accounts of their drug use, and in their understanding of their role in their drug using networks. For Matthew (33), his identity within his drug using friendship group is that of the host; he takes charge of the social supply of drugs and hosts evenings where drugs are consumed. This, and his access to a dealer, is symbolic of his social capital, and his admission of researching new drugs prior to using them indicates subcultural capital of being well informed.

Mo (26) and Gina (33) both show a commitment to an identity that is connected to the use of psychedelics. Knowledge (interpreted here as subcultural capital) and the presentation of knowledge are especially important to Mo, and key features of his identity in relation to his use of drugs. This is evident in the way he spoke to the researcher and in the terminology that he used when explaining the practices of using drugs for self-exploration. For Gina, social capital appears to be an important feature in maintaining her identity in relation to drug use, as she acknowledges that people that she spends time with socially all use drugs for recreational purposes, hence suggesting a greater affiliation with drugs users than non-drug users. Denise (34), Liam (22), and Chris (21) all echoed this sentiment, and Mike (35) suggested that drug use had been a defining feature of his friendship group. Denise explained how she felt a sense of belonging in her drug using friendship group; she too admitted that all of her friends are drug users and that their attitude towards taking drugs was related to a shared carefree attitude.

The acquisition of knowledge and information around drugs, often around the safe use of drugs, was highlighted as an important feature of some participants' drug user identity. This interpretation utilises Thornton's (1995) understanding of subcultural capital as being embodied by being in the know. Similarly to Mo, Mike (35) also appeared

to have a vested interest in drugs beyond consumption. This increased effort to research and read about drugs could suggest a more salient drug user identity, when compared to other participants, for example, Steph (21) who didn't express much interest in drugs beyond the effects of consumption. Knowledge of the correct practice of using drugs is also interpreted as cultural capital. Ed (28) talked about knowing how to get to that "sweet spot"; understandably, through experience, drug users learn how to get the best effects from using drugs. This type of knowledge also illustrates Thornton's subcultural capital (1995), which confers status on its owner in the eyes of the relevant beholder, as those who are less experienced may look to more experienced drug users for advice how to use drugs safely, and how to achieve the desired effect.

Finally, cultural capital was interpreted in the connections made between particular drugs and other activities, for example Nicole's (27) reflections on smoking marijuana whilst listening to guitar tunes, and Matthew's (33) storytelling of taking ecstasy at a club. Identifying these associations and presenting them in their individual accounts of drug use is interpreted here as an exercise in maintaining their cultural capital, indicating their good taste by using their chosen drugs in ways that are positively acknowledged within their drug using networks. The extension of drug taking into other lifestyle choices and practices, as indicated to varying degrees across the study sample, might suggest a more salient drug user identity. Furthermore, if this identity is also part of a group identity that signifies feelings of belongingness, and if drug use is an importance component of the group identity, then this sense of belonging could be a factor that influences consumption.

#### 5.7.4 Superordinate theme 3: Identities negotiated - constructing a flexible sense of self

Previous themes explored how participants establish their identities in relation to drug use through their consumption practices, and maintain these identities by acquiring capital within their drug using networks. This final theme explores how the young adult drug users in this study negotiate their drug user identities in their day-to-day lives by constructing a flexible sense of self. As described in the thesis introduction, there are distinct usages of the term 'identity'; i) that which refers to the culture of a people; ii) that which refers to common identification with a collective or social category (as

referred to in the previous theme, regarding social and cultural capital); and iii) that which refers to parts of a 'self', composed of the meanings that people attach to the multiple roles they play in their lives (Stryker and Burke, 2000).

This final theme explores the latter of these definitions and presents three subthemes: 1) Reflecting and predicting; 2) Managing risk and reward; and 3) Negotiating roles and responsibilities. The first subtheme responds to participants' consideration of both their past, current and, predicted, future behaviours in describing the role that drug use has played in their lives so far, and making predictions of how drug use will or will not continue to feature in their lifestyle going forward. The next subtheme explores how participants manage their consumption practices, often on a risk/rewards basis, developing the argument that these young adults perceive themselves as rational consumers. The final subtheme uncovers the multiple roles and expressions that feature in these young adults' identities, and how they find themselves negotiating their drug use and the related lifestyle choices and practices by having a flexible sense of self – presenting particular identities in specific situations.

#### *Reflecting and predicting*

When participants considered their own drug use and the part it plays in their lives, they often reflected on their previous and current consumption practices and made predictions about their future behaviours. These reflections could be viewed in a negative or positive light depending on the individual. Some participants had an idea of their drug use evolving and changing by predicting what they think their drug use might look like in the future,

*“In the next five years I won't, I won't really be doing anything, anything drug wise except, maybe like, erm, very special occasions.”*

*(Ed, 28 – website builder)*

*“I do think that me age plays into that a bit, I think like am in ma twennies, I can't really imagine bein in me thirties n carryin on the way I am now.”*

*(Nicole, 27 – charity worker and bar worker)*

*“I’ll probably will take like only psychedelic drugs n then, when I take them it will be very sporadic, I won’t take them regularly, like yearly or every six months or something.”*

**(Chris, 21 – law student)**

These young adults with varying consumption practices all share the same belief that their drug use will reduce as they get older. They view their drug use as something that is associated with their youth and something that they will grow out of. These perceptions could be reinforced by overwhelming media and academic attention paid to young peoples’ drug use, which frames recreational drug use as a predominantly youthful, risk-taking, pleasure-seeking activity (see: France, 2010; Blackman, 2011; Bengtsson and Ravn, 2019). The part of their identity that is attached to drug-taking is susceptible to change to accommodate other things in their lives that might become more important, as Steph and Liam indicate here,

*“... once I get a job I’ll probably never do them, that’s, that’s a hope anyway...”*

**(Steph, 21 – nursing student)**

*“... just carry on n get older I’ll start to settle down more n ma drug use’ll get less n less than at the moment in time.”*

**(Liam, 22 – administrator in solicitor’s practice)**

In the context of neoliberalism, this intention to stop, or reduce, their drug use could be understood as younger participants’ making a distinction from their current drug user identities, which are associated with pleasure and leisure, with their future selves, where they envisage increased responsibilities, perhaps taking work commitments more seriously, and wanting success in adult life. In their study of recreational drug use in middle and older adulthood, Williams and Askew (2016) consider how in recent decades, population prevalence of drug use has been extending into later life.

Interestingly, older drug users in the present study predicted that they will probably continue to use drugs and were less concerned about the idea of drug use being an obstacle to “settling down”. They considered their drug use in a positive light and focussed on how future drug use could have a positive impact on their life,

*“I would want to keep usin drugs n I would want to keep havin really great experiences.”*

*(Mike, 35 – research associate)*

*“Yeah, maybe I'm thinking when I'm like, fifty or something, I might still wanna have some mushrooms in the house n stare at my plants in the garden n go, ‘wow, look at this flower!’ just nature you know?”*

*(Gina, 33 – graphic designer)*

While all participants in the present study who were aged thirty or older (those in middle adulthood) were in relationships, none were parents. This could be contributing factor to their continued drug use into later adulthood, as while they all had professional occupations, they didn’t have the additional responsibility of parenting. Motherhood has been previously linked to women’s desistance of recreational drug use, where they have conflicting identities and their identity as a mother can influence their decision to stop using drugs (Measham et al., 2011).

Notably, both Mike and Gina reflected on their younger drug using selves in a negative way,

*‘... my partner read up a lot about it, and if it wasn’t for her I would say that I, probably just have this amateur knowledge of my twenties.’*

*(Gina, 33 – graphic designer)*

Interestingly Gina refers to her lack of knowledge in her twenties; here we have a more mature drug user referring to being less knowledgeable when she was younger, suggesting her drug-related cultural capital has developed with age and experience,

perhaps indicating a distinction between a previous drug user identity and how she perceives her current identity. Mike reflected on his past consumption habits in an almost judgemental way,

*"I just look back now n think, "what was I doin?" but I definitely got a kick out of it at the time."*

(Mike, 35 – research associate)

This judgement of taste on his younger self again alludes to a distinction between youthful consumption practices and more mature behaviours. Similarly, when reflecting on previous instrumentalisation goals and dismissing them, Ed rejects the idea of drug use being linked to creativity,

*"I used to think that weed was, an aid to creativity, but, that's bullshit."*

(Ed, 28 – website builder)

Ed is 28 years old, here he is reflecting on previous goals of drug instrumentalisation – creativity. He dismisses this idea, stating that it is *"bullshit"*; this word carries weight, suggesting that he feels strongly about the dubiousness of this claim. The language used indicates that he believes that his reasons for using drugs have changed, and that when he was younger he would aspire for creativity as an intended outcome of psychoactive drug consumption. He now devalues this assumption, making a clear distinction between motivation and meanings attached to his drug use. However, he later goes on to talk more about the *"personal experience"* of his drug use and the importance of this in itself. It could be that Ed resents that he no longer feels the same effects of marijuana as an *"aid to creativity"* that he had previously, and now dismisses the entire idea, rather than considering that he might be lacking creativity, or the same drug now has a different effect than it once did. In the previous theme around creativity and productivity as motivations for consumption, Mo (26) a younger participant, was expressing a creative identity by linking his use of marijuana to music, but Ed, who is two years older, reflects on this assumption and almost cringes. This shows how taste and capital is fluid and can differ between groups, individuals, and over time.

### *Managing risk and reward*

The argument that PWUD behave like other rational consumers is evident in this subtheme, evidently weighing up the risk and reward of consuming drugs as they would when deciding whether or not to consume other products, or participate in other activities. When discussing the choices made when using drugs, participants commented that they were “careful” (Nicole, 27), that they “take calculated risks... weighing up the risk versus the reward” (Matthew, 33), that they “don’t take drugs where there’s that much risk” (Liam, 22), and that “it’s more of a kind of game playing calculation” (Mike, 35). Here drug use is presented as a calculated decision, the positives and negatives are considered before making a choice to consume drugs.

The potential risks associated with drug use varied between participants. Some were concerned about risk to their health, “I’m quite conscious of health, the health risks of drugs, n I have always been relatively cautious I think, in terms of dosages” (Ed, 28), while others considered the risk of getting caught in possession of a controlled substance,

*“I think that I don’t ever carry enough to be done dealin’.”*

*(Nicole, 27 – charity worker and bar worker)*

*“... anytime you’re taking something that is illegal and you're having to get hold of it in one way or another, there is a risk that is involved in getting the substance, taking the substance, and, and not getting into trouble.”*

*(Gina, 33 – graphic designer)*

*“I think especially with LSD, I think it’s convenient... it’s benefits, it’s convenient cause basically I can keep it in my wallet or something like that, then consume it, I don’t expect to ever be busted for LSD.”*

*(Mo, 26 – works for a software company)*



A few participants referred specifically to ways that they tried to reduce the potential for harm when using drugs; *“I always have a little bit of a read, and check dosages as well of course, that’s really important”* (Ed, 28); *“I’ve got me own little spoon thing”* (Nicole, 27; when asked about harm reduction and sharing utensils). Matthew (33) admitted that he *“could probably do more”* to reduce this risk. Here participants are anticipating the potential risks, either to their health or getting caught and punished, and minimising the risk using harm reduction strategies – i.e. dosing, and only possessing small quantities of substances. In doing this they calculate the risk as low, whereas the potential for pleasure is high, based on their previous experiences.

Most participants indicated that they consumed drugs for their psychoactive effects (and for specific instrumentalisation goals, as discussed earlier), and whilst embracing the effects of different substances is favoured, they still endeavoured to remain in control.

*“I’d rather feel more, I’d rather feel kind of centred and in control.”*

(Ed, 28 – website builder)

*“I know what me limits are, n what drugs to take n what me limits are with that, so I am quite strict with myself.”*

(Nicole, 27 – charity worker and bar worker)

*“It’s knowin that somethin could go wrong, I think it’s a control thing.”*

(Denise, 34 – recruitment consultant)

*“I wanna stay in complete control of those experiences.”*

(Mike, 35 – research associate)

*“It’s a slightly more, controllable sense of feeling something, you know, feeling good.”*

(Gina, 33 – graphic designer)

Here participants show how they manage the risk and reward by controlling their consumption in a way that allows them to experience the desired effects of their chosen drug, but by remaining in control the potential for pleasure is greater than the potential for harm. This “controlled loss of control” originally introduced by Measham (2000) has previously been defined as, “a calculated hedonistic act which aims to achieve a desired, structured and controllable altered state of intoxication, by pharmacological or behavioural intervention” (Measham, 2004: 343). This concept is important in understanding how these individuals frame their drug use practices. During their conversations with the researcher, most participants made a distinction between their drug use and that of, what they perceived to be, more problematic drug use (as previously discussed). This perception of problematic drug use was also linked to dependency, so this controlled loss of control may be a key feature of avoiding a negative drug user identity that is associated with losing control and becoming dependent on drugs. In presenting themselves as rational decision-makers, the meaning behind their drug use is considered and understood, and they remain in control of the relationship between their substance use and their sense of self.

#### *Negotiating roles and responsibilities*

The final subtheme in this section explores how the participants in this study spoke about negotiating their drug use amongst other important parts of their lives, and how features of their drug user identity might conflict with other roles and responsibilities. When reflecting on her drug use, Steph (21) admitted that she was sometimes concerned about what other people would think about her using drugs, particularly her boyfriend, as she explains here,

*“... so I’m thinkin’, “would he like to see me do this?” I just don’t, n then I think, “what do I look like?” whereas when am with the girls, it’s more like we don’t bat an eyelid.”*

*(Steph, 21 – nursing student)*

Interestingly, Steph appears to be less worried about her female friends’ opinions about her drug use, and indicates that she feels more relaxed using drugs in their company.

Nicole (27) also expressed concern about other people seeing her use drugs and told the researcher that she avoided going out at the weekend, preferring to go out during the week when it was quieter,

*"I know it sounds awful, but if you are gonna use it's easier to go in n out toilets, you're not queuing, n it's not full of people, you don't feel self-conscious, or feel a bit scatty cause there's people about."*

(Nicole, 27 – charity worker and bar worker)

Here Nicole admits to feeling “*self-conscious*” about other people witnessing her use drugs, and this making her feel “*scatty*” (a regional colloquialism, meaning scruffy or messy). Research into the gendering of alcohol in consumer magazines found that women’s publications,

“... emphasised females as problematic users of alcohol and frequently portrayed their drinking in a negative manner, with disapproval and concern” and that “men’s magazines appear to be presenting beer consumption as a key feature of a certain popular conception of maleness... when women were portrayed as drinking in men’s magazines, their behaviour on nights out was discussed as problematic in that women were seen as transgressing feminine ideals” (Atkinson et al., 2012: 7-9).

This research concluded that the gendered nature of how alcohol-related practice is represented in the media reproduces notions of certain ideals about gender-appropriate behaviours and identities (Atkinson et al., 2012), so when women are viewed as intoxicated, they suffer further judgement for appearing unfeminine and breaking gender norms. Arguably, Steph’s comments indicate that she is primarily concerned about how her drug use is viewed under the male gaze, so she changes her consumption practices in the company of her boyfriend. In doing this, she is presenting different identities to different people; to her female friendship group she is a drug user, but in front of her male partner this aspect of her identity is concealed. This suggests that, similarly to alcohol, acceptability of use of other drugs is also gendered. Male

participants didn't echo these concerns regarding their appearance when using drugs, but Ed did refer to one occasion when he felt that his intoxication meant that he wasn't able to "protect" his partner,

*"... basically I'm saying that I've been in situations where, you would want your wits about you, n I've been off my tits, like, you know, or I haven't been able to protect myself or the person I'm with because I've been just, just out of it."*

(Ed, 28 – website builder)

For Ed, his inability to "protect" when using drugs could signify a transgression from his perception of masculinity, and his role as a boyfriend and protector.

A commonality amongst other participants was the fear of their parents finding out about their drug use; here their role as their parents' child was prioritised above their drug user identity,

*"... my mum would probably just blame all my friends because like, she just wouldn't, like she just wouldn't get the whole thing."*

(Denise, 34 – recruitment consultant)

*"... out of respect I wouldn't do it [in front of parents] ... from an older generation as well, he doesn't even like smokin' [referring to her father]."*

(Nicole, 27 – charity worker and bar worker)

*"I suppose slightly more than the criminal justice system, I am probably afraid of my parents ever finding out."*

(Mo, 26 – works for a software company)

Here participants identify conflicting parts of their identity, being a drug user, and being part of a family and not wanting to upset their parents; their identity as a child is important. These young adults assume that their parents would be disapproving of their drug use, and therefore conceal the drug user aspect of their identity prioritising their parents' feelings. This links to the theory of identity, specifically self-concept and role-

identity salience, in that the drug user identity becomes less salient in young drug users' identity hierarchy when they choose to prioritise other roles, such as their role as a son or daughter, and respecting their parents' wishes. Ed (28) shared a different point of view, as he admitted to talking openly about his drug use with his parents,

*"I've had like really open conversations with my parents about drugs, like I've told them, I've, maybe not the heroin, cause they, they would, be like, "you fucking moron", you know?"*

*(Ed, 28 – website builder)*

Whilst he admitted to avoiding smoking cannabis in front of them, he also recounted stories of using drugs with his parents when they were travelling abroad together, and using drugs in their company at home. Ed's openness to talking about his drug use might suggest a more salient drug user identity, as he didn't choose to conceal his drug use from people who are close to him. However, he chose not to tell them about his experience of smoking heroin, presumably due to the increased stigma attached to that particular drug; this suggests that the drug user identity he presents is dependent on who he is interacting with.

Participants varied on whether or not they were happy to be open about their drug use more broadly; Steph (21) was clear that she would never admit that she uses drugs, *"I wouldn't ever, go publicly or, have, admit, openly that I do them"*, and Mo (26) stated, *"I wouldn't tell somebody that I do psychedelics... I would be careful about that, cause it's subject to judgement"*, whereas Mike (35) was much more relaxed, he said he wouldn't offer the information voluntarily but wouldn't lie about his drug use if asked. Their hesitation to be open about their drug use could be a result of the associated criminality of possessing drugs, or other reasons, such as the stigma that is attached to drug use. Here drug users' commitment to their drug user identity is conflicted with their commitment to other identities, presumably other roles and versions of their 'self' that they don't want to be tarnished by the potential stigma attached to their drug use.

Participants also spoke about having to negotiate increasing responsibilities, as they get older,

*"... as I get older there's more risks involved... there's more to lose."*

(Steph, 21 – nursing student)

*"I can't imagine at that stage of me life I'll be goin' out as much as I am now."*

(Nicole, 27 – charity worker and bar worker)

*"I think I probably will still do it, er to a certain degree, probably a lesser degree because of my lifestyle changing n buying a house n having a bit less disposable income n having more responsibilities, n potentially looking at having kids in the future."*

(Matthew, 33 – recruitment manager)

*"... start gettin' me own house, start makin' a livin', workin' properly, gettin' me health like completely normal, instead of takin drugs stuff like that, but for the time bein', as I am only young, I just want to try n experience as I can because I'm not going to get to experience it again in me life."*

(Liam, 22 – administrator in solicitor's practice)

Participants contemplated their drug use as something that could hinder their progression, by predicting their future success and what they will need to achieve their goals; they weigh up the risk/rewards differently. Unlike weighing up the risk/reward for current drug use, when participants spoke about future drug use, they were more wary of committing to their drug user identity, and saw other roles as more important for their future selves, resulting in a presumed reduction in their drug use to accommodate new responsibilities. This change in behaviour is understood by Williams (2013) in terms of transitions associated with adulthood and continued drug journeys. Williams argues that drug desistance can be influenced by the impact of multiple transitions into adulthood, for example, career progression. Williams noted that drug journeys of female drug takers were "often constrained after the accomplishment of several adult

transitions and by the full weight of responsibilities which accompany being a mother, maintaining a home and working full-time” (Williams, 2013: 113). Whilst drug use may continue for some young adults into later life, and may evolve and persist across the whole life course (Williams and Askew, 2016) a reduction in the frequency of drug taking may happen when increasing responsibilities of adulthood prompt a shift in the salience of the drug user aspect of their identity.

Relatedly, Denise spoke about negotiating her drug user identity with her professional identity,

*“I’m trying to think if I know anyone who doesn’t take drugs, like, work colleagues don’t, um, but I don’t really, I keep them separate because, just because I don’t wanna put anyone in a weird position... I didn’t used to hide it so much with previous work colleagues, but um I’m a lot more cautious now... you’ve got to be really careful.”*

**(Denise, 34 – recruitment consultant)**

Here Denise negotiates her drug user identity with her professional identity; she chooses not to use drugs with work colleagues and accepts that she needs to be careful. Again, this speaks to role-identity salience and promoting her professional identity in a work environment, concealing her drug user identity in that particular context.

The way in which participants in the present study choose to conceal their drug use to particular people and in specific environments is relevant in understanding one dimension of the normalisation thesis, that is “accommodating attitudes to ‘sensible’ recreational drug use especially by non-users” (Parker et al., 2002: 941) or as was evidenced in this study, the presentation of unaccommodating attitudes. The normalisation thesis explores both social and cultural accommodation to ‘sensible’ recreational drug use, the former being a more individual level accommodation from abstainers, and the latter being a broader societal accommodation. During conversations with this study sample, it was apparent that whilst young adult drug users might find their consumption habits to be accommodated culturally, in the wider

population, there was variance to how much they felt that people in their wider social networks accommodated their consumption habits, particularly abstainers,

*“... do it round them they would kill me, like physically kill me [when talking about non-drug using friends].”*

(Liam, 22 – administrator in solicitor’s practice)

*“... n it’s sport so people aren’t really... people probably will frown upon it.”*

(Chris, 21 – law student)

*“... there was quite a lot of judgement from the other group, almost to the point where people would, you know kind of perceive what you’re doin to bein, like um, detrimental to kind of your life.”*

(Mike, 35 – research associate)

These quotes contradict this aspect of the normalisation thesis as they display a lack of social accommodation of what might be perceived as ‘sensible recreational drug use’ (as all participants in this sample were current drug users, but not seeking any treatment for their drug use or had a clinical diagnosis of dependence). If participants feel that people that are close to them (their parents or friends) do not accommodate their drug use, they must negotiate their drug use and the identity they attach to their drug use, by constructing a flexible sense of self. As a result, they might alter their behaviour when they are taking on different roles; their drug user identity becomes less salient in their identity hierarchy when they choose to perform another identity, as either a son or daughter to their parents, or as a conforming figure to their friends who disapprove of their drug use. Even Ed, who told the researcher of his openness to talk about his drug use with his parents, admitted that he avoids regularly smoking cannabis in front of them,

*“I think, it just kind of pisses them off, it’s just like, it, they’re just like, “urgh, why you smoke that stuff?”, that kind of thing, you know?”*

(Ed, 28 – website builder)



Matthew, however, felt that even though most of his friends were drug users, those that weren't were still accommodating of their consumption,

*"... more often than not, most of my friends are either drug users themselves or at least are very very happy to be around it yeah."*

*(Matthew, 33 – recruitment manager)*

This shift in perspective of how drug use is socially accommodated demonstrates how dimensions of normalisation differ across the study sample; like the experience of using drugs, the experience of normalisation varies from person to person. This supports more contemporary understandings of 'differentiated normalisation' that "allows for the ways in which some types of drugs and some types of drug use may be normalized for some groups of young people" (Shildrick, 2002: 47). Authors of the normalisation thesis have also presented more recent work supporting this argument,

*"... even though drug taking is acceptable within particular settings where drugs are consumed, recreational drug takers find themselves negotiating the perceived stigma associated with their drug use by not revealing their drug status to nondrug taking acquaintances, suggesting social accommodation by non-drug takers is limited or perceived to be so" (Williams, 2016: 197).*

### *Summary*

This theme explores how the young adults in this sample negotiate their drug use with other aspects of their identity; this means constructing a flexible sense of self. As they adapt to new roles and responsibilities and also commit to existing roles (sometimes prioritising these above their drug user identity), it becomes clear that identity can be flexible, and that different drug users choose to consider and accommodate different identity roles above others in particular contexts and in front of particular audiences.

By managing the risks associated with their drug use and placing an emphasis on a 'controlled loss of control', participants negotiate potentially risky behaviours in the pursuit of pleasure. The regard for perceived control supports the argument that the

participants in this study understand their decision-making around substance use as rational and themselves as rational consumers. When managing their drug use, and associated lifestyle choices, with other conflicting parts of their identity (e.g. professional identity / familial identity) most participants acknowledged the need to conceal their drug use and promote other aspects of their sense of self.

Previous research into managing work and hedonism, studying recreational heavy drug users, concluded that the management of drug use and employment is “complex and dependent upon the unique position of any individual in relation to a range of ‘risk variables’... Vulnerability to such risk is not inevitable, although ‘choices’ and ‘consequences’ are important” (South, 2009: 535). Younger participants also considered new roles and responsibilities when entering adulthood, such as career developments, impacting on their consumption practices and identified new ‘risks’ involved in continuing their drug use into later life. This compliments previous research that explored how drug journeys and life journeys intersect and how social relationships and transitions to adulthood facilitate or constrain the decision-making process (Williams, 2013).

## 5.8 Discussion

This qualitative study had two objectives: 1) to investigate the meanings that young adults attach to their drug use, 2) to explore how people may gain a sense of identity from their drug use. Interpretative Phenomenological Analysis findings generated three overarching themes, which present a framework for understanding how drug use and the associated lifestyles and practices feature as part of their identities and develops the concept a ‘drug user identity’, that is established, maintained, and negotiated within a broader sense of self.

The first theme proposes that drug user identities are established through consumption practices. Drug instrumentalisation (using drugs to facilitate the achievement of specified goals) reveals the motivations behind participants’ decision-making when using drugs. Individual motivations relating to relaxation, creativity, and sensory curiosity were identified, and a broader motivation for seeking pleasure was shared

across the participant group. Findings indicate that individual motivations are a key factor in shaping an identity in relation to using drugs. For some, relaxation is the primary goal; this was most associated with cannabis use. Other participants made connections between their drug use and creativity and productivity, mostly associated with ecstasy, cocaine, and cannabis. Those who wanted a more spiritual experience, associated with exploring the senses and a curiosity about the world and their place within it, used psychedelic substances to facilitate this. The connection between leisure and the social aspect of drug use was acknowledged and accounts of drug use often referred to specific spaces and often in groups; the concept of drug, set and setting (Zinberg, 1984) was applied here, reiterating the idea that specific drugs, mind-sets and environments are essential to achieving a pleasurable drug-using experience.

Identities were also established through resistance; participants defined their identity by establishing what they perceived to be acceptable and unacceptable drug use, in doing this, they set the parameters for their drug use. Through a process of 'drugscrimination' (Askew, 2013) individuals presented their activities as relatively unproblematic, less deviant, and more acceptable, than other drug-using behaviours. Each has their own subjective judgements on what they deem to be acceptable and preferred; for instance, Denise (34) and Mo (26) shared a negative view about people who used drugs for escapism, whereas Liam (22) made a distinction between his cannabis use, and that of "hippies", perhaps because his drug use is intrinsically tied to his creativity, namely music production, and the hippy identity would undermine the meaning this has to him.

The work of Bourdieu, 'Distinction: A Social Critique of the Judgement of Taste' (1984) argues that the cultural tastes of the dominant (ruling) class tend to govern the tastes of the other social classes, forcing individuals from culturally dominated classes to conform to the dominating behavioural preferences, or risk social disapproval, appearing vulgar or tasteless. This thesis presents the idea that the young adults in the present study have a *hierarchy of consumers* in their understanding of acceptable consumption practices. Their identities are constructed through resistance of what they perceive to be problematic drug use, associated with addiction and intravenous drug

use, that they described as “dirty”, associated with “addicts” and “diseases”, and something that “ruins peoples’ lives”. All participants in this study are, arguably, in a relatively privileged position (either in full-time education or professional careers, and have the security of a fixed abode), and these comments unveil a class structure of drug users (or *hierarchy*), placing a certain demographic of drug user as lower ranking, also referred to as a process of *othering*, based on their drug use behaviours.

The second theme explores how different forms of capital were construed in how the participants located themselves within their drug using networks. The acquisition of capital is interpreted as a mechanism for maintaining an identity and a role within a group of drug users. This could be the ‘host’ figure, as was apparent for Matthew (33), symbolised by his social capital and access to drug supply, or the ‘knowledgeable’ figure, as Mo (26) appeared to present himself. Cultural capital was interpreted in this group in various ways, primarily by being ‘in the know’. This understanding of cultural capital, originally introduced by Thornton (1995) in their work on club cultures, specifies the importance of knowledge and good taste. Knowledge was inferred in various ways, either explicitly, when participants spoke about actively researching the drugs they intended to use, or implicitly, for example, Mo, who had an apparent keenness to present and evidence his understanding of drugs and related topics to the researcher. This behaviour suggests a more salient drug user identity, that is, an identity attached to drug use that is more prominent for Mo. His broader awareness of drugs and their uses, specifically psychedelic drugs and marijuana, indicate that his drug use has importance to him beyond consumption.

Social capital was evident in both structural and cognitive components representing the “norms and networks that enable people to collective action, co-operation and social participation” (Aslund and Nilsson, 2013: 1). Structural components included societal aspects, such as networks and connections, whereas cognitive components included aspects of trust and social cohesion between individuals belonging to a drug-using group. All participants alluded to participating in social networks that used drugs, although some also indicated that they use drugs alone, and many stated that their bonds and connections with other drug users were particularly special to them, and they

felt a greater affiliation with friends who used drugs than those who don't. When writing about role-identity salience Callero specified that, "when a role-identity is salient it is more representative of the self and consequently one's self-definition will more likely reflect salient role-identity... the structure of the self is in part a hierarchically organized set of role-identities, then self-definition should reflect such a hierarchy (Callero, 1985: 204). If the bonds made between young adult drug users are stronger or of more importance to them, when compared to bonds with other people, then their sense of belongingness and commitment to this group identity may be more salient, and as such, may influence their drug use behaviours. Research that examined the effects of the social group on individual alcohol and drug use in nightclubs supports this suggestion, concluding that social groups have an impact on individual outcomes and that normative patterns and social modelling can occur in groups of drug and alcohol users (Miller et al., 2013a).

The final theme explores the ways in which participants go through a process of 'identity negotiation', comprising the self-presentation processes performed in the service of establishing who they are. These processes of self-presentation can occur in response to environmental changes (e.g. when shifting social networks), sociocultural and idiosyncratic contextual changes (e.g. widespread cultural expectations of specific groups), and role changes (e.g. when a larger community recognises a significant change in an individual; adolescents becoming adults) (Swann and Bosson, 2008). For participants in the present study various identity negotiations were recognised, specifically when talking about concealing their drug use (and related identity) from certain people, or groups of people. This appeared to be in response to a change in their social network, particularly when returning to a familial environment – i.e., in front of their parents, or in a professional environment. This idea corresponds to the concept of a hierarchically organized set of role-identities, and Goffman's 'dramaturgical' approach to social interaction and the presentation of self in everyday life (1959); which argues that people are performers, who act out social roles as if on a stage. Role-identity change may rarely happen consciously, arguably these actions are influenced by structural factors and individuals (agents) have a passive response (Giddens, 1991). Such behaviours, in relation to the concept of a 'drug user identity', suggest that where

individuals are less concerned with concealing their drug use in other social networks, for example, Ed (28) who admitted to talking about and occasionally using drugs in his parents' company, could suggest a more prominent drug user identity. Those who chose to conceal this aspect of their identity in other social contexts, for instance when 'performing', or even conforming, to the role of a well-behaved son or daughter, or to a friendship group of abstainers, arguably the 'drug user' aspect of their identity is less salient.

## Chapter 6. Discussion

### 6.1 Introduction

This final chapter draws together the key findings from this mixed methods, multi-phase research project, and situates these findings within existing research surrounding the relationship between identity and drug use. It begins by summarising what was learned from the previous chapters, including a summary of LPA and IPA findings, and how these respond to the separate study objectives. Then the results from the two studies are interpreted together, synthesising findings to offer a conceptual model of how ‘drug user identity’ can be understood, reflecting on literature outlined in the earlier literature review chapter. These findings are considered within the surrounding literature regarding young adults’ drug use, and research regarding the role that identity plays in drug use behaviours, before offering suggestions of how learnings from this explorative research project might help inform future research. Conclusions also present practical recommendations, contributing to a growing debate around the importance of understanding the diverse meanings attached to different people’s drug use, to design relevant strategies for reducing harm associated with drug use for particular groups of people.

### 6.2 Thesis summary

The project had one overarching research question, *“how do drug use and the associated lifestyles and practices feature as part of a young adult’s sense of identity?”* The opening chapters (chapters 1 and 2) introduced the research topic and provided a rationale for the current project. The literature review offered an overview of the political and public health landscape around drugs and the prevalence of drug use in England and Wales, and outlined some key issues for understanding drug use in young adults. This chapter also included important concepts for considering how identities are formed and presented contemporary research around the implications of a drug (or ‘substance’) user identity. The literature review highlighted some key areas to explore in the current project, including: the concept of differentiated normalisation of recreational drug use in young adults, the role of identity on drug use behaviours, understanding what values guide substance-related decision making, and the cultural

aspect of drug use. Finally, in accordance with the evidence base to address drug use as a public health issue, the project also considers if there are any implications of these factors on the health (or perceived health) of PWUD.

In light of these considerations, to answer the research question the project utilised mixed methods. First, an analysis of questionnaire data from a sample of young adults who use drugs (N=254) had the following objectives:

- To model latent profiles of drug user identities using latent profile analysis.
- To explore the relationship between latent profiles and external variables in order to predict profile membership, or where profile membership was used to predict other behaviours or attitudes.

Following this, the interview study, comprising one-to-one conversations with a sample of young adults who use drugs (N=10), had two further aims:

- To investigate the meanings that young adults attach to their drug use.
- To explore how people may gain a sense of identity from their drug use.

Chapter three outlined the methodology for the project as a whole, including the pragmatic mixed-methods research paradigm, that also draws on the praxeological knowledge strategy, and the constructionist-interpretative epistemological positions, which sees the world as something that is constructed, interpreted, and experienced by people in their interactions with others and with wider social structures. This chapter also provided rationales for the two methodological techniques used: Latent Profile analysis (LPA) and Interpretative Phenomenological Analysis (IPA). Chapters four and five present the procedures for data collection and analyses, and the findings for the questionnaire study and interview study, respectively.

The first phase of research in this project (chapter four) aimed to explore the concept of identity in young adult drug users by modelling profiles of drug user identities, and to explore the relationship between these different profiles and other variables through a three-step process of Latent Profile Analysis. The first stage of analysis required indicator



variables to create profile models. Drawing on factors that have previously been associated with young adult’s drug use behaviours, three indicator variables were used to distribute cases into different profiles; these were: 1) Belongingness to a Drug Culture Questionnaire (BDCQ) Score, 2) Normalisation Score, and 3) Cultural capital Score. Findings presented three distinct profiles of drug user within the larger sample, and each case (each questionnaire respondent) was allocated to one of the three profiles; cases were grouped together based on their responses to the chosen indicator variables. The three profiles were labelled as: 1) *salient* drug user identity, 2) *moderate* drug user identity, and 3) *non-salient* drug user identity. Table 15 presents relative characteristics for each profile.

**Table 15: Profile characteristics, relative to other profiles**

Drug user identity profile		
Salient drug user identity	Moderate drug user identity	Non-salient drug user identity
<ul style="list-style-type: none"> <li>• Higher score for belongingness to a drug subculture</li> <li>• Drug use most normalised</li> <li>• Higher cultural capital regarding drug use behaviours and practices</li> <li>• More likely to be male</li> <li>• More likely have a BAME background</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate score for belongingness to a drug subculture</li> <li>• Drug use moderately normalised</li> <li>• Moderate cultural capital regarding drug use behaviours and practices</li> <li>• More likely to be female</li> <li>• More likely to have a white ethnic background</li> </ul>	<ul style="list-style-type: none"> <li>• Low score for belongingness to a drug subculture</li> <li>• Drug use least normalised</li> <li>• Low cultural capital regarding drug use behaviours and practices</li> <li>• More likely to be female</li> <li>• More likely to have a white ethnic background</li> </ul>

These profiles are sample specific – i.e., not representative or comparable to an external population. Within this sample, relatively speaking (not using any threshold or cut off points), when using the chosen indicator variables, different groups of participants were labelled as having either a high, moderate, or non-salient drug user identity when compared to other study participants. Interestingly, the salient drug user identity profile accounted for the majority of the study sample (67.3%), suggesting that among drug

users aged 18-35 in the present study, their drug use and the associated lifestyles and practices featured prominently as part of their identity.

The next stage of analysis explored whether there were any relationships between these different profiles of drug user identity and external variables. This analysis showed that gender and ethnicity were significant predictors of profile membership, and that rates of drug trying, and problems associated with drug use could both be predicted by profile membership.

Building on the findings from the latent profile analysis, the second phase of research explored the concept of drug user identity in greater depth by interviewing ten young adults who, at the time of interview, used drugs and had done so at least once in the last month. The researcher spoke with interview participants about their lifestyles and the role that drug use played in their lives, and then performed an in-depth analysis of how they each subjectively interpreted their drug use, and the meanings attached to their drug use. The analysis generated three overarching themes, and related subthemes, that offer a framework for understanding how a drug user identity might be constructed and understood; these were 1) identity established through consumption; 2) identity maintained by acquiring capital; and 3) identities negotiated – constructing a flexible sense of self.

The first theme considered drug use as a consumer behaviour and had three subthemes: Pleasure seeking: drug instrumentalisation; The importance of drug, set, and setting; and Distinction from 'others' – a hierarchy of consumers. Participants' consumption practices were seen as ways of constructing their desired identity in relation to their drug use, and also as a way of distinguishing their identity from other types of drug use that they perceived as less desirable. The second theme drew on Bourdieu's concept of capital, and presented drugs knowledge and social connectedness between PWUD as important mechanisms for maintaining a role, or identity, relating to their drug use, particularly when the identity is symbolically recognised within the group of PWUD. The final theme explored how the drug user feature of participants' identities was negotiated in a broader sense of self, where they would promote or hide their drug user

identity when performing roles in their lives, and also considered how they managed any potential risks or harms associated with their use of drugs.

#### 6.2.1 How findings were synthesised

Data in mixed methods research can be integrated in different ways. Broadly speaking, triangulation is the process of combining data, theory, investigators, or methodologies when studying a particular sociological phenomenon (Denzin, 1970), and while it was initially presented in the 1970's as an approach to qualitative research, triangulation is increasingly understood as a way of combining quantitative and qualitative methods to add rigour, richness and depth (Denzin, 2012). Combining methods and results from quantitative and qualitative studies is said to provide researchers with more knowledge than separate analysis (O'Cathain et al., 2010).

Triangulation is a more complex process than simply combining methods in line with the pragmatic approach to mixed methods research (as described earlier in section 3.4). It requires the researcher to carefully consider how different methods, data, theory, and researchers can complement each other to give a more comprehensive understanding of the phenomenon in question. The current project sees triangulation as a process of utilising different methods to study a particular phenomenon as way of gaining a more "complete picture", as previously described by O'Cathain and colleagues (2010), rather than as a means of corroborating and validating findings from separate studies (another way of understanding triangulation). As such, multiple methods were used to explore the concept of drug user identity and to offer an integrated explanation about different identities linked with drug use, beyond those that are associated with identity, addiction and recovery, as is often the focus of this type of research.

In mixed methods research qualitative methods and analysis have been said to, "function as the glue that cements the interpretation of multimethod results" and that quantitative methods "can and should be utilized in complementary fashion" (Jick, 1979). This understanding resonates with the approach and process of triangulation for the current project. As described earlier in section 3.3, the design was partially mixed, sequential, dominant status: Quantitative  $\Rightarrow$  Qualitative. The LPA study was used as a

complementary explorative study to investigate the idea of 'drug user identity', and findings revealed how concepts of belongingness, capital and normalisation might feature in the identities of PWUD, and how drug use and related behaviours might be more or less salient in the identities of PWUD. These findings informed the data collection tools in the qualitative study, where individual subjective experiences were examined to understand "what it means to be a PWUD".

Data from the two studies are synthesised at the point of analysis and interpretation, offering novel insights around concepts of: drug user identity salience, belongingness and social connectedness, cultural capital as a feature of drug user identity, differentiated normalisation, and managing harm in the pursuit of pleasure; synthesised findings are presented next in section 6.3. The way that findings are combined offer a more complete picture, where results from the LPA presents more of an observer's outside view of the concept of drug user identity, complementing the findings from the IPA, where subjective, detailed personal accounts offer an insider's view of how people may gain a sense of identity from their drug use.

### 6.3 Discussion of key findings

This section pulls together the key findings from across the project, comparing and combining learnings from the two studies and situating these findings within existing research and theory.

#### 6.3.1 Drug user identity salience

As described earlier in the literature review (see section 2.4) one strand of identity theory refers to parts of a 'self', composed of the meanings that people attach to the various roles they perform in their social networks. Identity theory refers to a multiplicity of selves, or a differentiated self that is multifaceted, complementing James's (1890) view that an individual has as many 'selves' as there are others (or groups of others) to whom that individual relates (James, 1890; Stryker and Serpe, 1994). These multiple roles an individual plays can also be understood as 'lifestyles sectors' (Giddens, 2008); Giddens understands these as a time-space 'slice' of an individual's overall activities, which might be a particular friendship, or activities that are done on a certain

night of the week, or for the current project, their drug use behaviours and related lifestyle practices. These sectors of life are where different roles are played, and different identities are performed. Relatedly, identity salience is the probability that one identity will be invoked within a given situation; a person's salient identity is the identity that comes into play in a specific situation and their salient identity changes depending on the situation. This understanding of identity salience was considered in both studies in the current project.

Latent Profile Analysis findings in the questionnaire study suggested that drug use and the associated lifestyles and practices can feature as part of a young adult's identity, or their sense of 'self', but that there is variation regarding how salient this feature of their identity is. The LPA findings presented three profiles of PWUD that varied on how salient the 'drug user' feature of their identity was: either salient, moderate, or non-salient. The profiles were estimated using variables that have previously been recognised as factors that contribute to an understanding of young adults' drug use: belongingness to a drug using culture, normalisation, and cultural capital regarding drug use and related activities. Individuals belonging to the 'salient drug user identity' profile had higher mean scores for all three variables, suggesting that the 'drug user' feature of their identity was more salient than it was for participants in the other two profiles. The salient drug user identity profile accounted for the majority of questionnaire participants, suggesting that for most participants, who were all 'current' drug users at the time of participation, drug use and the associated lifestyles and practices featured prominently in their sense of self.

Whilst the choice of indicators to define the profiles and the choice of labelling the three profiles was subjective and interpreted by the researcher, this analysis provided a perspective on drug user identity salience from an outside, observer's point of view, rather than the participants' perspective. To further investigate how people might gain a sense of identity from their drug use, the interview study explored the meanings that people attached to their drug use. Findings from the Interpretative Phenomenological Analysis (IPA) presented participants' consumption practices and motivations for their drug use as ways of establishing the way that drug use featured in their sense of identity,

and suggested that participants' drug user identities were salient when they were participating in the lifestyles that were associated with their drug use, for example, consuming drugs on a night out with friends.

The idea of "autonomous individuality manifested through consumption" (Griffin et al., 2009: 215) is viewed as the cornerstone of contemporary identity and social life – i.e. performing an identity through consumption. Consumption is often understood as a key contributor to young people's identity formation (Duff, 2003) and young adults' drug use can be seen as a performance in front of an audience of their peers and others, staking a claim to valued identity, and expressing solidarity in a drug using group (Room, 2012). IPA findings suggested that in order to maintain a drug user identity within a drug using group, participants acquired capital. Having cultural and social capital within their group, which might be symbolically recognised, was a way of performing their drug user identity among their drug using friends, allowing them access to the group, and fostering their sense of belonging.

IPA also offered further insights into the relationship between identity salience and drug use. The final theme explored the ways in which participants described processes of identity negotiation, which involved the self-presentation processes performed in the service of understanding who they are – where the 'drug user' feature of their identity is negotiated within a broader sense of self. Various identity negotiations were recognised, specifically when participants spoke about concealing their drug use (and related identity) from certain people, or groups of people. This appeared to be in response to a change in their social network, particularly when returning to a familial environment (i.e., in front of their parents), or in a professional environment. In these situations the 'drug user' feature of their identity became less salient, and replaced by another identity (or 'role'), and as such, most participants wouldn't use drugs in these situations and wouldn't exert the cultural and social capital that is associated with their drug use when performing these other roles, as they wouldn't have value outside of their field of drug use, and could even have negative consequences.

These findings relating to identity salience suggest that for PWUD in the current project their drug use and the associated lifestyles and practices do feature as part of their identity, but that they have the autonomy to promote or relegate that feature of their identity depending on the situation. Taking the example of the professional identity, PWUD with a professional role will control their drug use while working to fulfil their professional role-related activities (Boeri et al., 2006). Previous research looking at patterns of self-presentations among socially integrated cannabis users (i.e. those who are employed or students with a legal income, a structured everyday life and permanent residence; not in contact with social authorities due to drug use; and only using drugs in their leisure time) has also referred to “flexible and negotiable identities”, whereby cannabis users might establish similarity with other users in certain situations, but in other social settings, choose not to differentiate themselves from non-users (Hammersley et al., 2001; Dahl and Heggen, 2014). Using the definition above, participants from the current project could also be described as ‘socially integrated’, and as such, associated individual and biographical factors might influence the development and expression of their ‘drug user identity’. For example, some PWUD might have privileges that mean that they are able to choose how and when to reveal and perform the parts of their identity that are associated with their drug use. This is important, as less ‘socially integrated’ PWUD, for example those who experience problems related to their drug use such as homelessness or substance use disorder, might not have the opportunity to negotiate their identities as stigmatisation of their behaviours by others means that the ‘drug user’ feature of their identity takes centre stage across different contexts, obscuring other features of their identity (Lloyd, 2010). Stigmatisation and punishment of drug use behaviours are also exacerbated for other PWUD due to further individual and biographical differences, for example, ethnicity (Minior et al., 2003; Mitchell and Caudy, 2015), employment status (Woo et al., 2017) and/or gender (Verissimo and Grella, 2017). As such, these different populations might be increasingly limited to the types of settings where they can express their ‘drug user identity’, through fear of stigma and negative reactions from others.

One factor that appeared to have implications for drug user identity salience across the project, was gender. The LPA found that males were significantly more likely to belong

to the 'salient drug user identity profile' than females. This finding suggests that young adult males who use drugs have a greater commitment to the drug user feature of their identity, compared to non-males, and regarding the previously discussed findings, may then participate in more risky substance related behaviours (e.g. experimental use of a wider variety of drugs). Males account for over two-thirds of people in treatment for substance misuse in England (Office for Health Improvement and Disparities, 2021). An analysis of gender effects on drug use and dependence found that overall rates of substance use were significantly higher for males than for females (Cotto et al., 2010), and previous research has also shown how drug use manifests differently in the lives of males and females, and social constructions of gender are helpful for understanding the complexities of how different people experience drug use (Anderson, 2001).

While there might be implications for males having a more salient drug user identity (LPA findings indicated that a more salient drug user identity predicted increased potential to experience problems related to drug use), there could also be implications for females who feel the need to conceal their drug user identity. Findings in the interview study offered further insights into how gender was a factor in negotiating identities. Female interview participants reported how they were sometimes concerned and self-conscious about what other people might think about their use of drugs, and how it made them look. Research into the gendering of alcohol use reports how women's alcohol consumption can be seen as transgressing feminine ideals (Atkinson et al., 2012) so when women are viewed as intoxicated, they suffer further judgement for appearing unfeminine and breaking gender norms. Young women will control how their drinking-identity is viewed on social networking sites in the aim of achieving the 'right' feminine self-presentation, omitting images where they look a "mess" due to intoxication as they fear being judged by others, including peers, family, and even potential employers (Atkinson and Sumnall, 2016). As a gendered group, women face greater stigmatisation than men for using drugs as their behaviours defy the character traits of perceived female identity (Lee and Boeri, 2017). It is important to understand the implications of gender on drug user identity salience, particularly if drug users who don't identify as male feel the need to conceal their drug use, as this could have consequences for help-seeking if or when they experience drug-related problems. The



importance of exploring differences among non-male experiences of drug use have been noted by others, where different types of intoxication might be more or less acceptable (to the self, and as perceived by others) and how other factors such as ethnicity, age, and sexuality of non-male drug users might affect their experiences of drug use, and experiences of stigma from participating in drug use (Moore and Measham, 2013).

### 6.3.2 Belongingness and social connectedness

The premise of social identity theory is that people define their identity in relation to the social groups that they participate in (Tajfel, 1978). Identity theory posits that if a person shares deeper ties with people that they share a particular identity with, this feature of their identity is likely to be more salient. So if a person who uses drugs has a greater sense of belonging and has more meaningful relationships with other PWUD, the 'drug user' feature of their identity could become more salient in their broader sense of self. The social aspect of drug use was considered across the current project. The Belongingness to a Drug Culture Questionnaire (BDCQ) was used in the questionnaire study to measure individual affiliation with drug culture (Moshier et al., 2012). The BDCQ questions are developed from four conceptual categories of drug subculture: (1) excitement related to drug seeking and use; (2) sense of effectiveness in obtaining drugs; (3) social connection with other drug users; and (4) alienation from traditional society. Based on the theoretical understanding of identity as described above, this measure was perceived as an important feature of the survey data for understanding identity, so it was chosen as one of the three indicator variables used in the LPA. A higher score for belongingness to a drug culture, as well as higher scores for normalisation and cultural capital, were interpreted as indicating a more salient drug user identity.

The conceptual categories of drug subculture from the BDCQ were also evident in the interview study, to varying degrees. When describing their drug use and their motivations for consuming drugs, interview participants mostly presented their use of drugs in a positive light, often referring to pleasurable and exciting experiences that were "euphoric" and some referred to how drugs were used to "enhance their experiences". Participants often spoke about their drug use as a social activity and their belongingness to a drug using group was achieved through processes of acquiring

cultural and social capital that was recognised in that group, although processes of acquiring capital and the forms of capital differed between participants. Social capital was perceived as both structural and cognitive, where structural networks and connections, and cognitive traits of trust and social cohesion were all important when participating in drug use as a social activity. Belongingness to a drug-using group was a common feature of how the interview participants talked about their drug use, and drug use was a defining feature of most of the participant's friendship groups. Social benefits from recreational drug have been acknowledged elsewhere; Mey et al (2017: 330) found that connecting with others was central to understanding motivations for drug use, and formation of trusting relationships was identified as a social benefit afforded by drug use. Participants in the current project explicitly stated that they had more meaningful relationships with friends who they used drugs with, and that drug use was something that they bonded over. For some, social capital was key when describing their experiences of drug use, particularly for Matthew who presented himself as the "host" figure in his friendship group and shared how he would often source drugs for the group and host parties where drugs were consumed.

Symbolic capital was recognised in the way that participants spoke about their interactions with other PWUD. Symbolic capital is the form that cultural and social capital takes once they become known within a drug-using group; it is the shared understanding and mutual appreciation of cultural and social capital in specific fields of drug consumption. In the present study symbolic capital was insinuated when participants talked about their relationship with other drug users within their drug using community and the recognised position they held within that group, alongside those mutual understandings of what it meant to belong to that group. This echoes how identity is conceived in social identity theory (Tajfel, 1978), as a collective identity, whereby the collective norms and social cohesion that bonds the group creates a sense of belonging. This sense of belonging can be a highly meaningful experience and one that can impact on an individual's sense of self, and in turn, their identity.

Considering Bourdieu's formula for understanding human behaviour: '(Habitus × Capital) + Field = Practice' (Bourdieu, 1984), this suggests that people's behaviours are

not result of their character (*habitus*) alone, they are also influenced by the interplay between *habitus* and the environment or circumstances someone finds themselves in, similarly to how identity is understood in Mead's framework, "society shapes self, shapes social behaviour" (Mead, 1934). Like Mead, Bourdieu theorised the way that individuals behave in social situations. The concept of identity salience suggests that the higher the level of commitment a person has to a particular social identity, or a particular feature of their identity, the higher the level it occupies on the person's salience hierarchy. Using this development of identity theory, Mead's existing formula, "society shapes self, shapes social behaviour", has been modified to "commitment shapes identity salience, shapes role choice behaviour" (Stryker and Burke, 2000).

Theories of identity and behaviour could be extended to conceptualise drug use behaviours; suggesting that belongingness and commitment to a drug using network (society) shapes a drug user identity, which in turn could influence substance related decision-making and consumption practices. This provides a way of understanding why those who take drugs do so, by exploring how commitment to drug using subculture can give someone a 'drug user identity' and therefore influence their consumption practices based on a commitment to this identity. I.e., if a drug user feels that they share deeper connections with people that they use drugs with more so than other social groups, the 'drug user' component of their identity, or sense of self, is likely to be more salient, and as a result, their substance related decision-making and drug use behaviours may change as their identity shifts and their drug user identity becomes more prominent. Belongingness to a group of PWUD also speaks to external societal factors, where labelling and social stigma toward socially marginalised drug users might influence how they see themselves, and therefore reinforce their sense of belonging to a subculture of 'others', and alienated from mainstream society. Implications of labelling of what is seen as a deviant behaviour can have negative consequences for those who are labelled, as Becker (1963) suggests that being labelled involves a re-evaluation of a deviant identity by others, and can impact how an individual is interacted with, on the basis of what this label means to both the individual being labelled, and those who are applying the label (McPhee et al., 2013). This could mean that a person's drug user identity is made more salient by both internal and external factors.

Belongingness and connectedness are associated with positive psychological consequences (Haslam et al., 2008). However a strong affiliation with a drug subculture, particularly for people with problems associated to their drug use, could have negative implications and a 'substance user social identity' could be harmful to health (Dingle et al., 2015). For some people, the 'drug user' feature of their identity might become salient across situations beyond their drug using field and they no longer have the autonomy to perform other roles; for example, if they are heavily involved in drug use and have a high level of belongingness to a drug subculture, meaning that all of their activities are focussed on the behaviours and lifestyles associated with their drug use. Attachment with a drug subculture may lead to a narrowing of social identity, which, similar to having a prominent substance user self-concept, may be linked to increased likelihood of problematic use and dependency. Immersion and perceived belongingness in drug taking practices, rituals, and cultures has been shown to result in disengagement from mainstream society, and a reduced likelihood of wanting to change established use behaviours (Mullen and Hammersley, 2009; Neale et al., 2010). Part of treatment and recovery from substance use disorders is about reshaping the self-concept, and social identities of recovery are recognised as an important part of the recovery process (Frings et al., 2021), although this might involve moving away from social networks that PWUD feel connected to.

### 6.3.3 Cultural capital as a feature of drug user identity

Cultural capital refers to people's values, skills, knowledge, and tastes, and acquiring cultural capital provides people with access to certain social groups. In the current project the idea of subcultural capital, as 'being in the know' (Thornton, 1995) was considered as well as Bourdieu's original concept of cultural capital as understanding how to behave in relation to group norms and expectations in a social environment (Bourdieu, 1986). A score for cultural capital regarding drug use and related activities was included as one of the three indicator variables in the LPA. This score was calculated by summing responses for bespoke questions regarding activities related to drug use, such as "do you actively talk with friends about drugs and drug use?" A higher score for

cultural capital was interpreted, along with higher scores for belongingness to a drug culture and normalisation, as indicating a more salient drug user identity.

Interview participants attached meaning to their knowledge of drugs, and drugs knowledge was also recognised as something that was shared; information was passed between friends who use drugs together. Presenting their knowledge of drugs, how to access drugs, and knowledge of how to use drugs safely, was interpreted as subcultural capital and holding relevant knowledge was seen as key to maintaining an identity attached to drug use. Drug knowledge and context-specific drug knowledge have been recognised as important dimensions of a responsible, recreational drug user identity (Ravn, 2012). Some participants displayed a greater familiarity with information around drugs and drug use, for example, Mo and Mike, who indicated that they had an interest in drugs beyond consumption; this commitment to a drug user identity outside of their field of drug use perhaps indicating that the 'drug user' feature of their identities is more salient compared to others, whose cultural capital relating to drug use was purely associated with their consumption of drugs had perceived value among other PWUD, but not beyond that field. While acquiring cultural capital might have positive effects of providing PWUD with access to their social group, it could have negative implications for the group. A reliance on peer knowledge alone cannot guarantee safety, as some factors are outside of their control, for example, a bad batch or high potency. Due to the illicit nature of possessing controlled substances, PWUD often rely on personal experience or community knowledge rather than on information or guidance from medical practitioners or other professional organisations, and unfortunately, this sharing of information doesn't always translate into practice, and can lead to problems relating to drug use (Dennermalm et al., 2021).

Subcultural capital was also regarded in the way interview participants spoke about the settings where they consume drugs. Findings from a multi-level analysis of taste clusters of music and drugs demonstrate the occurrence of "symbolic boundaries simultaneously drawn around both activities" (Vuolo et al., 2014: 550). For some, (e.g. Matthew and Denise) drug use was an important feature of a night out with friends, mostly referring to their use of ecstasy and/or cocaine. Their knowledge of club nights and pleasurable

environments to participate in drug use indicated their subcultural capital of 'being in the know'. Relatedly, Gina talked about her drug use in an almost ritualistic way, associating her use of psychedelic drugs with listening to music and practicing yoga with her partner. The subcultural capital for Gina was recognised in her involvement in the Psychedelic Society. Gina's use of drugs related to self-care, improving wellbeing, and spirituality and exploration. The concept of self-care has been popularised in recent years, and a recent interview study with people who use psychedelics for self-care practices found that most participants reported these practices happening in ceremonial, recreational, or private settings (Soares et al., 2022: 1). Gina established her drug user identity, not only through the choice of drug, but through the traits, meanings and activities associated with the drug and its relationship to self-care.

Historically, like many other types of drugs, psychedelic drug use represented a counterculture of people who were largely alienated from mainstream society and strove to develop a separate culture with their own morals, beliefs and lifestyles (Wesson, 2011). More recently there has been a renewed interest in the use of psychedelics, often in the pursuit of improved mental health (Lea et al., 2020), and subjective user accounts of microdosing psychedelics report enhanced mood, creativity, focus and sociability (Petranker et al., 2022). Yet some perceive this as "gentrification of psychedelic culture" (Coffey, 2021) that is attuned to middle-class, neo-liberal values in the pursuit of self-improvement that, interestingly, moves psychedelic drug use away from a counter-culture context and instead, embraces the mainstream 'wellness' industry (Liokaftos, 2021); some even perceive "psychoanalysis and psychedelics fused with meditation, mysticism and spiritual awakening to oil the cogs of the contemporary wellness economy" (Hodgkin, 2020). In contemporary society this situates drug use in a more culturally accommodated consumer culture, where people can pay to visit a psychedelic retreat to practice microdosing in the pursuit of wellness (Blond, 2022). While this cultural accommodation of drug use is somewhat dislocated from the historical counter-culture associated with psychedelic drugs, psychedelic substances have a history of use for ceremonial, spiritual and healing purposes (Andrews and Wright, 2022). As such, contemporary identity practices in relation to drug use might be formed and shaped through both current and historical cultural associations.

Another key finding when understanding the construction of a 'drug user identity' in relation to capital was the process of establishing an identity through resistance. Participants defined their identity by establishing what they perceived to be acceptable and unacceptable drug use, in doing this, they set the parameters for their drug use. Interview participants used discriminatory language when describing the behaviours of other PWUD; this was mostly in relation to drugs that they associated with intravenous drug use and with certain groups of people, such as people experiencing homelessness and/or addiction. In doing this, they presented their activities as relatively unproblematic, less deviant, and more acceptable, than other drug-using behaviours. The concept of 'addictophobia' was introduced over 30 years ago (Blansfield, 1991) and has more recently been linked to apathy towards injecting drug users whereby an indifference towards the suffering of certain marginalised PWUD (Strathdee et al., 2012). Other research has highlighted the contrast in how participants focus on negative personal and individual characteristics when describing 'typical' heroin users, but identify positive functions and settings of other drugs (e.g. ecstasy) (Swalve et al., 2021). In the current project this process of distinction was presented as a *hierarchy of consumers*; participants understood their own drug use as acceptable and distinguished it from what they perceived as unacceptable drug use, most often linked with specific substances (e.g. heroin) that they associated with problematic drug use. Hierarchical structures of how PWUD perceive their drug use in relation to others has been reported in previous work. Hierarchies in the current project evidenced, mostly, intergroup stigma, but these hierarchies and stigma can be intragroup, for example, participants who used heroin have made distinctions between being an 'addict' and a 'junkie' (Boeri, 2005; Muncan et al., 2020). This distinction sees 'junkies' as those who have 'lost control' of their substance use and an intragroup hierarchy stigmatises behaviours that don't adhere to social norms (Furst and Evans, 2015). Within the injecting drug user population those who experience homelessness are seen as 'bottom of the pile' because of their 'irresponsible' habits of sharing and disposing needles (Simmonds and Coomber, 2009).

These hierarchical views, both expressed by participants in the current project and among other PWUD, align with neoliberal principles, as the emphasis is on choice, and suggests that there are right and wrong choices, perhaps creating a class distinction on what is regarded as good taste. This speaks to Bourdieu's work around distinction and taste (Bourdieu, 1984); social identities have been described as "self-categories" that define the individual in terms of their shared similarities with other members of the category where particular cultural capital is recognised, and how they differ to other categories, hence focusing on distinction from other people (Pickett and Brewer, 2005), and in terms of social capital, membership in a group can be seen as a "social category" in an exclusionary sense (Bourdieu, 1986). By creating these symbolic boundaries that distinguish between different populations of PWUD and different drug use behaviours, PWUD can establish more, relatively, positive identities when engaging in their drug use (Copes et al., 2016), where their own drug use behaviours, which they see as socially proscribed activity, is differentiated from 'others' drug use behaviours. These boundaries between what participants recognised as acceptable / unacceptable drug use perhaps suggests an awareness of the 'morality' of the 'wrongs' of drug use (i.e. the illegality of possessing controlled substances) which have been shown to have a strong effect on the use of 'hard' drugs (rather than 'soft' drugs) among young people (Gallupe and Baron, 2010).

#### 6.3.4 Differentiated normalisation

As discussed in the literature review chapter (see section 2.3.5) differentiated normalisation is the idea that "some types of drugs and some types of drug use may be normalized for some groups of people" (Shildrick, 2002: 47) that sees normalisation as something that operates within the boundaries of a particular subcultures, rather than amongst broader social groups (Moore and Miles, 2004). The five original dimensions of normalisation, as proposed by the authors of the North West England Longitudinal Study (Parker et al., 2002), were included in the online questionnaire to explore how normalisation manifested in the study sample and in the different profiles of PWUD, and a 'normalisation score' was utilised in the latent profile analysis. Higher scores for normalisation were included in the interpretation of a more salient drug user identity. Features of the normalisation concept were also explored in the interview study;



participants were asked about access and availability to drugs and about other people's attitudes towards their drug use.

The LPA revealed that normalisation was differentiated across the sample. The larger profile, which included over two thirds of the study sample, had a higher mean score for normalisation compared to the other two groups, suggesting that within this group some drugs were more normalised than for the other two groups. Four popular drugs were included to measure the 'availability' dimension of normalisation: cannabis, cocaine, ecstasy, and heroin. Within the 'salient drug user identity' profile, which had a higher mean score for normalisation overall, there were differences regarding the availability of one drug in particular. In this profile, the majority of participants reported three drugs were 'definitely' available from their usual source: cannabis (88%), ecstasy (68%), and cocaine (67%), while only four per cent of participants belonging to this group could access heroin. These findings support the concept of differentiated normalisation, as normalisation was differentiated between the three profiles, and normalisation to different drugs was differentiated within profiles. This finding was supported in the interview study. While participants frequently spoke about their use of cannabis, cocaine, ecstasy, and psychedelic drugs, and suggested that these types of drugs were available to them if they wanted to purchase them, they differentiated between what they perceived to be acceptable and unacceptable drug use. Most participants had negative attitudes towards people who choose to inject drugs, rather than consume them in other ways, and all participants said that they wouldn't use drugs that they associated with problematic use, including heroin and crack cocaine. Equally, certain drugs were arguably more normalised to particular participants according to their subcultural association with their drug use. Psychedelic drugs were more normalised for Gina as she participated in the Psychedelic Society and had ways of purchasing these substances online to use with her partner, while this type of drug use was unfamiliar to Steph, who purchased cocaine from a drug dealer in person to use with friends at parties or on nights out. This idea of differentiated normalisation also speaks to how their motivations for using drugs differed and were aligned to different subcultural practices of drug use.

Other dimensions of normalisation that were explored in the interview study were accommodating attitudes to recreational drug use and cultural accommodation of illegal drug use. Interview participants spoke about concealing the drug user feature of their identity in certain settings and in front of certain groups of people (e.g. at work / in front of family members). This speaks to the notion of an identity salience, as discussed earlier – that they invoke other features of their identity of these settings, but it also speaks to the social and cultural accommodation dimensions of drug use. Social and cultural accommodation of drug use was differentiated across the sample, but most participants perceived their non-drug using friends and family to judge their drug use and have negative opinions about it. For those who felt that people who were close to them who abstained from drug use had negative opinions about their drug use, they were less likely to reveal their drug use to these people. These findings reiterate how normalisation is now understood, that “even though drug taking is acceptable within particular settings where drugs are consumed, recreational drug takers find themselves negotiating the perceived stigma associated with their drug use by not revealing their drug status to nondrug taking acquaintances, suggesting social accommodation by non-drug takers is limited or perceived to be so” (Williams, 2016: 197).

#### 6.3.5 Managing harm in the pursuit of pleasure

This final section synthesising findings across the project considers how the potential harms of drug use were understood, and, particularly in the interview study, how these were managed in the pursuit of a pleasurable drug use experience. The first theme presented in the qualitative findings refers to the ways in which participants spoke about how and why they chose to use certain drugs, and these motivations for consumption were interpreted as a way of establishing and shaping the ‘drug user’ feature of their identity in the way they understood their drug use. Three key motivations for instrumentalising drugs were identified, these were to enhance: relaxation, creativity and productivity, and sensory curiosity. A key finding was that, for the most part, all participants spoke about their drug use in a positive way. The associated pleasures and positive stories of drug use have been explored elsewhere (for example, see: Pennay and Moore, 2009; Engel et al., 2021). These positive reflections on past drug use experiences and motivations for consuming psychoactive substances highlights an

important finding in relation to the study objective to investigate the meanings that PWUD attach to their consumption practices; here positive meanings were attached to the motivations and decision-making when the study participants talked about using drugs. This contributes to a growing area of research that explores the positive effects of drug use in certain groups, and the rationale for taking the experiences of recreational drug users seriously and considering the pleasurable experiences of drug use when developing strategies for harm reduction (Bohling, 2017; Duncan et al., 2017; Dennermalm et al., 2021).

However, as previously described, a more salient drug user identity could have implications for health, and increase the potential for harm. Findings from the LPA showed that those belonging to the 'salient drug user identity' profile were significantly more likely to try a wider range of drugs and self-report developing problems associated with their drug use. Regarding health and perceived harm from drug use, participants belonging to this group perceived themselves as more likely to suffer short-term harms from drug use compared to other drug users the same age, compared to the other two profiles. Relatedly, belonging to either the moderate drug user identity profile or the non-salient drug user identity profile predicted perceived better overall health compared to other drug users the same age, compared to those with a more salient drug user identity. Although the LPA results are not representative of behaviours of other PWUD in the general population, these findings suggest that young adults with a more salient drug user identity are more likely to have problems related to their use of drugs. These findings are consistent with other drug/identity research; a recent meta-synthesis found that substance user identity is an important correlate of substance use-related outcomes including disorder symptoms and frequency of substance use (Montes and Pearson, 2021).

Interview participants referred to the decision-making process of taking drugs as calculated risk and most presented their relationship with their drug use as, what has previously been recognised as, "a controlled loss of control" (Measham, 2000) and a "calculated hedonistic act" (Measham, 2004). Participants reported mechanisms for harm reduction, such as researching drugs online before using them, taking small

amounts of drugs, and not sharing drug paraphernalia. Questionnaire participants were asked whether they sought information about the effects of drugs. Interestingly, there was a significant difference between profiles ( $p < .001$ ); more than three quarters (77%) of the 'salient drug user identity' profile reported that they sought information about the effects of drugs, whereas this figure was far less in both the 'moderate drug user identity' profile (38%) and the 'non-salient drug user identity' profile (28%). While for those whose drug use, and the associated behaviours and practices, features more prominently as part of their identity might be more at risk of problems related to their drug, these findings suggest that they are interested in reducing these harms and mitigating against any risks associated with their use of drugs. This is also the case in other groups of PWUD recreationally, including people who use ketamine (Vidal Giné et al., 2016), cannabis (Kruger et al., 2021), cocaine (Decorte, 2001), and ecstasy (Panagopoulos and Ricciardelli, 2005; Jacinto et al., 2008) and also among users of online cryptomarket who promote a "responsible harm" position where communities of PWUD seek to own and take charge of the potential harms associated with their drug use (Bancroft, 2017).

Linked with the idea of subcultural capital of being in the know, knowledge of harm reduction strategies and safer drug use practices, as discussed earlier, were portrayed by interview participants in a greater sense of being a rational consumer; drugs knowledge was used to make more informed decisions about their drug use, thus conforming to neo-liberal principles of individual responsibility, as is often associated with the idea of 'responsible' recreational drug use (Pereira and Carrington, 2015). Where participants also differentiated between their own drug use and other types of drug use, occasionally adopting the stereotype of the heroin user who they perceived as not considering their health, then once again they are using their knowledge and perception of safety to be 'better than' and separate from the negative labelling of the 'addict'.

This distinction between recreational and problematic drug use presents a binary understanding and a typology of drug users that fails to recognise the variety of drug-related experiences (Askew, 2016), and often makes over-simplified causal links

between dependent drug use and crime (Simpson, 2003). This not only shapes how drug use is governed, but, as previously discussed in relation to labelling, might also influence what PWUD believe about their drug use and how they enact these beliefs through practices of the self (Pereira and Carrington, 2015: 387). Previous research into adult recreational drug use suggests that it is important to acknowledge how occasional drug use can result in health, wellbeing and behavioural issues, but also that more frequent or habitual drug use can be accommodated into functional lifestyles (Askew, 2016). Beyond potential reinforcing negative stereotypes of certain types of drug use, this differentiation between what is perceived as (non-problematic) recreational use, and problematic use (and the distinction between which substances are regarded as recreational and problematic) might impact on help-seeking behaviours. This dichotomy of recreational / problematic drug use could suggest to users of certain substances (those most often associated with recreational use) that the harms related to those drugs are minimal, and could prevent them from accessing support for their use of drugs as they might feel that those services are not available to them, as the harms related to their drugs use is perceived as 'less' than the harm associate with other drug use.

#### 6.4 Methodological strengths and limitations

As the concept of 'drug user identity' is an abstract notion, rather than a tangible construct, methodologies for analysis in the current project looked for hidden or *latent* groupings. Latent Profile Analysis identified latent groups of drug users within the wider sample who differed on whether drug use was a more or less salient feature of their identity, while IPA searched for latent themes in the interview data corpus through systematic and detailed analysis and interpretation of what the participants said about their experiences of using drugs, and the meanings attached to those experiences. Using a mixed-methods approach meant that the researcher was able to achieve the aim of extending the breadth and range of inquiry by applying different methods for different components.

This project made some novel contributions to understanding of the concept of 'drug user identity'. The literature review presented key factors to be considered when conceptualising identity among PWUD: belongingness, subcultural capital, and

differentiated normalisation. The first study utilised these factors to investigate how drug use and the associated lifestyles and practices can feature differently in the identities of PWUD; findings suggested how drug user identity can vary according to salience, and how certain characteristics (being male and of non-white ethnicity) can predict a more salient drug user identity within a particular population. Findings also indicated how a more salient drug user identity could be associated with greater risk of developing problems related to drug use, consistent with previous substance use/identity research. LPA has been used previously in a diverse range of substance use research, for example, to explore perceptions of alcohol policy and drinking behaviour (Buettner et al., 2010), to analyse prevalence and characteristics of addictive behaviours in a community sample (Deleuze et al., 2015), to analyse substance use among men who have sex with men (Lim et al., 2015), to look at underage problem drinking (Reboussin et al., 2006), polydrug use among nightclub patrons (Sanudo et al., 2015), and to study psychosocial barriers to drug treatment entry (Wang et al., 2016). The application of LPA in the current project adds to this field by applying the principles of LPA to explore heterogeneity among young adults who use drugs, and how belongingness to a particular group might have implications for substance use and health-related behaviours.

Interpretative Phenomenological Analysis findings from the qualitative study generated three overarching themes, which present a novel framework for understanding how drug use and the associated lifestyles and practices feature as part of the identities of PWUD, and develops the concept of a 'drug user identity', that is established, maintained, and negotiated within a broader sense of self. Much of the phenomenological literature around 'drug user identity' focuses on the identities of those in recovery, and the processes of identities shifting and constructing a 'non-addict identity' (Kellogg, 1993; McIntosh and McKeganey, 2000; McIntosh and McKeganey, 2001; Hughes, 2007; Mawson et al., 2016). Exploring drug-related identities that can manifest in other drug users, where recovery isn't the focus of analysis, is a lesser-researched area. Here, this study makes an important contribution, by utilising IPA to investigate and interpret the meanings people attach to their drug use and how people may gain a sense of identity from their drug use.

Whilst effort was made to choose appropriate methods and to execute these methods without fault, both phases of the project have their own limitations, including issues with recruitment (e.g. access to participants) and sample size, and specific methodological limitations of the precise methods used; each will be discussed in turn.

#### 6.4.1 Recruitment issues and access to participants

For the preliminary quantitative study, the researcher aimed to recruit 18–35-year-old current drug users, who were studying in higher education at the time of data collection. The rationale for this inclusion criteria was to have multiple criteria that would gain data from a, somewhat, homogenous group of young adults – that is, within the same age group, currently studying for a higher education qualification, and have used an illegal substance at least once in the last month. Including student status in this study gave an extra dimension to the homogeneity of the sample, which was then dissected into more heterogeneous latent groups. As the researcher was a full-time postgraduate research student at the time of data collection, recruitment was initiated through establishments she was already associated with; however, recruitment was slow, perhaps due to “survey fatigue”, as has previously been associated with students (Porter et al., 2004), so the researcher made a decision to open up recruitment to include 18-35 current drug users studying at any UK university. Recruitment was ended after six months, and data was collected for a total sample of 273 cases, some 227 cases short of the ideal “500”, as suggested from a recent review of LPA literature (Spurk et al., 2020: 6), and other research regarding robustness of LPA (Wang et al., 2022: 24) and on the power of sample size on deciding on the “correct” number of latent profiles (Tein et al., 2013). Yet, as this preliminary study was explorative in nature, the researcher accepted this limitation when choosing to end recruitment, allowing for sufficient time to analyse the quantitative data before commencing with the next phase of the project. Other studies have relied on LPA results for sample sizes less than 500 – e.g. when exploring health literacy in substance use disorder treatment (Degan et al., 2019), Mexican-heritage young women’s cultural practices, gender values, and ethnic identity (Gutierrez and Leaper, 2021), and when conducting a person-centred, latent profile analysis of psychological capital (Bouckenooghe et al., 2018).

For the following qualitative study, the recruitment process was less dictated by sample size, rather, the researcher aimed to recruit current drug users, between the ages of 18-35, from different existing 'profiles' of drug users, including: students, professional adults who were perceived to be "non-problematic" or "recreational" drug users, clubbers, and "Psychonauts" (see section 5.4). For the first two categories, students and professional adults, recruitment was relatively straightforward as the researcher could draw on her own personal contacts and acquaintances, and from the participant database from the other study. Yet, for the other two categories, the researcher had fewer natural 'ways in' to recruitment. This in itself was not a limitation, yet it did prolong recruitment as other methods were required to meet the recruitment objective to include clubbers and Psychonaut(s). These 'categories' of drug user are also not exhaustive, and this is a limitation of the current project, also these predefined labels might have influenced my interpretation of the participants' accounts of their drug, perhaps interpreting their experiences in a certain way depending on how I perceived their 'drug user identity'. The fact that most interview participants were either known to the researcher or known through a shared acquaintance might also have implications for how their data was interpreted; while the analysis was inductive and data-driven it possible (although difficult to ascertain) that some bias might have influenced how information was interpreted. For example, if a participant was reflecting on an experience that was shared with researcher, the researcher's own reflections on that experience might have biased their interpretation of what the participant said.

Since this data collection took place over five years ago, the drugs landscape has changed. Participants in the current study mostly referred to their use of more traditional controlled substances, such as ecstasy, cocaine, and cannabis, and more commonly known psychedelic substances. Further research investigating the concept of identity in PWUD could explore more contemporary drug practices, and the identities related to the associated lifestyles and practices of these more novel drug use behaviours – e.g., psychedelic microdosing (Anderson et al., 2019), or nitrous oxide balloons (Ehirim et al., 2017). This project was unable to successfully recruit any psychonauts, that is, PWUD who try and test different compounds of drugs and provide



this information to other members of online drug forum communities, who are “well-educated, informed drug users, and connoisseurs of the pharmacological properties of chemical compounds” (Rolando and Beccaria, 2019: 282). As psychonauts, arguably, have different motivations for their consumption of illicit substances, it would be interesting to further explore how drug use might feature as part of the identities of this particular group of PWUD and to investigate any convergence or divergence from the findings from the current project.

#### 6.4.2 Latent Profile analysis

The first study on the current project is the first LPA to explore the concept of ‘drug user identity’ with regards to belongingness, normalisation, and cultural capital, in young adults who use drugs. This study offers novel contributions to understanding of how latent profiles of drug user identity can manifest among 18–35-year-old PWUD, and which of these latent groups may be at higher risk of harms associated with drug use. Yet, as with all research, this study is not without limitations.

Latent Profile Analysis is a type of statistical tool to identify latent subgroups within a heterogenous population. As described in section 4.6. this technique of analysis assigns cases (individuals) to profiles (classes or groups) based on their probability of being in the profile given their scores (responses) to the chosen indicator variables. For the current project, the indicator variables were normalisation score, belongingness to a drug culture score, and cultural capital score. However, because profile assignment is based on probabilities, the exact numbers of cases per profile is not guaranteed, neither is proper class assignment (Weller et al., 2020). This means that the findings are defined by the choice of indicator variables (based on theory and research objectives), therefore if different variables were used to estimate the profiles, cases might be assigned and distributed differently. Cases are also assigned classification probabilities; they have a probability of being assigned to any of the identified classes. Hence, these groups aren’t rarefied, and cases are assigned to groups based upon the highest probability. Additionally, as the names of the latent profiles are assigned by the researcher, they may fall into the trap of “naming fallacy” where labels for some, or even all, of the profiles are misjudged and the label of a profile doesn’t accurately reflect the make-up

of those assigned to that group (Weller et al., 2020). The current project had a theoretical rationale for the choice of indicator variables – i.e. three variables were chosen that based on previous literature and theory surrounding the interplay between drug use and identity, meaning that the process of identifying and interpreting the results was more straightforward than if, for instance, a larger numbers of indicator variables had been used that were explorative rather than theoretically driven (Weller et al., 2020).

#### 6.4.3 Interpretative Phenomenological Analysis

The rationale for using IPA to analyse the qualitative data in this project is outlined earlier (see section 3.5.3). This rationale presents some of the strengths of the IPA methodological technique, but it is not without its limitations. A critical review of the method identified conceptual and practical limitations, citing one of the key criticisms as a lack of standardisation (Giorgi, 2010), yet the growing quantity of publications that outline the theoretical, methodological and philosophical underpinnings of IPA has been highlighted to critics (Tuffour, 2017). Others have suggested that IPA doesn't sufficiently recognise the integral role of language in participants' accounts (Willig, 2008). Rebuttals to this critique state that, like Discourse Analysis (DA), IPA takes a linguistic approach to analysis and shares a commitment to the importance of language when reading and interpreting the data. However, while DA is concerned with the study of language in relation to its social context, and this can be helpful when studying identity, IPA is concerned with understanding what the participant thinks or believes of the phenomenon under investigation (in this case, their drug use) and the researcher converses with each participant, analysing and interpreting what they say, in order to learn about how they make sense of their experiences (Cuthbertson et al., 2020), and while the primary aim of IPA is to gain insights into lived experiences, these are often intertwined with language. In the current project, one way that language might have been used more powerfully in the presentation of the findings, would have been to utilise quotes from the data in the theme labels, yet authors have suggested that quotes "do not speak for themselves" and readers can't always infer what the author intends them to illustrate (Lingard, 2019: 364), supporting the use of more descriptive and conceptual theme labels.

A second critique of the IPA method is that it is not truly phenomenological (van Manen, 2017) and that analyses are limited in the meaning they are able to uncover when using this approach. This allegation has been contested by the leading author of IPA (Smith, 2018) who states that IPA has much to offer to our understanding of the experiences of multiple phenomena, where participants are actively engaged in making sense of the significance of such phenomena in their lives. In the current project, I did find complexities in approaching the analysis for IPA, reminding myself of the rationale for this particular method and how it differs from other qualitative approaches. For example, broadly speaking, many qualitative processes of analysis follow a similar method of line-by-line coding of each participant's account of the research topic, followed by a collation of codes and generation of themes that succinctly and sufficiently draw conclusions of what the data corpus says about the area of enquiry. In idiographic research (and particularly IPA) the aim is to see similarities in different experiences but also distinctions. This was particularly evident when looking at the motivations that participants reported when deciding to use drugs, and also in their distinction between what they perceived to be unacceptable drug use.

The second study in the current project offers new insights to understand how drug use and the associated lifestyles and practices feature as part of a young adult's identity. Yet there are some limitations to this study that must be considered when interpreting the findings. While the option to use remote methods of data collection (i.e., telephone interviews) meant that participants were recruited from different geographical locations within the UK, no participants were recruited outside of this region. As there are differences in government policies regarding drug use (e.g., legal status of purchasing / possessing different substances), and social / cultural accommodation of drug use, these behaviours might be more / less stigmatised in different countries. For example, in countries where some drugs are decriminalised other PWUD might not feel the need to negotiate the 'drug user' aspect of their identity to the same extent as was apparent for the participants in the present study. While the current project does not attempt to present a global perspective, future research could explore the concept of 'drug user

identity' in other regions where cultural and political attitudes towards recreational drug use differ.

## 6.5 A reflection on the constructionist-interpretative epistemology and my role in the research process

The constructionist-interpretative epistemology sees knowledge of reality as something that is created through the interplay between the object and subject – that the subject constructs reality of the object through their own interpretation, and emphasis is placed on understanding the individual and their subjective interpretation of the world around them. Likewise, identity theory is rooted in symbolic interactionism. When exploring social interaction, the work of Mead and colleagues identified two forms of interaction; non-symbolic interaction, and symbolic interaction (Blumer, 1966). The former refers to the way in which individuals communicate directly to each other's actions; the latter refers to the way in which people interpret each other's gestures or actions and "act on the basis of the meaning yielded by the interpretation" (Blumer, 1966). This approach was particularly relevant to the qualitative process of IPA, which is also rooted in symbolic interactionism and takes a constructionist-interpretative approach to understanding reality, where individuals construct their particular interpretation of a reality or of a particular phenomenon, notably through their use of language, and this is then interpreted by the researcher.

In the methodological approach of IPA knowledge acquisition is inductive and contextually unique (rather than deductive and generalisable), meaning the nature of enquiry is concerned with discovery and research building as data is gathered. This was applied to the current project, particularly where concepts of belongingness and cultural capital relating to drug use behaviours were developed through the project. While my approach to IPA was inductive, I applied no framework to my analysis and wasn't attempting to prove or disprove any particular hypothesis, information that was learned and evaluated in the literature review and findings from the LPA possibly influenced my analysis of the qualitative data. My personal history, and my own experiences of drug use and attitudes towards PWUD also likely impacted on my analysis. One factor that was a key point of reflection for my in the research process was that of 'outing' myself

as someone who has previously used illicit substances. There has been a recent acknowledgement of the potential benefits of drugs researchers “coming out”, including academic benefit and reducing the stigma associated with PWUD, (Ross et al., 2020) yet there are also potential risks of undermining professional reputations and researcher integrity (Forstmann and Sagioglou, 2020). After discussing this decision with one of my academic supervisors, I decided that I would disclose my own experience of recreational drug use to any participants who enquired, but that I would keep the details to a minimum to avoid drawing focus from the research subjects. Some, but not all, interview participants asked about my experiences, and I feel that my openness and candour facilitated a trusting researcher-participant relationship, particularly in instances where the participant was unknown to me prior to their participation. One participant ‘Mo’, who was recruited via the Psychedelic Society, asked me outright at the very beginning of the interview, *“I sort of wanna know a little bit more about you, see where you’re coming from with this whole thing”*, followed by a response of, *“Yes OK, that’s, that does change things”* after I disclosed that I had used illicit drugs in recreational settings in the past. It is important to note his response, *“that does change things”*; this shows that my own experience did impact on what information was shared during the interview. One could assume from his response, had I not disclosed this or given a different answer, he might have been less inclined to share his experiences with me during the course of the interview. On reflection, I feel the simple fact that I had used drugs in the past meant that I adopted a sense of affiliation to the participant. The inference that I might have had similar experiences supported building rapport with participants, especially where there was no existing relationship.

Respecting the supportive arguments for a pragmatic approach when completing MMR, the present project embraced this paradigm, but also attempted to broaden it by drawing on the praxeological knowledge strategy. In consideration of the arguments for praxeological knowledge for MMR (as outlined in Harrits, 2011), I extended the pragmatic paradigm by incorporating more comprehensive considerations for the epistemological and ontological position, and by utilising quantitative analyses to provide a *relatively* objective, outside perspective that was then supplemented (and reflexively contextualised) by the interpretive perspective integrating the views of the

subjects themselves. As the research design of this project is mixed methods and multiphase, the pragmatic approach meant that each phase (study) was individually conceptualised (i.e., had its own purpose, research objectives), had a specific experimental approach (data collection and analysis methods), but the more dominant theoretical position for the qualitative study took precedent, and data from both studies are combined at the point of inference; the two datasets are partially mixed and interpreted together.

Whilst IPA is about understanding how people make sense of a particular phenomenon – i.e. is about what the participant thinks matters (although this was of course filtered through my subjective perspective and interpretation), LPA is more explicitly about the researcher making sense of someone else's experiences of a phenomenon – i.e. what I perceived as important. This was done through my designing the questionnaire, choosing the indicator variables, and deciding on the number of profiles. There is a certain amount of distance between the researcher and the participants in the anonymous questionnaire method, in contrast to the interview method. Yet I believe that this level of interpretation, particularly when labelling the profiles, is consistent with the constructionist-interpretative epistemology as the meaning is created through my interpreting how the questionnaire participants were categorised into latent profiles (which is based on how they responded to the key questions regarding belongingness, cultural capital, and normalisation), and proceeding with the analysis based on this interpretation. The choice of indicator variables was theoretically driven, and were chosen due their previous associations with identity and drug use behaviours as described in the literature review chapter; however, as previously mentioned, if other variables had been used, cases might have been assigned differently, likely producing different results. As outlined in chapter three (see section 3.4) interpretivism suggests that there is not one objective reality experienced by all, rather, that each individual has a subjective experience of any given reality or phenomenon, but similarities can occur as a product of wider social and structural factors (e.g. deprivation, gender, or ethnic/cultural background). This speaks to the findings in the LPA; while each participant responded to the questionnaire based on their own experiences and attitudes, findings indicated that within the study population demographic

characteristics of gender and ethnicity were significant for predicting profile membership, and this was explored further in the qualitative analysis.

## 6.6 Recommendations for future research

This project was exploratory in nature, but it has offered novel insights and findings into how drug use and the related lifestyles and practices feature in the identities of PWUD. These findings could be developed and complimented with further research exploring the concept of identity in people who use drugs. Some key avenues for further research are suggested.

The LPA findings suggest that there are multiple expressions of drug user identity and that, among other factors, normalisation, cultural capital, and belongingness to a drug subculture can have implications for the salience of a young adult's identity – i.e. greater belonging to a drug subculture, drug use being more normalised, and higher levels of cultural capital were all interpreted as contributing to a more salient drug user identity. The findings from this study also suggest that some demographic variables can predict belongingness to the profile with a more salient drug user identity, these were gender and ethnicity. While the gendered nature of 'drug user identity' was explored further in the interview study, a limitation of this study was the lack of diversity in the sample regarding ethnicity, as such, I wasn't able to make any draw any further conclusions about the relationship between ethnicity and identity relating to drug use. This is an important area that could be investigated further, as previous research shows that members of racial and ethnic minority groups are most likely to experience limited access and poor engagement in treatment for drug-related problems (Guerrero et al., 2015).

Another factor that could improve research into the concept of drug user identity, is patient and public involvement in the research (beyond participation). Although I have some historical personal experience of drug use, involving other people with relevant lived experiences of participating in drug use in the design of the project might have helped produce better research tools and also could have supported recruitment. Co-production methods in the context of research add value; involving people with relevant

experiences of the research topic can help ensure that the most relevant and important research questions are posed, and that methods and tools for data collection are appropriate to those involved (Brett et al., 2014). Additionally, implementing research-based recommendations is more likely to be successful if targeted audiences have been engaged from the outset (Peters, 2010).

As discussed earlier, a limitation of the project was issues with recruitment; the illicit nature of drug use could be one cause of this, but my limited networks were also a barrier. Involving people with lived experience of recreational drug use in the recruitment process could have supported recruiting harder-to-reach populations of PWUD, for example, psychonauts, as this was a group that I was less successful at recruiting. While some online forums generously allowed me to advertise my research on their discussion boards for this purpose, recruitment via these channels was unsuccessful. There was another participant for the interview study in the current project, labelled Participant 'X', whose data has not been included. My interaction with this person was interesting, and I am disappointed that I wasn't able to include their data in the full analyses and write-up. They were recruited via an online forum, but weren't willing to share any identifiable information (hence, 'Participant X') and weren't willing to be interviewed. This meant that they would only share some short, written responses to my interview questions. An important feature the IPA methodology is the way in which the researcher and participant engaging a dialogue allowing the researcher to explore any interesting features of the conversation as they arise, hence the semi-structure interview method is preferred (Smith and Osborn, 2008). While the written responses that this individual shared were interesting, they were very brief, and as I couldn't probe them and engage them in a dialogue, to fully explore their understandings of their drug use experiences and what their drug use meant to them, their data wasn't included in the interpretative phenomenological analysis. This decision was made following discussions with my supervisors, and after email correspondence with one of the authors of IPA methodology, asking for their advice.

A method that could help recruit interviewees beyond the researcher's peer group, and involve participants in the process, is Web Respondent Driven Sampling (Web RDS), a



variant of classic Respondent Driven Sampling (RDS) that has been developed as a technique to draw a probabilistic sample from a hidden or hard to reach population (Wejnert and Heckathorn, 2008) including PWUD (Abdul-Quader et al., 2006). RDS can be used to generate a sample by drawing upon the bonds of social networks for compliance (Heckathorn, 1997). It has been demonstrated to be a robust method for sampling drug users (Kral et al., 2010) and has been utilized previously for online studies of young people (Bauermeister et al., 2012).

To initiate the process of Web RDS, the researcher would first recruit approximately ten “seeds” from the community and using personal and professional contacts. The seeds should ideally be ‘sociometric stars’ (i.e., be well-connected members of the target population). These seeds form the initial foundation of the sample and are the first individuals enrolled in the study. In theory, seeds do not need to be random or representative of the population in order to generate a reliable RDS sample (Heckathorn, 1997). The composition of the sample reaches equilibrium during successive waves of recruitment, and thus, the bias of non-random recruitment of seeds is progressively eliminated (Wang et al., 2007).

For the interview study in the current project, four groups of drug users were identified to recruit from; students (Bennett and Holloway, 2014; Bogowicz et al., 2018), professional adults who were “non-problematic” or “recreational” drug users (Pearson, 2001; Parker et al., 2002; Notley, 2009; Askew, 2016; Green, 2016), clubbers (Hunt et al., 2007; Fitzgerald, 2008; Ramo et al., 2010; Miller et al., 2013b; Kurtz et al., 2017), and “Psychonauts” (Newcombe, 2009; Deluca et al., 2012; Orsolini et al., 2018). Although this list is not extensive. Future research could revisit which subcultures of PWUD exist in contemporary cultures of drug use, and identify ‘seeds’ to support recruitment into these groups. This process would mean that people with lived experience are engaged in the process of data collection and previous research concluded that this could significantly improve recruitment (Boivin et al., 2018).

This study included bespoke questions regarding cultural capital relating to drug use. Further research exploring indicators of cultural capital in PWUD who are not presenting

to treatment services or with clinical diagnoses of dependence (i.e., ‘recreational’ drug users) could benefit our understanding of cultural capital among this heterogeneous population of drug users. Previous research concluded that the type of drug/s individuals used might exert an indirect influence on the formation of their explicit drug-user self-identity through drug-use behaviours (Chen et al., 2021). Future research in this area could explore alternative measures of identity to model profiles of ‘drug user identity’; perhaps estimating profiles of PWUD based on preferred substance and related cultural associations, and implications for greater salience of those identities – i.e., are there different implications for PWUD whose identity is associated with their use of cannabis, compared to those whose identity is associated with their use of cocaine. Research with a longitudinal element that followed-up on people over time could investigate whether identity classification predicts substance use trajectories, and whether people move between classes over time as with latent growth modelling or latent transition analysis – e.g. examining whether the salience of a drug user identity remains the same, or changes over the life course.

## 6.7 Practice and policy implications

The findings from the project also provided considerations for practice and policy for managing harms associated with drug use.

Findings from the project suggest that drug use and the associated lifestyles and practices feature differently in the identities of PWUD, and can feature to varying degrees of salience according to that person’s experiences of using drugs, and the meanings attached to those experiences. Findings also suggest that PWUD do consider the potential harms associated with their use of drugs, and, to the best of their knowledge, make attempts to mitigate against these harms. While the data collection period for the current project commenced prior to the publication of the 2021 Drug Strategy, there is a timeliness to the focus on recreational drug use. As outlined in the literature review chapter, the recent government approach to drug use in England is seemingly not interested in legitimising recreational and occasional drug use in light of broader political priorities of being tough on crime. The most recent 2021 Drugs Strategy presents a “no-tolerance” approach to recreational and occasional drug use, stating that “... there will

be no implicit tolerance of so-called recreational drug users. We cannot allow the impression to be given that occasional drug use is acceptable. It isn't. So there will be new penalties for drug users" (HM Government, 2021: 4).

This project sought to understand the experiences of PWUD and I believe that the current political no-tolerance approach could do more harm than good, and in fact a more understanding and tolerant approach that delivers harm reduction messages to PWUD in recreational settings could prevail in not only reducing stigma towards PWUD, but also in reducing harms that PWUD recreationally might encounter. A report on "young people, recreational drug use and harm reduction" published by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) synthesised the evidence relating to interventions in European countries addressing young people's recreational drug use; they adopted a typological approach and identified multiple intervention approaches that were categorised as either: "individually focused and group-based interventions", such as media campaigns and education-based interventions, or "settings-based approaches", which address the social and environmental context of young people's drug use (Fletcher et al., 2010: 362). Findings from the current project has some recommendations to how these core evidence-based interventions could be adapted to different groups of PWUD.

The questionnaire study in the current project recruited young adult drug users studying in higher education institutions in the UK. Following the process of LPA, the majority of participants were assigned to the larger profile 'salient drug user identity' (67.3%), indicating that for current drug users in the student population, drug use and the related lifestyles and practices do feature as part of their identity, and features of belongingness, cultural capital and normalisation were important for modelling the salience of drug user identities. A large majority of questionnaire participants who belonged to the 'salient drug user identity' profile reported researching the effects of drug use, indicating that they were interested in learning about any harms that could be associated with their drug use. These findings suggest that higher education institutions could be important settings for disseminating harm reduction messages. This supports the recent call for universities to adopt a more tolerant approach to drug use to keep

students safe from drug-related harms (Higher Education Policy Institute, 2022). If higher education institutions adopt more pragmatic principles that promote care messages about actual harms to individuals, as opposed to moral or societal standards, these could be more effective in harm reduction, as these messages would likely have more credibility to young adults who use drugs (Hawk et al., 2017; Higher Education Policy Institute, 2022).

The EMCDDA report found that mass media campaigns, whilst being a popular tool for disseminating information about the risk associated with recreational drug use, aren't always effective, and could even have the opposite effect and actually promote drug use behaviours and that campaigns that focussed on resistance skills appeared to have the most harmful effects (Fletcher et al., 2010). A more recent systematic review into the effectiveness of mass media campaigns to reduce alcohol consumption and harm found that while there is little evidence on the impact of such campaigns on consumption, they were able to achieve changes in knowledge, attitudes, and beliefs about alcohol (Young et al., 2018). Drawing on the findings from these reports, and findings from the current project, media campaigns for harm reduction for PWUD recreationally should focus on disseminating harm reduction knowledge that, rather than promoting messages of resistance, show an awareness of the motivations for recreational drugs use – i.e. the pleasurable effects of drug use. To avoid promoting drug use to people who would otherwise not come into contact with drugs, information could be inconspicuously targeted at young adult drug users through the use of social media campaigns. PWUD could opt in to receiving this information by following the online social media profiles of organisations providing harm reduction messages. This would mean that information is evidence-based, rather than more subjective information passed between PWUD, as was evident in the interview study in the current project. Research has shown that social media campaigns can be a relatively easy method of promoting public health messages and have the potential for quick dissemination towards target audiences (Jawad et al., 2015).

Findings from this study regarding the importance of cultural capital among drug users, as signified by being 'in the know', and the motivations for pleasurable drug use

experiences, might offer insights into how harm reduction campaigns could target young adults who use drugs with messages that emphasise being informed and increasing pleasure, by pitching harm reduction practices as cultural capital that can enhance drug taking experiences. This messaging could lead to the sharing of safer information between drug users that is evidence based, rather than based on more subjective experiences, which could lead to misinformation and perhaps unintended harm.

Gender differences were apparent in the way that drug use featured in the accounts of the participants. Storytelling revealed the social context of participants' drug use. Some female participants used drugs with friends when getting ready and going on nights out, while some male participants associated their drug use with watching sporting events, such as going to watch a football or boxing match. These gender differences could also help inform targeted strategies. Further research exploring the specific drugs used in these scenarios (in the present study it was mostly cocaine) could help tailor harm reduction campaigns around these drugs; for example, advice on which drugs are more harmful when taken at the same time, and advice on safer routes of administration. Research has linked the use of social media to young women getting ready and drinking alcohol, and using social media to post pictures of their night (Atkinson and Sumnall, 2017). Social media adverts could be another way of circulating these harm reduction messages to young adults in an inconspicuous way. Online platforms have been identified a convenient tool for delivering harm reduction services to PWUD (Davitadze et al., 2020) and online support for broader personal substance use goals, such as harm reduction, may be beneficial and well suited for PWUD to access quick and inexpensive guidance and support (Schwebel and Orban, 2022).

Interpreted findings from across the project suggest that gender is an important factor when considering the concept of drug user identity, and this could be important when designing strategies for harm reduction. Maleness appeared to predict a more salient drug user identity in the LPA, and qualitative findings also suggested that female participants were more likely to conceal their drug use, and felt more self-conscious about other people's attitudes to them using drugs. As outlined in the previous chapter this could be a barrier to non-male PWUD accessing support for any problems associated

with their drug use. Research has suggested that social embarrassment could be used in campaigns to reduce young people's intoxication (Davies et al., 2017); however, other research, including the current project, found that females in particular are concerned about their appearance when intoxicated (Atkinson and Sumnall, 2016) and marketing campaigns and media representations targeted at females often reinforce these concerns (Atkinson et al., 2022a; Atkinson et al., 2022b). As such, strategically using embarrassment to reduce intoxication and promote harm reduction could further alienate female drug users from seeking support, as this approach might reproduce their anxieties about how their drug use is perceived and create a barrier to them seeking support if they experience any harms associated with their use of drugs. Instead, strategies to promote harm reduction, particularly among female drug users, could focus on the social context of drug use, rather than focussing on conservative attitudes towards respectability (Hutton et al., 2013). Previous research has also recommended that social capital may be an important factor in the future development of interventions for preventing problematic substance use (Aslund and Nilsson, 2013). Findings from the current project, consistent with previous research, found that belongingness and connectedness with other drug users were meaningful experiences for PWUD, so strategies to promote harm reduction could deliver messages of 'looking after your mate' and 'keeping each other safe', encouraging safety in numbers and leaning on the importance of social identity and social capital among PWUD.

This approach would also speak to the importance of 'being in the know', which was interpreted in the current project as cultural capital, and something that was an important feature of a more salient drug user identity. As mentioned earlier in the context of student drug use, a large majority of questionnaire participants who belonged to the 'salient drug user identity' profile reported researching the effects of drug use, and interview participants also displayed a keenness of presenting themselves as knowledgeable, especially when referring to their drug use as a calculated decision where anticipated risks were acknowledged and managed. The concept of cultural capital was also relevant for understanding how PWUD in recreational settings want to distinguish themselves from what they perceive to be problematic and harmful drug use. Promoting knowledge of harm reduction could implicitly speak to this distinction,

without further stigmatising other PWUD, and knowledge of harm reduction in the pursuit of pleasure could be symbolically recognised in groups of PWUD in recreational settings.

Harm reduction messages could focus on the idea of drugs knowledge as cultural capital. The messaging could play on the 'knowledge is power' feature of cultural capital, and promote messages of 'be smart, be informed', that share information and warnings about, for example, high potency ecstasy pills or what to do if you suspect someone is having a negative response to intoxication. The cultural capital of being in the know was particularly important for male participants, who saw themselves as the 'host' figure or perceived themselves to be the most knowledgeable drug user in their group. Harm reduction messaging targeted towards male drug users needn't be as discreet (as they appeared to have more salient drug user identities and were less concerned with presenting this feature of their identity), so could be published in settings where drugs are consumed, for example in leisure settings. These could be included on beer mats or posters that include a QR code linking to drug testing facilities or helpful websites, for example, The Loop (The Loop, 2022b) for more information. These 'male-friendly' approaches, that make a link between social spaces and public health messages have been seen as effective in other campaigns, for example those around male mental health (Liddon et al., 2019)

## 6.8 Conclusions

This project aimed to explore how drug use and the related lifestyles and practices feature as part of a young adult's identity. It utilised mixed methods to respond to this question, which involved two studies with corresponding objectives. Results indicated that factors relating to belongingness, and social and cultural capital in particular were important for understanding identity in young adults. Gender was also important for understanding how drug user identities manifest. Findings regarding normalisation were consistent with the concept of 'differentiated normalisation' (Shildrick, 2002), that suggests that some types of drug use might be normalised for certain groups of young people, and proposes that research into drug use must appreciate the complexities and nuances of people's experiences of drug use.

The project suggests further areas of research into the concept of identity in PWUD, particularly using methods that include people with relevant lived experiences in the processes of designing data collection tools, and in recruitment. Practical recommendations suggest that policies for responding to recreational drug use should aim to better understand the motivations for why people use drugs, and include these perspectives in campaigns to reduce the harms associated with recreational drug use. Such campaigns should include approaches that promote care messages about actual harms to individuals, as opposed to moral or societal standards, and could use different approaches for different gendered audiences. Social and cultural capital are important to PWUD recreationally, so harm reduction messages could focus on the idea of 'looking after each other' and 'be smart, be informed'. Such approaches could help disseminate evidence-based information about the potential harms associated with drugs that are used in recreational settings, without reinforcing stigma associated with drug use, or further marginalising other groups of PWUD.



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## Appendix 1: Questionnaire



### Drug User Identity (copy)

Showing 0 of 0 responses

Showing all responses

Showing all questions

#### Consent

**1** Please confirm that you are studying in the UK. Please do not complete this survey if you are studying elsewhere.

*No responses*

**2** How old are you?

*No responses*

**3** Are you?

*No responses*

**4** What is your self-described sexuality?

*No responses*

**4.a** If you selected Other, please specify:

*No responses*

**5** How would you describe your ethnic group?

*No responses*

**5.a** If you selected Other, please specify:

*No responses*

---

**6** Are you currently a student?

No responses

---

**6.a** If you answered 'Yes' to question 6, what level of study are you?

No responses

---

**6.a.i** If you selected Other, please specify:

No responses

---

**7** Are you currently employed?

No responses

---

**7.a** If you answered 'Yes' to question 6, do you work...?

No responses

---

**7.b** If you answered that you are in full or part time employment, which category best describes what you do?

No responses

---

**7.b.i** If you selected Other, please specify:

No responses

---

**8** What is the highest level of education that you have completed?

No responses

---

---

**9** Which of the following drugs have you used at least once in the past?

No responses

---

**9.a** If you selected Other, please specify:

No responses

---

---

**9.b** Out of all your answers, where/ who do you most often buy/ get these drugs from?

*No responses*

---

**9.b.i** If you selected Other, please specify:

*No responses*

---

**10** On average, how frequently have you used the following drugs in the past 6 months if at all?

---

**10.1** Ecstasy/ MDMA

---

**10.1.a** Ecstasy/ MDMA

*No responses*

---

**10.2** Cocaine

---

**10.2.a** Cocaine

*No responses*

---

**10.3** Cannabis

---

**10.3.a** Cannabis

*No responses*

---

**10.4** Ketamine

---

**10.4.a** Ketamine

*No responses*

---

---

## Legal highs

**11** Have you ever used such products?

*No responses*

---

**12** Have you used such products in the past 12 months?

*No responses*

---

**12.a** What was the appearance/ form of the new products you used in the last 12 months?

*No responses*

---

**12.a.i** If you selected Other, please specify:

*No responses*

---

**12.b** Thinking about your use of legal highs, in the last year have you...?

*No responses*

---

**12.b.i** If you selected Other, please specify:

*No responses*

---

**12.c** Out of all of your answers, where do you most often buy legal highs from?

*No responses*

---

**12.c.i** If you selected Other, please specify:

*No responses*

---

**13** Do you know the names of any 'legal highs' that you have taken?

*No responses*

---

**13.a** If you answered 'Yes' to question 12, write down the names of any 'legal highs' that you are familiar with in the spaces provided.

*No responses*

---

---

**14** Please read the items below and rate how much you agree with each of them using the scale provided.

---

**14.1** I belong when I am with other drug users



---

**14.1.a** I belong when I am with other drug users

*No responses*

---

**14.2** I am better than other people at finding drugs

---

**14.2.a** I am better than other people at finding drugs

*No responses*

---

**14.3** I like the respect of my peers more than authorities

---

**14.3.a** I like the respect of my peers more than authorities

*No responses*

---

**14.4** I can be myself when I am with other drug users

---

**14.4.a** I can be myself when I am with other drug users

*No responses*

---

**14.5** The people I use drugs with are like family to me

---

**14.5.a** The people I use drugs with are like family to me

*No responses*

---

**14.6** I am proud when I get drugs easily

---

**14.6.a** I am proud when I get drugs easily

*No responses*

---

**14.7** I feel good about my ability to get drugs

---

**14.7.a** I feel good about my ability to get drugs

*No responses*

---

---

14.8 I am excited when I am looking for drugs

---

14.8.a I am excited when I am looking for drugs

No responses

---

14.9 I feel alive when I score drugs

---

14.9.a I feel alive when I score drugs

No responses

---

14.10 I enjoy spending time with drugs users more than with people who do not use drugs

---

14.10.a I enjoy spending time with drugs users more than with people who do not use drugs

No responses

---

14.11 I feel important when I am looking for drugs

---

14.11.a I feel important when I am looking for drugs

No responses

---

14.12 I know ways to get drugs

---

14.12.a I know ways to get drugs

No responses

---

14.13 People doubt me because of my drug use

---

14.13.a People doubt me because of my drug use

No responses

---

14.14 I like that people call me to get drugs

---

14.14.a I like that people call me to get drugs

No responses

---

---

14.15 I like to help people find drugs

---

14.15.a I like to help people find drugs

*No responses*

---

14.16 My family rejects me

---

14.16.a My family rejects me

*No responses*

---

14.17 If I needed help with something, I would ask another drug user

---

14.17.a If I needed help with something, I would ask another drug user

*No responses*

---

14.18 I am treated badly (at the hospital, looking for jobs) because I use drugs

---

14.18.a I am treated badly (at the hospital, looking for jobs) because I use drugs

*No responses*

---

14.19 I feel bored when I am sober and not looking for drugs

---

14.19.a I feel bored when I am sober and not looking for drugs

*No responses*

---

14.20 I am excited to try a new drug

---

14.20.a I am excited to try a new drug

*No responses*

---

14.21 I can get a good deal on drugs

---

14.21.a I can get a good deal on drugs

*No responses*

---

---

14.22 I like when I get away with something

---

14.22.a I like when I get away with something

*No responses*

---

---

### About your drug use...

15 Have you used drugs other than those required for medical reasons?

*No responses*

---

16 Do you use more than one drug at a time?

*No responses*

---

17 Are you always able to stop using drugs when you want to?

*No responses*

---

18 Have you had "blackouts" or "flashbacks" as a result of drug use?

*No responses*

---

19 Do you ever feel bad or guilty about your drug use?

*No responses*

---

20 Does your spouse (or parents) ever complain about your involvement with drugs?

*No responses*

---

21 Have you ever neglected your family because of your use of drugs?

*No responses*

---

22 Have you engaged in illegal activities in order to obtain drugs?

*No responses*

---

---

**23** Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?

No responses

---

**24** Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc)?

No responses

---

**25** Do you actively talk with your friends about drugs and drug use?

No responses

---

**26** Do you actively take part in/ access drug forums?

No responses

---

**27** Do you actively seek out information about the effects of drug use?

No responses

---

**28** Do you actively seek out information about the cultural history of drugs and drug use?

No responses

---

**29** Do you regularly listen to music that contains prominent drug themes?

No responses

---

**30** Do you regularly watch films that contain prominent drug themes?

No responses

---

---

## Access, availability and attitudes to drugs

**31** Could you get the following drugs from your usual dealer?

---

**31.1** Heroin

---

**31.1.a** Heroin

No responses

---

31.2 Cannabis

---

31.2.a Cannabis

No responses

---

31.3 Cocaine

---

31.3.a Cocaine

No responses

---

31.4 Ecstasy

---

31.4.a Ecstasy

No responses

---

31.5 Ketamine

---

31.5.a Ketamine

No responses

---

32 Could you get access to the following drugs TONIGHT if your usual dealer was unavailable?

---

32.1 Heroin

---

32.1.a Heroin

No responses

---

32.2 Cannabis

---

32.2.a Cannabis

No responses

---

32.3 Cocaine

---

---

**32.3.a** Cocaine  
No responses

---

**32.4** Ecstasy

---

**32.4.a** Ecstasy  
No responses

---

**32.5** Ketamine

---

**32.5.a** Ketamine  
No responses

---

**33**

---

**33.1** Do you feel that you using drugs next week is... ?

---

**33.1.a** Do you feel that you using drugs next week is... ?  
No responses

---

**33.1.b** Do you feel that you using drugs next week is... ?  
No responses

---

**34**

---

**34.1** Do you feel that you using drugs next week is... ?

---

**34.1.a** Do you feel that you using drugs next week is... ?  
No responses

---

**35**

---

**35.1** Do you feel that you using drugs next week is... ?

---

**35.1.a** Do you feel that you using drugs next week is... ?  
No responses

---

---

**36**

**36.1** Do you feel that you using drugs next week is... ?

**36.1.a** Do you feel that you using drugs next week is... ?

*No responses*

---

**37**

**37.1** People who are important to me think I should not- should use illegal drugs (select the most appropriate answer)

**37.1.a** People who are important to me think I should not- should use illegal drugs (select the most appropriate answer)

*No responses*

---

**38**

**38.1** People who are important to me would disapprove- approve of my using illegal drugs (select the most appropriate answer)

**38.1.a** People who are important to me would disapprove- approve of my using illegal drugs (select the most appropriate answer)

*No responses*

---

**39**

**39.1** People who are important to me want me to use illegal drugs (select the most appropriate answer)

**39.1.a** People who are important to me want me to use illegal drugs (select the most appropriate answer)

*No responses*

---

**40**

**40.1** I believe I have the ability to use illegal drugs (select the most appropriate answer)

**40.1.a** I believe I have the ability to use illegal drugs (select the most appropriate answer)

*No responses*

---

**41**

**41.1** To what extent do you see yourself as being capable of using illegal drugs? (select the most appropriate answer)



---

**41.1.a** To what extent do you see yourself as being capable of using illegal drugs? (select the most appropriate answer)

No responses

---

**42**

**42.1** How confident are you that you will be able to use illegal drugs? (select the most appropriate answer)

---

**42.1.a** How confident are you that you will be able to use illegal drugs? (select the most appropriate answer)

No responses

---

**43**

**43.1** If it were entirely up to me, I am confident that I would be able to use illegal drugs (select the most appropriate answer)

---

**43.1.a** If it were entirely up to me, I am confident that I would be able to use illegal drugs (select the most appropriate answer)

No responses

---

**44**

**44.1** Whether or not I use illegal drugs is entirely up to me (select the most appropriate answer)

---

**44.1.a** Whether or not I use illegal drugs is entirely up to me (select the most appropriate answer)

No responses

---

**45**

**45.1** How much personal control do you feel you have over using illegal drugs? (select the most appropriate answer)

---

**45.1.a** How much personal control do you feel you have over using illegal drugs? (select the most appropriate answer)

No responses

---

**46**

**46.1** How much do you feel that using illegal drugs is beyond your control? (select the most appropriate answer)

---

**46.1.a** How much do you feel that using illegal drugs is beyond your control? (select the most appropriate answer)

No responses

---

**47**

**47.1** Health experts approve of me using illegal drugs

**47.1.a** Health experts approve of me using illegal drugs

No responses

---

**47.2** My family approve of me using illegal drugs

**47.2.a** My family approve of me using illegal drugs

No responses

---

**47.3** Most of my friends approve of me using illegal drugs

**47.3.a** Most of my friends approve of me using illegal drugs

No responses

---

**47.4** Most people like me using illegal drugs

**47.4.a** Most people like me using illegal drugs

No responses

---

---

**48**

**48.1** I've been feeling optimistic about the future

**48.1.a** I've been feeling optimistic about the future

No responses

---

**48.2** I've been feeling useful

**48.2.a** I've been feeling useful

No responses

---

48.3 I've been feeling relaxed

---

48.3.a I've been feeling relaxed

*No responses*

---

48.4 I've been feeling interested in other people

---

48.4.a I've been feeling interested in other people

*No responses*

---

48.5 I've had energy to spare

---

48.5.a I've had energy to spare

*No responses*

---

48.6 I've been dealing with problems well

---

48.6.a I've been dealing with problems well

*No responses*

---

48.7 I've been thinking clearly

---

48.7.a I've been thinking clearly

*No responses*

---

48.8 I've been feeling good about myself

---

48.8.a I've been feeling good about myself

*No responses*

---

48.9 I've been feeling close to other people

---

48.9.a I've been feeling close to other people

*No responses*

---

---

48.10 I've been feeling confident

---

48.10.a I've been feeling confident

No responses

---

48.11 I've been able to make up my own mind about things

---

48.11.a I've been able to make up my own mind about things

No responses

---

48.12 I've been feeling loved

---

48.12.a I've been feeling loved

No responses

---

48.13 I've been interested in new things

---

48.13.a I've been interested in new things

No responses

---

48.14 I've been feeling cheerful

---

48.14.a I've been feeling cheerful

No responses

---

---

49

---

49.1 To what extent do you feel your overall health has been affected by using drugs?

---

49.1.a To what extent do you feel your overall health has been affected by using drugs?

No responses

---

49.2 How much do you feel that taking drugs is responsible for your current experiences with illness?

---

---

**49.2.a** How much do you feel that taking drugs is responsible for your current experiences with illness?

*No responses*

---

**49.3** How much do you think that quitting using drugs could help your current health?

---

**49.3.a** How much do you think that quitting using drugs could help your current health?

*No responses*

---

**50**

---

**50.1** How would you compare your overall health to the average drug user your age?

---

**50.1.a** How would you compare your overall health to the average drug user your age?

*No responses*

---

**50.2** How would you compare your overall health to the average non drug user your age?

---

**50.2.a** How would you compare your overall health to the average non drug user your age?

*No responses*

---

**51** Longer term (chronic harm) reflects the detrimental effects on the body of the prolonged use of drugs rather than short term (acute harm) which relates to the risk of immediate harms from drug use such as accidents, injuries and physical harms.

---

**51.1** Compared to other people who use drugs, do you think that you are less likely, about as likely, or more likely to experience long term harms from drug use?

---

**51.1.a** Compared to other people who use drugs, do you think that you are less likely, about as likely, or more likely to experience long term harms from drug use?

*No responses*

---

**51.2** Compared to other people who use drugs, do you think that you are less likely, about as likely, or more likely to experience short term harms from drug use?

---

**51.2.a** Compared to other people who use drugs, do you think that you are less likely, about as likely, or more likely to experience short term harms from drug use?

*No responses*

---

---

**52** In the past month, have you attended any of the following services? (Please select all that apply and how many times you have been in the past month)

---

**52.1** GP (General Practitioner)

---

**52.1.a** GP (General Practitioner)

*No responses*

---

**52.1.b** GP (General Practitioner) - About how many times?

*No responses*

---

**52.1.c** GP (General Practitioner) - If 'Yes', do you think this was related to drug use?

*No responses*

---

**52.2** Walk-in Centre

---

**52.2.a** Walk-in Centre

*No responses*

---

**52.2.b** Walk-in Centre - About how many times?

*No responses*

---

**52.2.c** Walk-in Centre - If 'Yes', do you think this was related to drug use?

*No responses*

---

**52.3** A&E

---

**52.3.a** A&E

*No responses*

---

**52.3.b** A&E - About how many times?

*No responses*

---

---

**52.3.c** A&E - If 'Yes', do you think this was related to drug use?

*No responses*

---

**52.4** Hospital In-patient

---

**52.4.a** Hospital In-patient

*No responses*

---

**52.4.b** Hospital In-patient - About how many times?

*No responses*

---

**52.4.c** Hospital In-patient - If 'Yes', do you think this was related to drug use?

*No responses*

---

**52.5** Dentist

---

**52.5.a** Dentist

*No responses*

---

**52.5.b** Dentist - About how many times?

*No responses*

---

**52.5.c** Dentist - If 'Yes', do you think this was related to drug use?

*No responses*

---

**52.6** Optician

---

**52.6.a** Optician

*No responses*

---

**52.6.b** Optician - About how many times?

*No responses*

---

---

**52.6.c** Optician - If 'Yes', do you think this was related to drug use?

*No responses*

---

---

**53**

**53.1** Challenging myself to achieve

**53.1.a** Challenging myself to achieve

*No responses*

**53.2** Being liked by others

**53.2.a** Being liked by others

*No responses*

**53.3** Protecting the environment

**53.3.a** Protecting the environment

*No responses*

**53.4** Being sensitive to others' needs

**53.4.a** Being sensitive to others' needs

*No responses*

**53.5** Coming up with new ideas

**53.5.a** Coming up with new ideas

*No responses*

**53.6** Having financial success

**53.6.a** Having financial success



No responses

---

53.7 Taking care of my body

---

53.7.a Taking care of my body

No responses

---

53.8 Downplaying compliments of praise

---

53.8.a Downplaying compliments of praise

No responses

---

53.9 Being independent (doing things I want to do)

---

53.9.a Being independent (doing things I want to do)

No responses

---

53.10 Accepting my place in my family or group

---

53.10.a Accepting my place in my family or group

No responses

---

53.11 Having time to myself

---

53.11.a Having time to myself

No responses

---

53.12 Being reliable

---

53.12.a Being reliable

No responses

---

53.13 Using science for progress

---

53.13.a Using science for progress

No responses

---

53.14 Believing in a higher power

---

53.14.a Believing in a higher power

No responses

---

53.15 Improving my performance

---

53.15.a Improving my performance

No responses

---

53.16 Being accepted by others

---

53.16.a Being accepted by others

No responses

---

53.17 Taking care of the environment

---

53.17.a Taking care of the environment

No responses

---

53.18 Helping others

---

53.18.a Helping others

No responses

---

53.19 Creating new things or ideas

---

53.19.a Creating new things or ideas

No responses

---

53.20 Making money

---

---

**53.20.a** Making money

*No responses*

---

**53.21** Being in good physical shape

---

**53.21.a** Being in good physical shape

*No responses*

---

**53.22** Being quiet about my success

---

**53.22.a** Being quiet about my success

*No responses*

---

**53.23** Giving my opinion

---

**53.23.a** Giving my opinion

*No responses*

---

**53.24** Respecting the traditions of my family or group

---

**53.24.a** Respecting the traditions of my family or group

*No responses*

---

**53.25** Having quiet time to think

---

**53.25.a** Having quiet time to think

*No responses*

---

**53.26** Being trustworthy

---

**53.26.a** Being trustworthy

*No responses*

---

**53.27** Knowing things about science

---

---

**53.27.a** Knowing things about science

*No responses*

---

**53.28** Believing that there is something greater than ourselves

---

**53.28.a** Believing that there is something greater than ourselves

*No responses*

---

**53.29** Working hard to do better

---

**53.29.a** Working hard to do better

*No responses*

---

**53.30** Feeling as though I belong

---

**53.30.a** Feeling as though I belong

*No responses*

---

**53.31** Appreciating the beauty of nature

---

**53.31.a** Appreciating the beauty of nature

*No responses*

---

**53.32** Being concerned about the rights of others

---

**53.32.a** Being concerned about the rights of others

*No responses*

---

**53.33** Discovering new things or ideas

---

**53.33.a** Discovering new things or ideas

*No responses*

---

---

53.34 Being wealthy

---

53.34.a Being wealthy

*No responses*

---

53.35 Being strong or good in a sport (being athletic)

---

53.35.a Being strong or good in a sport (being athletic)

*No responses*

---

53.36 Avoid credit for my accomplishments

---

53.36.a Avoid credit for my accomplishments

*No responses*

---

53.37 Having control over my time

---

53.37.a Having control over my time

*No responses*

---

53.38 Making decisions with my family or group in mind

---

53.38.a Making decisions with my family or group in mind

*No responses*

---

53.39 Having a private place to go

---

53.39.a Having a private place to go

*No responses*

---

53.40 Meeting my obligations

---

53.40.a Meeting my obligations

*No responses*

---

---

53.41 Knowing about math

---

53.41.a Knowing about math

No responses

---

53.42 Living in harmony with my spiritual beliefs

---

53.42.a Living in harmony with my spiritual beliefs

No responses

---

54 Do you think it is acceptable to use drugs as long as other people are not harmed?

No responses

---

---

55 Telephone number:

No responses

---

55.a You can use my telephone number to... (select all that apply)

No responses

---

56 Email address:

No responses

---

56.a You can use my email address to... (select all that apply)

No responses

---

Thank you very much for completing this survey. Your answers will allow us to better understand why legal highs are being used and what users think of them.

If you would like information on where to get support for drug use, then please visit sites such as:

<http://www.crew2000.org.uk/>

<http://www.addaction.org.uk/>

<http://www.talktofrank.com/>

## Appendix 2: Interview schedule

### Interview schedule

Introduction:

First of all I would like to thank you for agreeing to take part in this research. Before we start there are a few points I would like to go over. Firstly, just to recap the main points on the information sheet you were provided with. So as you know I am interested 'drug user identity', during this interview I would like to ask you some questions concerning your drug use and aspects of your lifestyle that may be associated with your drug use. Just to let you know you are free to stop the interview at any time. If there are any questions you don't wish to answer, just let me know and we can move on. If you don't mind, I would like to record the interview, this is just so I can give you all my attention. I will write our conversation up word for word, but I will remove any identifying information. The recording will then be destroyed. I will assign you a code if in the future; you decide to withdraw your data from the study. Some verbatim quotes from our conversation may be used in reports and my thesis; however these are anonymised as far as possible.

Just to emphasise anything we talk about in this interview will be treated with the strictest confidence. I will only breach this confidentiality if you mention something to me that places yourself or another individual in significant and immediate danger or anything that relates to safeguarding or acts of terrorism.

Do you have any questions?

If you are happy with all of this, I would just ask that you sign the consent form and we can start.

If at any time during the interview you wish to take a break / terminate, then please just let me know.

**\*\*\*If I know the participant\*\*\***

**I know we know each other, but for purposes of this interview could you talk like we've never met.**

## About yourself

1. Firstly, can you tell me a bit about yourself?

*Prompts:*

- *How old are you?*
- *What do you do for a living?*
- *Who do you live with?*
- *How long have you lived in \*\*\*?*

2. Can you tell me about your friendship groups?

## Drug use

3. Can you tell me about your last experience with drugs?

- *Is that typical experience for you?*

4. Can you tell me about the first time you used drugs?

*Prompts:*

- *When did you first use drugs?*
- *What drugs do you use/how often?*
- *Drug use history - reasons for change?*

***Back up Q - can you tell me a really memorable time you used drugs in the last year?***

5. Who do you use drugs with?

6. Where do you use them?

7. Where do you get them?

8. Why do you use drugs?

9. Do your friends take drugs?

- *Do you spend more time with those who do/don't?*

10. Are there any drugs that you wouldn't use?

- *Why?*
- *What influences you to use the drugs that you do use?*

11. Do you know what legal highs are?

- *Have you ever used them?*
- *Can you tell me about those experiences?*

12. Would you be able to get hold of drugs tonight from your usual dealer?

13. How do your friends who don't use drugs react to your drug use?

## Lifestyle (risk)

14. How does your drug use impact on your day-to-day lifestyle, if at all?



- *Do you hide your drug use from anyone?*

**15.** Do you consider risk when choosing to use drugs?

*Prompts:*

- *Health risks*
- *Risks associated with the CJS?*

**16.** Have you encountered any problems associated with your drug use?

*Prompts:*

- *Health?*
- *Relationships?*

**17.** Do you have any harm reduction strategies?

- *Do you alternate nostrils?*
- *Dosing?*
- *Own straw?*

**18.** Can you think of any times where your drug use has affected your normal routine?

## **Capital**

*Social capital*

**19.** What's your relationship like with people you use drugs with?

**This should come earlier when discussing drug use.**

*Cultural capital*

**20.** How do you learn about drugs, where does your drug knowledge come from?

**21.** Would you say that your drug use is reflected in any other parts of your lifestyle/ recreational time?

- *Do your music tastes reflect your drug use?*
- *Does what you wear/ how you style yourself say anything about drugs that you are interested in?*

**22.** Are you aware of any drugs forums and do you contribute to any?

- *Which ones?*
- *How often?*
- *Why?*

*Economic capital*

**23.** How do you get hold of/purchase drugs?

*Symbolic capital*

**24.** How do you think your drug use is perceived by your drug using peers?

- 25.** Are they aware of your drugs knowledge?
- 26.** What factors do you think support your place in you drug using network?
- 27.** Do other people's roles within you drug using network influence you drug use?

Final Q...

- 29.** Do you see your drug use changing in the next 5-10 years? Can you tell me about this?