ASSESSING THE EXTENT TO WHICH RECREATIONAL DRUG USE HAS BEEN NORMALISED AMONGST YOUNG ADULTS IN ENGLAND AND SPAIN – A COMPARATIVE STUDY

By Carlos Puig Saenz[1]

Abstract

This dissertation aims to assess normalisation of recreational drug use on an English and a Spanish sample, testing the validity of the thesis created by Parker *et al.* (2002). *The inclusion of two different countries allows a comparative assessment of the five key factors of normalisation: drug availability and accessibility, drug trying rates, regularity and recency of use, and degrees of social and cultural accommodation. The figures obtained are compared to other social studies measuring drug use, demonstrating that the rates of recreational use of drugs amongst the young-adult population remains consistently high. Respectively, 87% and 94% of the English and Spanish respondents involved in this research have been in drug offer situations, reporting cannabis to be the easiest drug to acquire. 66% and 81% of them have tried at least one drug, cannabis trying rates standing at 59% and 74% followed by the 'dance drugs' ecstasy and cocaine. Even though the abstainers held a negative opinion towards the topic, an average of 96% of participants selected it as the most acceptable drug, indicating – as most research suggests – that "it is only with the recreational use of cannabis that the normalisation criteria have been adequately satisfied"*
(Parker *et al.,* 2002: 961).

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Introduction

"Many animals in the wild can be seen seeking out drugs, from goats eating coffee beans, to pigs and elephants gorging on the alcohol in rotting fruit. In laboratory settings, small mammals such as mice and rats have remarkably similar reactions to humans, and become addicted to the same sort of drugs as we do." (Nutt, 2012: 51)

Recreational drug use is a phenomenon inherent to our existence. As Terence McKenna wrote: *"Clearly the self-administration of psychoactive substances, legal and illegal, will be increasingly a part of the future unfolding of global culture"* (McKenna, 1999: xiii). Presently however, this occurrence is repressed by the irrational business of prohibition (Madsen, 2012), and has become a focus of attention for many social research academics – many sociological studies assessing different aspects of drug use have been undertaken, some of them giving recommendations for policy changes in regards of drug penalties. This dissertation explores these papers in an attempt at assessing the validity of Parker *et al.*'s (2002) normalisation thesis – the notion that recreational drug use is so common amongst young-adults that *"it should be regarded as 'normal', rather than an activity confined to minority subcultures"* (Manning, 2007: 49).

Today, after over a whole century of prohibition since the 1912 Hague International Opium Convention was held, the 'drug problem' does not seem to improve. We can say that fifty years of international control and forty of 'war on drugs' have been useful for something: to demonstrate it is impossible to

eradicate drugs (Manjón-Cabeza, 2012: 60). Moreover, society has reached a point where, as Young (1971: 128) described, *"individuals within it must constantly consume in order to keep pace with the productive capacity of the economy"*. In his most recent work, he highlighted a "*Keynesian balance between hard work and hard play tipped toward the subterranean world of leisure"* (1999 cited in Measham and Shiner, 2009: 504). The lives of young-adults are usually periods where the responsibilities of the adult world still have not been set – Measham and Shiner (2009: 507) referred to these phases as *"increasingly protracted transitions into adulthood"*, drawing on Young's (1971) work. It is during this period that most *"experimental consumption"* occurs; therefore it is predictable that the rates of drug use will be higher among the young population.

The aim of this dissertation is to give support to the anti-prohibitionist notions that *"illicit drug use cannot be legislated out of existence"* (2009: 507), viewing recreational drug use as an occurrence that has been created by today's post-industrial society and its *"massively expanding, consumption-oriented night-time economy"* (Young, 1971; Measham and Shiner, 2009: 507). The European Monitoring Centre for Drugs and Drug Addiction (2014: 17) remarked that in 2012, *"two-thirds of all seizures in the European Union were reported by just two countries, Spain and the United Kingdom"*. Even so, governments still decide to hold a punitive attitude towards drug use disregarding scientific evidence, which should be applied in a consequentialist manner, neglecting the factor of harm reduction and prioritising a 'zero tolerance' performance (Manjón-Cabeza, 2012: 60). When an attempt to tackle humanity's drug consumption proves unsuccessful, and still those who

rule the world show perseverance in maintaining such approach, the first word that comes to our minds is corruption (Madsen, 2013).

The normalisation thesis can be seen as an attempt to *"challenge the hegemony of drug prohibition"*, as well as *"a corrective to the stigmatised understanding of young people who consume drugs on a recreational, non-problematic basis"* (Measham and Shiner, 2009: 505). This study aims to add up knowledge to support the notion that recreational drug use is now an inherent part of our culture and therefore punitiveness needs to be removed in many aspects. In order to achieve this, the researcher decided to assess the applicability of Parker *et al.*'s (2002) normalisation thesis, adapt it to undergraduate level, and assess its five key factors by means of an online survey, using two different samples: an English and a Spanish one, permitting a comparative study in order for broadening general knowledge (Pakes, 2010: 24). This dissertation is divided into five main chapters. Background for the normalisation thesis and rationale for the study are explained in the second chapter, the literature review. The study design and methodological approaches used are developed in the methodology chapter, to then give a full account of the survey results in the analysis and findings section. The conclusion will give an overview of the whole project, reporting the generated research towards answering the research question, as well as recommendations for a change in attitudes towards drug use.

Literature Review

This chapter will provide the reader with evidence to confirm what Parker *et al.* (2002) called the 'normalisation thesis'. The normalisation thesis could be seen as *"the argument that recreational drug use is now so familiar to those aged below 35 years that it should be regarded as 'normal', rather than an activity confined to minority subcultures"* (Manning, 2007: 49). Ever since the thesis was created, a 'normalisation debate' between academics emerged with the aim to find a proper way of assessing the general attitude of the English young-adult population towards recreational drug use. By means of citing relevant sources to the field, this literature review will give support to the belief that the rates of recreational drug use amongst young-adults are higher today than they ever were before, all this being a consequence of the way our post-industrial society works (Young, 1971). Besides, this dissertation will look at literature covering the topic of drug use in England and Spain. A review of policies and practices that contribute to the decriminalisation of recreational cannabis use will be undertaken, given that this is the only drug that has reached a sufficient degree of acceptance in society to be considered a normalised illegal substance (Parker *et al.,* 2002: 961). To conclude, an overview of the legal situation of drugs and statistics of cannabis personal use will be given.

"Since before the dawn of civilisation, humans have used drugs to alter their mood and behaviour." (Parrott *et al.,* 2004: 3)

This fact is not unknown amongst those familiar with the field of ethnopharmacology, neither amongst anyone studying the sociology of drug use. Surely, if a criminologist were to specialise in the latter, he would be required to deepen his knowledge regarding the gradual increase of drug use in modern society. As Parrott *et al.* (2004: 4) defended, psychoactive drug use has grown during the past 100 years – this fact is indisputable and, even though governments have increasingly become more punitive to fight recreational drug use ever since the start of prohibition with the 1912 Hague International Opium Convention, such activity seems ceaseless and abundant amongst the young adult population. Parker *et al.* (2002) – a key study for this dissertation – found that not only has cannabis use been normalised amongst teenagers, but also there has been a considerable increase in the use of what are known as 'dance drugs', pointing at our post-industrial society – and its consumption-led night-time economy – as a main propellant.

For more than a decade there has been debate about whether 'sensible' recreational drug use has been *"accommodated into the social lives of conventional young people"*, as Parker *et al.* (2002: 942) proposed, creating what we know as the normalisation thesis, and dedicating several papers to it (Measham, Newcombe and Parker, 1994; Measham, Parker and Aldridge, 1998; Measham, Aldridge and Parker, 2001; Parker, Measham and Aldridge, 1995; Parker, Aldridge and Measham, 1998; Parker, Williams and Aldridge, 2002; Williams and Parker, 2001). The lead authors of the normalisation debate fall within two groups: on one hand, Parker, Williams and Aldridge – together with other colleagues included in the papers aforementioned – represent what is known as the North West England Longitudinal Study. They

proposed five key factors to assess the thesis on a sample of young adults in Manchester – these were 1) availability and access to drugs, 2) drug trying rates, 3) usage rates, 4) degree of social accommodation and 5) degree of cultural accommodation. On the other hand, Shiner and Newburn (1996; 1997; 1999) developed an early critique that accused the former authors of exaggerating and generalising the results of their studies, defending the idea that the normalisation thesis misrepresented the extent and acceptability of drug use amongst youngsters and its extent and pace of change. They also pointed out that it underestimated the context within which drugs were used as well as the negative opinions held towards drug use. Despite their disagreements, however, Measham and Shiner (2009) united to discuss the normalisation debate in order to justify what has long been awaited – a *"sane and long-lasting control"* of recreational drug use, as Young (1971: 222) argued in *The Drugtakers.*

"Normalisation is a multi-dimensional tool, a barometer of changes in social behaviour and cultural perspectives (…) focusing on both illicit drug use and users." (Parker *et al.*, 2002: 943)

Various academics in England have discussed the normalisation thesis in order to confirm it, deny it or modify it. Manning's (2007) *Drugs and Popular Culture* collected the work of several English academics – including Judith Aldridge, Tim Newburn, Howard Parker, Michael Shiner and Lisa Williams – and offered an overview of the normalisation debate. He believed that *"if 'normalisation' is occurring, this is happening within and through popular*

cultures" (2007: 54). In other words, the acceptance (degree of cultural accommodation) of recreational drug use occurs when a range of social groups act in a range of linked situations (Becker, 1963; Measham and Shiner, 2009: 504). Martínez-Oró and Pallarés Gómez (2010) are probably two of the few Spanish academics to ever write about Parker *et al.*'s (2002) normalisation thesis. They remarked that the thesis was applied from a sociological perspective and suggested that a psychosocial perspective was needed instead, drawing on the work of Gergen (1973; 1994; 1999) and posing the following questions on the table: Which are the factors that make users understand drug use as normal or deviant? How do they experience their own drug use? What are the functionalities of drug use? What role do structure and agency play in normalisation? What types of drug use make both normalisation and user stigmatisation possible? Like Shiner and Newburn, the Spanish authors also pointed out the importance of personal accounts of such normalisation, and from Gergen's work they extracted four main factors that contributed to the psychosocial explanation of normalisation: first, the functionality and purpose of drug use; second, the contexts and times of consumption; third, the group as a key factor for consumption; and fourth, the weighing of drug uses. The latter factor was highlighted by Martínez-Oró and Pallarés Gómez (2010: 52), who quoted *"When the user starts to perceive his consumption to be dysfunctional or not producing the desired effects, he tends to reconsider it or abandon it".* As this study investigates, the recreational use of soft drugs such as cannabis is an activity that may or may not cling to an individual's routine – this means that many people who have tried cannabis or have been regular users of it will end their use at some point

within what Young (1971) called the 'transition' period. On the other hand, 'hard' drugs pose very high risks of psychopharmacological addiction and therefore, their use trends differ from those of 'soft' drugs (Bartilow and Eom, 2009: 100).

Howard Becker and Jock Young are part of the so-called *'new' deviancy theories* within the early sociology of drug use (Measham and Shiner, 2009: 503). Becker (1963) contributed enormously to what we know today as the labelling theory within the field of theoretical criminology. Even though his book *Outsiders* could be seen as out of date, Measham and Shiner remarked how other aspects of Becker's analysis can be applied to the situation of recreational drug use today – governments still follow a prohibitionist approach, making users oppose the forces of social control that try to limit their access to drugs, consequently making them secretive about their actions towards non-users (2009: 504). By all means Becker's work is a key contributor to the labelling theory. It should be highlighted that, whereas the theory consists of a social majority labelling a minority for its deviance from standardized social norms, the normalisation thesis applies to the young adult population and is *"negotiated by distinct social groups operating in bounded situations"* (2009: 504). Thus, the normalisation thesis confirms the labelling theory – it is true that recreational drug use is a practice carried out by a small portion of society in relation to the big non-using part. Simultaneously, the thesis seeks to assess which drug uses have become normalised to the extent that they can be considered 'not deviant'. As expected however, *"it is only with the recreational use of cannabis that the normalization criteria have been adequately satisfied"* (Parker *et al.,* 2002: 961).

As Young (1971) explained in *The Drugtakers,* recreational drug use amongst young adults increasingly became popular due to the emergence of a night-time economy propelled by our post-industrial society. Blackman (2007), who agreed with many aspects of Young's (1971) analysis, insisted with the view that recreational drug use can no longer be seen as an issue of *"individual pathology, peer pressure, subcultural rebellion or structural determinants"* (Measham and Shiner, 2009: 505), and reinforced that the normalisation thesis was indeed created with the aim to correct the stigmatised perception most society has towards 'sensible' recreational drug use in youngsters, even though it has also been used to support prohibitionist policies (Blackman, 2007: 56-58). Young (1971) also emphasised the interplay between 'structure' and 'agency'. There is little doubt that the decision of using drugs is based on the concept of 'situated choice' – it is not determined by a person's own choice alone nor by the social structure in itself, but instead by an interaction of both. Here is where the normalisation thesis went wrong – it overlooked the role of structural influences, deciding to only focus on a rational action model of recreational drug use (Measham and Shiner, 2009: 504). Young was right when he described the 'privileged position' in which many teenagers find themselves – a period of detachment from family and school while at the same time not yet involved in the adult world, giving them more free time to engage in 'deviant' acts. These *"increasingly protracted transitions into adulthood",* as Measham and Shiner (2009: 507) put it, tend to be a key stage in a person's life and can be the divergent point between the persistence of a drug-using career and growing out of drug use.

All the research undertaken about normalisation of drug use, as well as its subsequent debate, are what could be seen as the reaction of those indignant about the prohibitionist regime that prevails in many countries of the planet, commencing with the establishment of the 1912 Hague International Opium Convention, a move by the U.S. to maintain British influence in China (Madsen, 2012: 130). Many authors defend the idea that prohibition – and the 'war on drugs' – does more harm than good. Prohibitionist societies are to blame for the stigmatisation of hard drug addicts ('junkies') – the normalisation thesis helps demonstrating how people who take 'more acceptable drugs' on a recreational basis are not generally stigmatised by society even though they are also using substances considered illegal by law (Parker *et al.*, 2002: 943). Today the topic of drugs is suspended in a limbo state where many things still remain blurry mainly due to a lack of general knowledge in society – there is widespread ignorance towards a reality that ideally should be acknowledged by everyone, a reality that the majority of governments do not want their people to see probably due to reasons of economic profit. Ever since prohibition gathered momentum in the 70s during the U.S. president Nixon's administration, many stringent drug policies have been established to the point where medical research has been constrained. It is not a surprise anymore that many psychedelic drugs offer a high therapeutic potential for the treatment of some serious mental disorders – drugs such as LSD for alcohol dependence (Krebs and Johansen, 2012; Sessa and Johnson, 2015) and anxiety (Gasser *et al.*, 2014), MDMA – ecstasy – for post-traumatic stress disorder (Mithoefer *et al.*, 2010; Sessa and Nutt, 2015), and other less known natural psychedelics like ibogaine, ayahuasca and mescaline for drug

addiction (MAPS, 2015). Antonio Escohotado, Spanish essayist and university professor as well as Albert Hoffman's 'spiritual son' (Escohotado, 2011) stated:

"Numerically-considerable minorities tenaciously practice passive resistance, fuelling a black market in which many governments and specialised polices participate surreptitiously." (Escohotado, 2008: 16)

Manjón-Cabeza, criminal law professor at the Complutense University of Madrid, claims that the historical context of the 20th and 21st centuries cannot justify the current drugs regime, but instead the reasons must be searched within political interests pursued by the United States – interests halted by none but forced on many, aided by huge amounts of dollars and enforced by the United Nations (2012: 28). There is a chance that these interests created the excuse of 'having to stop the problem of drugs', paving the way for the United States to achieve its interventionist and imperialist wishes – hence why the *"legal classifications (in the US and UK for example) tend to put psychedelics in the 'most harmful' categories – anomalously alongside heroin and cocaine"* (Transform Drug Policy Foundation, 2009: 147).

The solution could be right before us, however corrupted ideologies impede the development of a rational way of tackling the 'problem of drugs' – in any case, it is a normal procedure to follow the example of those who thrive, and when it comes to drug use we must definitely look at the performance of Portugal, the Netherlands and Spain. On July the 1st 2001, Portugal passed the 30/2000 Law that changed the way drug users were

treated by the state – never again were they considered criminals, and policy shifted towards a harm reduction approach where users were no longer eligible to go to prison and instead were dealt with by the Commissions for Drug Addiction Deterrence, administrative institutions with the power to fine offenders, subject them to community work and or addiction treatment (Manjón-Cabeza, 2012: 98). Ever since, there have been two sides of the story with both supporters and detractors of the policy. Hughes and Stevens (2012: 111) defended the idea that evidence should not just be used as *"ammunition for the policy battlefield",* blaming the two main authors writing about the Portuguese drug law reform of manipulating the data obtained in order to modify the policy. Few would deny that the best way of achieving improvement is by learning from mistakes – these mistakes, as well as the subsequent actions carried out whether it be for better or for worse, are empirical evidence that should be taken into consideration when making decisions in the future. Portugal proceeded to decriminalisation due to previous trials where the penal response towards drug users was softened, tilting towards a harm reduction approach – the country reached the conclusion that treatment is much cheaper than imprisonment, as well as it is more humane and efficient. The reform, analysed by Manjón-Cabeza (2012: 99), brought Portugal consequences such as drug-related prison population reduced from 40% to 25% (therefore decongesting prisons); a decrease in drug use relapse; a decrease in heroin use (although an increase in cocaine and cannabis use); a reduction of drug-related deaths as well as drug-related diseases (including STDs); a palliation of most social exclusion to which drug users were subjected before the reform; an increase in the number of people

undergoing treatment and finally, a decrease in youth drug use. In a way, decriminalising drug use is contributing to the normalisation of it – it is meant to remove the illogical aversion created towards drug users, helping society see the role of drugs in the present from an unbiased perspective.

The Spanish situation is somewhat different – the existence of Cannabis Social Clubs (CSC) facilitates recreational users a legal way of acquiring cannabis, considering such use as non-criminal. CSCs are *"private, non-profit organisations in which cannabis is collectively grown and distributed to registered members"* (Murkin, 2015). A 'cannabic movement' emerged from the actions of a Catalan association named ARSEC (Ramón Santos Cannabis Studies Association) around 1993, after an attempt at cultivating cannabis with the purpose of personal use amongst a group of adults (Barriuso Alonso, 2012: 2). As a consequence, the case was brought to the Spanish Supreme Court, and in 2001 the latter absolved those who were legally involved in the case, stating that the possession of cannabis is not considered criminal – even with large quantities – as long as there are no trafficking intentions. Here, and together with a few other successful cases, started what could be considered as the 'era of the cannabis associations'. CSCs are an alternative to the illicit market and belong to the private sector: there is no promotion of consumption and this is limited to members only. On the other hand, the Netherlands have the so-called coffee shops, which differ from the Spanish CSCs in that they are not restricted to a certain number of members. Present since 1976, coffee shops are locals resembling cafeterias in which customers are provided with a menu of diverse varieties of cannabis as well as non-alcoholic drinks, where the consumption of tobacco and alcohol is prohibited.

These, as well as the Spanish CSCs, offer users a legal and safe environment in which to consume cannabis, keeping them away from the dangers of the illicit market. A positive evaluation of these strategies was reported by Manjón-Cabeza (2012: 102), who remarked that first, a non-criminal consumption regime is always better than a regime which considers the user to be a criminal, and second, the experiences of normalisation and control of consumption do not entail public health issues and prevent users from coming into contact with the black market. However, by analysing the situation one can reach the conclusion that the roles these policies and practices play within contemporary society are not influential enough as to create a change in the attitude of society towards the 'problem of drugs'. At the end of an interview, Escohotado concluded:

"This is how the crusade against drugs will end, in whispers. Never has it been achieved to explicitly end a crusade such as one against freethinking, homosexuality, sorcery or drugs." (Escohotado, 2011)

At European level, Spain, Portugal, Italy and Luxembourg do not consider the possession of drugs for personal use an indictable offence. Being decriminalised, and imposing monetary sanctions with discretion, recreational drug use is less targeted and therefore less problematic. In Spain, the possession and use of drugs in public spaces goes against the Law of Citizen Protection, however it is not considered a punishable offence and its public use goes unnoticed (Seshata, 2014). Something different but still less punitive in practice happens in the Netherlands, Germany and Czech Republic –

possession of drugs is illegal, however guidelines were established to inform police officers, public prosecutors and courts of what quantity of the drug in possession can be considered to be a punishable offence (Blickman and Jelsma, 2009: 89). On the other hand, England is more punitive and possession of drugs is an offence no matter how small the quantity of the drug is. Since the implementation of the Misuse of Drugs Act *1971,* drugs have supposedly been classified into classes A, B and C according to their level of harmfulness, however it has been proven that such classification is not based on scientific evidence (Nutt *et al.,* 2007). Nutt (2012: 32) explained the 'sorts of harm' that had to be considered when assessing the overall harm of a drug, which he applied to create a rational scale of drug harms and compare to the current drug A/B/C classification – he remarked: *"the first thing to note is how little relationship there is between a drug's current legal Class and the position we ranked them in"* (2012: 43). Additionally, the House of Commons ordered the publication of a report in 2006 that accused the *1971* Act of being unscientific and conventional, claiming:

"We have identified significant anomalies in the classification of individual drugs and a regrettable lack of consistency in the rationale used to make classification decisions." (House of Commons, 2006: 3)

In practice however, England can also be considered to have decriminalised the personal use of cannabis to some extent. Even though it was reclassified to Class B in 2009 – from being Class C since 2002 – there is some degree of tolerance towards the personal use of it. The Association of Chief Police

Officers (ACPO, 2009) recommends that Chief Constables decide between three options when dealing with possession of small personal quantities of cannabis: a 'Cannabis Warning', a Police Notice for Disorder (PND) and arrest. This discretion with which the police is provided certainly contributes to the decriminalisation of personal cannabis use – it is, therefore, theirs to decide whether to take action or not. By looking at two national surveys conducted in England and Spain a comparison between the levels of drug use can be made: from England, the 2013/14 Crime Survey for England and Wales was revised (Home Office, 2014) with the objective to present its findings, showing that 2,625 participants out of around 37,500 (7%) had used cannabis in 2013. In the same year, the Spanish Ministry of Health, Social Services and Equality (2015) conducted the Survey on Alcohol and Drugs in Spain (EDADES), counting on 23,136 valid questionnaires. The findings indicated that 2,128 participants (9,2%) had used cannabis (2015: 15). In conclusion, these findings suggest that despite the difference of participants, the percentage that had smoked cannabis in 2013 in relation to the total number of participants was slightly higher in Spain; therefore this reflects a similarity in cannabis use in both countries.

From the outset, the normalisation thesis had the objective of demonstrating that the young-adult population in England was *"becoming increasingly accommodated into the social lives of conventional young adults"* (Parker *et al.,* 2002: 942) – this is clearly reflected in Parker *et al.*'s (2002) study. It is obvious that such an experiment cannot be representative of the entire English young adult population, however it is a reminder that indeed our post-industrial society – with support of the subsequent night-time economy

(Young, 1971) – is responsible for the current drug use rates in England and Spain, and probably of many more countries in and out of Europe. As mentioned in this literature review, many authors have contributed and given support to the normalisation thesis – the aim of this dissertation is to add knowledge to the literature by conducting a survey of an English and a Spanish sample of young adults, with the aim to assess the five key factors of the thesis with the addition of a brief developing question to gain some insights into the recreational use of drugs. In the following chapter the methodology of this experiment will be exposed.

Methodology

Introduction

The aim of this dissertation is to add knowledge to the current research regarding the normalisation thesis, and this will be achieved by making use of both primary and secondary data, using a triangulation approach. Given that the social experiment conducted for this dissertation assesses to some extent the validity of Parker *et al.*'s (2002) theory, a collection of secondary data was needed in order to set the context and rationale – extracted from books, academic journal articles and reliable online sources. In terms of primary data, surveys were used with the objective to assess the five key factors of normalisation, including a developing question at the end of each questionnaire as a way of obtaining qualitative information – this will be used

with the aim to reinforce the results. Consequently, this chapter will give an outline of the methodology used in order to conduct the research, including sampling techniques, research instrumentation and ethical considerations, giving a justification for the study design.

A primordial requirement for the undertaking of a 'normalisation thesis' replica is the production of a literature review with which to establish the background of Parker *et al.*'s (2002) theory. This dissertation includes a literature review which consists of academic journal articles, books and internet resources. By means of analysing this data, a secondary analysis was conducted with the aim to confirm, deny or modify (CMD) Parker *et al.*'s thesis. Secondary research gives the opportunity for longitudinal analysis (Bryman, 2012: 313), which is what the normalisation thesis was based on – it consisted of a survey conducted yearly from 1991 to 2000. However, the time and cost involved makes it impossible to carry out a longitudinal study for a dissertation. Instead, this dissertation has used a unique survey adapted to the limitations of a university project. On the other hand, the nationality of the researcher allows a cross-cultural analysis – this is beneficial because it is linked to the processes of globalisation and to cultural differences (Bryman, 2012: 314) and therefore permits a comparative evaluation of each country's literature as well as of study findings. Amongst other advantages and disadvantages of undertaking secondary analysis at student level, Bryman (2012: 312) mentioned the benefits of little cost and time, the possibility of obtaining good quality data (2012: 313) – and more time for its analysis – and opportunity for reanalysing the data in pursuit of new interpretations (2012: 315). Moreover,

he also cited the limitations of lack of data familiarity, data complexity, and the lack of control over data quality (2012: 316). A considerable effort has been put to examine and understand the literature, as well as to find reliable resources in order to maximise validity.

In terms of primary research, a quantitative approach was mainly used for the collection of data, using an online survey as a research tool. Due to the nature of the normalisation thesis, a survey made of questionnaires was felt to be the appropriate instrumentation to replicate Parker *et al.*'s (2002) study. This allowed the researcher to, by means of assessing the five key factors of normalisation, evaluate the extent to which recreational drug use has become normalised in a sample of English and Spanish young adult population. Online questionnaires are an efficient and economic form of acquiring extensive amounts of information (King and Wincup, 2008: 31), and therefore they were thought to be adequate for this type of study. By consulting Price's (2011) dissertation – who also replicated Parker *et al.*'s (2002) study – the researcher was able to modify and reinforce the structure of the questionnaires in order to achieve more accurate results when assessing the key factors of normalisation. Further, a triangulation approach was taken by adding a developing question at the end of the questionnaires, providing the study with qualitative comments to strengthen the results obtained (Newburn, 2007: 899). Projects like this require the use of method triangulation to *"investigate different aspects of the same phenomenon"* (Sarantakos, 2013: 159). As Jupp said:

"Crime is a multi-faceted phenomenon. It is an act which is capable of being counted and it is also a way of life requiring detailed and sensitive description." (Jupp, 1989: 34)

Sample

Due to economic limitations and accessibility, the survey participants were elected through a non-probability snowball sampling approach, given that *"in certain respects, snowball sampling is a form of convenience sample"* where *"the researcher makes initial contact with a small group of people who are relevant to the research topic and then uses these to establish contacts with others"* (Bryman, 2012: 202). In this case, participants were contacted via the researcher's own Facebook account: two messages – one in English and one in Spanish – were posted in which young adults from 18 to 24 years of age were invited to complete the survey. In order to be eligible for participation, the candidates were also required to be residents either in England or Spain. These posts also included an information briefing and a consent text (See appendices 1 and 2 respectively) as well as a link to the survey that participants would voluntarily access. After the closing of the survey, a total of 162 participants were recruited – 87 English and 75 Spanish.

Sample	Nº of Participants
English	87
Spanish	75

Snowball sampling involves that the sample will never be representative of the entire population due to a lack of randomisation. As Bryman (2012: 203) pointed out, this type of sampling is way more common within qualitative research strategies, remarking that when used combined with a quantitative approach there would be concerns about external validity and the ability to generalise. Therefore, it is generally appropriate for qualitative studies, *"where the aim is not to make statistical generalisations to a wider population"* (Newburn, 2007: 914). Nonetheless, there were limitations in terms of mobility for the researcher, which is the reason why an online survey was picked rather than a physical one. As Sarantakos (2013: 178) said, *"this method is employed* […] *when it is difficult to approach the respondents in any other way".* In conclusion, the snowball sampling technique was needed in order to recruit enough participants to allow the undertaking of a normalisation thesis replica at undergraduate level.

Research instrumentation

As aforementioned the research tool selected for this dissertation was an online survey builder, Kwiksurveys.com. Excluding the personal details section, the questionnaires consisted of 14 pre-coded questions aimed at assessing the five key normalisation factors on both samples, including a fifteenth open-ended question to reinforce the results. Since the questions appear *"according to the logic of the project"* (Sarantakos, 2013: 253), the format of the questionnaire is mixed. Kwiksurveys gives researchers the

option to download the survey results in Excel format, as well as creating a graphic report in which response rates are represented in bar charts and percentage tables. Furthermore, for the purpose of the research the questions were designed to assess Parker *et al.*'s (2002) five key elements of normalisation, however on two different samples of two different countries in order to conduct a comparative study. The researcher felt that, in addition to assessing the thesis' validity, the inclusion of a second country and the ensuing comparative study would broaden the reader's knowledge regarding the normalisation and legal situation of recreational drugs. Pakes (2010) said:

"People look at other countries and contexts for different reasons. Generally, it is the case that broadening one's horizon will always be a learning experience." (2010: 24)

Self-completion questionnaires are thought to be cheaper and quicker to administer (Bryman, 2012: 233; Newburn, 2007: 900; Sarantakos, 2013: 273; Yun and Trumbo, 2000), and the absence of a physical interviewer reduces the probabilities of participants giving biased answers – therefore, by employing questionnaires *"interviewer effects are eliminated"* (Bryman, 2012: 233). Firstly, and as previously stated, the mechanisms whereby the normalisation thesis is assessed require the use of self-administered questionnaires, which for the purpose of this study were spread on Facebook using a snowball sampling method – this directly excludes the possibility of using personal interviews. As Bryman (2012: 232) stated, *"The structured interview is in many, if not most, respects a questionnaire that is administered*

by an interviewer". Secondly, the fact that this study covers the topic of recreational drug use increased the suitability of using self-completion questionnaires – respondents tend to *"under-report activities that induce anxiety or about which they are sensitive"* (2012: 234), consequently it was felt that by making use of an online survey participants would be more forthcoming and truthful. Yun and Trumbo (2000) observed that online surveys are *"advisable when resources are limited and the target population suits an electronic survey"*. Thus, the researcher found that the instrumentation employed to collect data for this dissertation was an appropriate one, if not the only viable method.

In terms of disadvantages and limitations of using the chosen research tool, some of the main concerns that researchers have are the low response rates (Bryman, 2012: 677; Newburn, 2007: 900) and subsequently a possible lack of motivation by the respondents to either participate or answer the questions (Bryman, 2012: 677; Newburn, 2007: 900; Sarantakos, 2013: 273). It is obvious that, in order to obtain generalised results, the sample should be as large and varied as possible. Parker *et al.*'s (2002) study involved over 700 14-year-olds in the original cohort of 1991 (2002: 949), going down to 529 at Year 5 (2002: 950). In order to select the sample for this dissertation, however, the researcher felt that the best way to achieve this would be setting a closing date for the survey and prompting potential respondents to participate by means of applying a snowball sampling technique. This was realised with the aim of recruiting as many participants as possible, however no matter how big the sample grew there would still be issues of under-generalised results due to the source from where respondents were extracted.

Moreover, it would be unlikely that an undergraduate level dissertation would obtain a sample representative of the entire population that it aims to study.

Ethical considerations

When studies involve primary research, of a major importance is avoiding *"the violation of standards relating to the manner in which researchers treat respondents"* (Sarantakos, 2013: 17). Essentially, participants have to be protected throughout the course of the study with adherence to ethical principles and respect for human rights. In terms of consent and to avoid deception, the participants read a paragraph that made clear the aims and objectives of the research and the expectations associated with the conduct of the project to ethical standards (See appendices 1 and 2). Subsequently, a link to the survey was added and participants were informed that by clicking it they were voluntarily consenting to take part in the study. They were also informed in written form that they might withdraw from the study at any point up to survey closure. When the survey was finished, a debriefing statement would appear in which the contact details of the researcher and the supervisor were displayed, and URLs to websites promoting drug education and harm reduction were given (See appendices 3 and 4). All the primary data collected for this study was anonymised prior to use in the researcher's draft and final, and it will not be disclosed to anyone with the limited exception of compulsory university process under controlled conditions and in compliance with the Data Protection Act (1998) and the Ley Orgánica 15/1999 de 13 de diciembre de Protección de Datos de Carácter Personal (Spanish equivalent). This

means that all the information gathered by means of the online survey will be destroyed after the mark for this dissertation is released.

Conclusion

This chapter has covered the methodological approach employed to undertake this dissertation. In order to measure the extent to which the recreational use of drugs has become normalised amongst the young adult population in England and Spain, a survey was made available to both English and Spanish users on Facebook. These were asked to spread the word with the aim to apply a snowball sampling technique, which was thought to be appropriate for the type of research being conducted. Including a developing question at the end of each questionnaire, this study triangulated the data collection methods in order to add qualitative value to the statistics acquired, with the objective to confirm the statement that recreational drug use has been *"accommodated into the social lives of conventional young people"* (Parker *et al.*, 2002: 249). Using Parker *et al.*'s (2002) normalisation thesis as a main focus, and taking Price's (2011) dissertation as a reference for study design, the instrumentation used to collect primary data was aimed at assessing the five key factors of normalisation – this would allow a comparison to other studies using the same methodology. At the same time, the inclusion of two different countries in this investigation gives way to a potential comparative evaluation, not only of findings but also of contexts – as exposed in the literature review – providing the reader with a bigger picture of recreational drug use within contemporary society. In the next chapter an

analysis of the survey results will be undertaken, and findings will be reported with the aim to confirm the normalisation thesis.

Analysis and findings

By means of creating questionnaires aimed at addressing the main research question, normalisation of recreational drug use was measured amongst 87 English and 75 Spanish young adults. By means of replicating Parker *et al.*'s (2002) original survey (Measham *et al.*, 1994) and moulding it to an undergraduate level, the five key factors of normalisation were adapted to questionnaire format so that they could be assessed in an approachable way. These factors include 1) availability and accessibility of drugs, 2) drug trying rates, 3) rates of regular and recent use, 4) degree of social accommodation and 5) degree of cultural accommodation. This chapter will analyse the survey results in a statistical manner, using the factors previously stated as fundamental measures to assess the scope of normalisation on both samples of the study.

Availability and accessibility

As Parker *et al.* (2002: 944) remarked, this is a factor *"without which normalisation cannot develop"*. The creators of the thesis argued that the availability of drugs had increased substantially during the 90s, claiming that one way of measuring this was by looking at figures of drug seizures. In their

study, Parker *et al.* pointed out that seizures of main street drugs had augmented tenfold (Cabinet Office, 1999 cited in Parker *et al.*, 2002: 944). Since then, fifteen years have passed and the availability of these drugs still shows sign of increase – Fuller and Hawkins (2013: 8) reported that, from 2004 to 2008/9, drug seizures had more than doubled. It could be argued that in a post-industrial society where the night has become a major justification for the expansion of recreational drug use (Young, 1971), it is logical that these figures keep an upward trend.

According to Parker *et al.* (2002: 951), *"'Offer' situations provide the established measure of drugs availability"*. In their study, the percentage of respondents ranging from 18 to 22 years of age being offered drugs at least once was slightly over 90%. Also, the HEA (1999 cited in Parker *et al.*, 2002: 944) reported that from a sample of 20-22 year olds nearly 90% had been in a drug offer situation. This dissertation found that 87.5% of the English and 94.6% of the Spanish respondents had been offered a drug at least once (Table 1). Other dissertations covering the normalisation thesis obtained slightly higher results – Price (2011: 15) showed an average of 97% and Murray (2008: 52) showed 95%. Looking at drug offers by drug type Parker *et al.* (2002: 952) noticed that drug offers increased with age, cannabis being the most available substance followed by amphetamines and LSD. As expected, this dissertation also found that cannabis was the most available substance according to the respondent's perceptions. In terms of drug offer situations, Table 2 shows that for the English sample cannabis took the lead (83.3%), followed by ecstasy (39.4%), cocaine (37.9%), LSD and solvents (33.3%). For the Spanish sample, cannabis also stayed first (91.4%) followed by cocaine

(60%), ecstasy (37.1%), magic mushrooms (37.1%) and LSD (34.3%). Both Price's (2011) and Murray's (2008) dissertations found that the three most available drugs were cannabis (94% and 93% respectively), cocaine (66% and 67) and ecstasy (63% and 65%).

Table 1 – Have you ever been offered any drugs at all?

Sample	% of respondents
English	87.5
Spanish	94.6

Table 2 – Have you ever been offered any of the following drugs?

Drug	% of English respondents	% of Spanish respondents
Amphetamines	25.8	27.8
Cannabis	**83.3**	**91.4**
Cocaine	37.9	60
Ecstasy	39.4	37.1
Heroin	9.1	2.9
LSD	33.3	34.3
Magic mushrooms	28.8	5.7
Nitrites	22.7	37.1
Solvents	33.3	11.4
Tranquilisers	18.2	15.7

None	13.6	7.1

In terms of drug accessibility, Tables 3 and 4 show that cannabis was the easiest drug to acquire according to the respondents, the English scoring 71.25% and the Spanish 83.78%. For the English sample, the easiest drugs to acquire after cannabis were solvents (48.75%), ecstasy (42.50%) and magic mushrooms (32.50%), whereas for the Spanish sample these were tranquilisers (29.73%), cocaine (45.95%), ecstasy and amphetamines (32.43%). Parker *et al.*'s (2002) study also found that cannabis was *"by far the most accessible drug"* (2002: 953), followed by amphetamines, ecstasy, nitrites and cocaine. ESPAD (2012: 86) reported a percentage of 42 on cannabis for both English and Spanish participants. Price's (2011: 14) and Murray's (2008: 53) findings also showed cannabis as the leading accessible drug, coinciding in that the following most accessible drugs were nitrites, ecstasy and solvents. It should be noticed that the high accessibility of cocaine (63%) reported by Murray (2008: 53) is also present in this dissertation's Spanish sample. On the other hand, heroin was the drug considered to be harder to acquire, being classified as 'difficult' by 23.75% and 21.62% of the English and Spanish sample respectively. These samples are far from representative of the young adult population, however they show consistency in terms of availability and accessibility of recreational drugs compared to Parker *et al.*'s (2002) study and others aforementioned. This confirms the argument that, in the midst of a post-industrial society that

promotes a night-time economy (Young, 1971), drugs have increasingly become a normalised phenomenon if not a requisite.

Table 3 – How easy do you think it would be to acquire each of the following drugs? (% of **English** sample)

Drug	Very easy	Easy	Neutral	Difficult	Very difficult	Don't know
Amphetamines	8.75	13.75	23.75	18.75	1.25	**33.75**
Cannabis	**71.25**	20	1.25	1.25	0	6.25
Ecstasy	22.50	**42.50**	11.25	8.75	1.25	13.75
Heroin	7.50	6.25	11.25	23.75	22.50	**28.75**
LSD	11.25	**26.25**	22.50	16.25	1.25	22.50
Magic mushrooms	6.25	**32.50**	20	13.75	5	22.50
Nitrites	20	13.75	18.75	8.75	2.50	**36.25**
Solvents	**48.75**	17.50	8.75	1.25	1.25	22.50
Tranquilisers	13.75	17.50	15	17.50	5	**31.25**

Table 4 – How easy do you think it would be to acquire each of the following drugs?

(% of **Spanish** sample)

Drug	Very easy	Easy	Neutral	Difficult	Very difficult	Don't know
Amphetamines	4.05	27.03	**32.43**	8.11	0	28.38
Cannabis	**83.78**	14.86	0	0	0	1.35
Cocaine	22.97	**45.95**	18.92	4.05	0	8.11
Ecstasy	12.16	27.03	**32.43**	5.41	0	22.97
Heroin	4.05	6.76	22.97	21.62	9.46	**35.14**
LSD	4.05	24.32	**25.68**	18.92	2.70	24.32
Magic mushrooms	10.81	20.27	**25.68**	20.27	4.05	18.92
Nitrites	9.46	0	16.22	9.46	6.76	**58.11**
Solvents	24.32	9.46	13.51	6.76	2.70	**43.24**
Tranquilisers	**29.73**	22.97	17.57	5.41	2.70	21.62

Drug trying rates

Parker *et al.* commented that ESPAD (1997; 2001 cited in Parker *et al.,* 2002: 945) found English adolescents to have the highest drug trying rates in Europe. The latest ESPAD (2012: 87) report however, shows that these figures have changed – the UK and Spain still remain amongst the highest (27%), however the Czech Republic takes the lead (43%), followed by France (39%), Monaco and the USA (38%). Parker *et al.*'s (2002: 954) results

indicated that since 1991 up to 2000, the percentage of young participants that had tried at least one drug raised from 36.3 to 75.8. It should be noted that in Year 1, participants were 14 years old and in Year 9 they were 22, which denotes that with age, the drug trying rates increase. Price (2011: 16) found that 78% of the university students surveyed had tried some type of drug at least once, and Murray (2008: 55) also obtained a very similar figure (76%). Table 5 shows the English and Spanish percentage of participants who have tried at least one drug in their lives. The numbers were unexpected for England, staying at 66.2%, whereas Spain stood at 81.1% showing a considerable increase compared to the studies mentioned above. For Webb *et al.*'s (1996: 923) study, also mentioned by Parker and colleagues, this rate stood at 59%. These figures suggest that *"the majority of university students, up to 60 percent, have some drug experience"* (Parker *et al.*, 2002: 946).

Focusing on drug types, it was expected that cannabis would be the most tried drug as well as the first many participants tried before any other drugs. Table 6 displays trying rates by drug type, indicating that cannabis is undoubtedly the most tried drug with 59.4% and 74.3% for England and Spain respectively. For Parker *et al.* (2002: 954), the percentage of cannabis was 31.7 at Year 1 and 69.9 at Year 9. ESPAD (2012: 89) reported that for England and Spain, these figures were only 25% and 26% respectively. Webb *et al.* (1996: 923) observed that these figures stood at 60% for men and 55% for women, again very similar to the figures previously stated. For Price (2011: 17) and Murray (2008: 55), the drug trying rates were 76% and 73% respectively. It should be noted how all these results are consistent in terms of similarity, which suggests that cannabis is indeed the most normalised

substance – if we compare the trying rates for cannabis with the rest of the drugs, numbers fall.

For this dissertation, ecstasy (23.4%) and cocaine (20.3%) were the most tried drugs after cannabis for the English sample, whereas for the Spanish these were cocaine (17.1%) and amphetamines (15.7%), followed by a tie between ecstasy, LSD and tranquilisers (14.3%). For Price (2011: 17) and Murray (2008: 55), these were nitrates (46% and 59%), cocaine (43% and 41%) and ecstasy (38% and 37%) respectively. For Parker *et al.* (2002: 954), in Year 1 these were nitrites (14.2%) and LSD (13.3) whereas in Year 9 these were nitrites (45.2%), amphetamines (41.8%), LSD (28.8%) and ecstasy (28.5%). For Webb *et al.* (1996: 923), the most tried drugs after cannabis were amphetamines (19%), LSD (18%) and magic mushrooms (16%). Despite having the lower drug trying rates, the latter authors observed: *"Drugs and alcohol were taken mainly for pleasure and were perceived as a normal part of life for many students"* (Webb *et al.*, 1996: 925). In conclusion, as the results of the various surveys reviewed suggest (ESPAD, 2012; Murray, 2008; Parker *et al.*, 2002; Price, 2011; Webb *et al.*, 1996) and bearing in mind the findings of this dissertation, cannabis can be considered the only drug that has appropriately met the normalisation criteria (Parker *et al.*, 2002: 961). Escohotado noted:

"But with less epidermal mysticism, less ceremonial and less fashion,

consuming hemp remains one of the rites of passage for the youth" (2008:

1311)

Table 5 – Have you ever tried any drug at all?

Sample	% of respondents
English	66.2
Spanish	81.1

Table 6 – Have you ever tried any of the following drugs?

Drug	% of English respondents	% of Spanish respondents
Amphetamines	14.1	15.7
Cannabis	**59.4**	**74.3**
Cocaine	20.3	17.1
Ecstasy	23.4	14.3
Heroin	1.6	1.4
LSD	15.6	14.3
Magic mushrooms	14.1	4.3
Nitrites	17.2	12.9
Solvents	15.6	2.9
Tranquilisers	14.1	14.3
None	40.6	21.4

As a last requirement for measuring the second factor of normalisation, participants were asked the age at which they tried each of the drugs included in this study. Tables 7 and 8 provide the English and Spanish results respectively; furthermore, the average age of first use of each drug is listed in

Table 9. Unexpectedly, one drug that has been tried on average at the age of 14 is heroin, however, only one participant of each sample belongs to that group. Solvents were also tried on average at age 14 in both samples. For the English sample, cannabis was first tried on average at age 14, however for the Spanish sample this happened at age 16. If we compare these results with those of Parker *et al.* (2002: 954) we realise that cannabis was the most tried drug at all ages ranging from 14 to 22. In Price's (2011: 18) dissertation, cannabis was also the most tried drug at age 14. Such figures confirm that the normalisation factor of drug trying rates has been adequately met for cannabis, as expected. On the other side, and as mentioned in the methodology chapter under the ethical considerations section, these statistics cannot be representative of the entire population in question, hence the reason why authors like Shiner and Newburn (1997: 70) criticised it for exaggerating the extent of youthful recreational drug use as well as for oversimplifying how drug use was perceived by young people. Under their perspective,

"Cannabis is, by some way, the most widely and frequently used drug by young people and, although use of dance/rave drugs has increased significantly in recent years, it still appears to be limited to a relatively small minority of young people." (Shiner and Newburn, 1997: 70)

Table 7 – At what age did you try each of the following drugs? (% of **English** sample)

Drug	< 14	15	16	17	18	19	20	21	22	23	24	n/a
Amphetamines	1.30	1.30	3.90	1.30	1.30	1.30	**5.19**	2.60	0	0	0	**81.82**
Cannabis	**18.18**	12.99	7.79	5.19	7.79	9.09	3.90	0	1.30	0	0	**33.77**
Cocaine	1.30	0	2.60	5.19	**6.49**	2.60	3.90	2.60	0	1.30	0	**74.03**
Ecstasy	2.60	2.60	2.60	**5.19**	**5.19**	2.60	3.90	2.60	1.30	0	0	**71.43**
Heroin	**1.30**	0	0	0	0	0	0	0	0	0	0	**98.70**
LSD	0	0	1.30	1.30	1.30	3.90	**5.19**	3.90	0	0	0	**83.12**
Magic mushrooms	0	0	0	0	2.60	2.60	2.60	**7.79**	0	0	0	**84.42**
Nitrites	2.60	1.30	**3.90**	1.30	2.60	2.60	2.60	0	0	0	0	**83.12**
Solvents	**5.19**	2.60	**5.19**	2.60	2.60	0	2.60	0	0	0	0	**79.22**
Tranquilisers	0	1.30	1.30	**3.90**	1.30	**3.90**	1.30	1.30	0	0	0	**85.71**

Table 8 – At what age did you try each of the following drugs? (% of **Spanish** sample)

Drug	< 14	15	16	17	18	19	20	21	22	23	24	n/a
Amphetamines	1.35	0	1.35	1.35	**5.41**	1.35	1.35	1.35	1.35	0	0	**85.14**
Cannabis	17.57	16.22	**27.03**	8.11	5.41	2.70	0	0	0	0	0	22.97
Cocaine	2.70	0	1.35	**5.41**	2.70	0	2.70	0	1.35	0	0	**83.78**
Ecstasy	1.35	2.70	0	5.41	**8.11**	0	2.70	0	0	0	0	**79.73**
Heroin	**1.35**	0	0	0	**1.35**	0	0	0	0	0	0	**97.30**
LSD	1.35	0	0	**5.41**	**5.41**	2.70	1.35	0	0	0	0	**83.78**
Magic mushrooms	1.35	0	**4.05**	2.70	2.70	0	1.35	1.35	0	0	0	**86.49**
Nitrites	**2.70**	0	0	0	1.35	0	1.35	0	0	0	0	**94.59**
Solvents	**1.35**	0	0	0	0	**1.35**	**1.35**	0	0	0	0	**95.95**
Tranquilisers	2.70	1.35	1.35	1.35	**4.05**	0	2.70	0	0	0	1.35	**85.14**

Table 9 – Average age of first use

Drug	English sample	Spanish sample
Amphetamines	20	18
Cannabis	< 14	16
Cocaine	18	17
Ecstasy	17	18
Heroin	< 14	< 14
LSD	20	17
Magic mushrooms	21	16
Nitrites	16	< 14
Solvents	< 14	< 14
Tranquilisers	17	18

Rates of regular and recent use

The third factor of normalisation deals with the regularity and recency with which participants use drugs – the questionnaires included the questions of how often and when was the last time they took each of the listed drugs. The findings show that cannabis is used occasionally by a 15.79% of the English sample and by 15.07% of the Spanish (Tables 10 and 11 respectively), surprisingly being used daily by 17.11% and 17.81% of the English and Spanish respondents. Murray (2008: 58) reported that 45% of his research participants were regular cannabis users, 20% of the total being regular users – this latter figure was the same in Webb *et al.*'s (1996: 123) study. Other

remarkable findings include a 65%, 52% and 40% of respondents classifying themselves as occasional users of cocaine, ecstasy and speed respectively, figures that confirm the hypothesis that the night-time economy promotes the use of such drugs (Bouso Saiz, 2003: 106; Manning, 2007: 21; Measham and Shiner, 2009: 507; Parker *et al.,* 2002: 960; Young, 1971).

Price (2011: 19) found that *"41% of respondents were regular users of cannabis with 16% using every month and 10% every week"*, again suggesting that a substantial number of participants are involved in the consumption of cannabis on a regular basis, this being a factor of normalisation. At Year 5, Parker *et al.*'s (2002: 956) participants reported the highest 'past month prevalence of illicit drug taking', 31.6% of them having used cannabis within the past month. In addition, 5% of these past month users were daily users too. Other relevant figures are those of amphetamines (9.6%), ecstasy and nitrites (7.8%), and also those of cocaine for Year 9 (7%). Again, by looking at these figures and contrasting them with the results obtained in the survey we can confirm that the leisure-focused economy plays an important role in the spread of the so-called 'dance drugs'. This is underscored in the English sample, 15.79% and 11.84% respondents of which are occasional users of ecstasy and cocaine respectively. Regarding the Spanish sample, these two same figures stand at 4.11% and 5.48%, which could suggest that Spain does not have as much of an accentuated night-time economy as England.

Table 10 – How often do you use each of the following drugs? (% of **English sample)**

Drug	Never	I've quit	Tried it once	Occasionally	Monthly	Weekly	Daily
Amphetamines	81.58	1.32	9.21	6.58	0	0	1.32
Cannabis	32.89	10.53	10.53	**15.79**	6.58	6.58	**17.11**
Cocaine	72.37	0	9.21	11.84	3.95	0	2.63
Ecstasy	69.74	1.32	5.26	15.79	3.95	1.32	2.63
Heroin	97.37	0	0	0	0	0	2.63
LSD	81.58	0	10.53	6.58	0	0	1.32
Magic mushrooms	82.89	0	9.21	6.58	0	0	1.32
Nitrites	82.89	1.32	5.26	7.89	0	1.32	1.32
Solvents	76.32	2.63	13.16	6.58	0	0	1.32
Tranquilisers	82.89	2.63	2.63	9.21	0	1.32	1.32

Table 11 – How often do you use each of the following drugs? (% of **Spanish sample)**

Drug	Never	I've quit	Tried it once	Occasionally	Monthly	Weekly	Daily
Amphetamines	91.78	2.74	1.37	2.74	0	0	1.37
Cannabis	34.25	8.22	8.22	**15.07**	8.22	8.22	**17.81**
Cocaine	86.30	4.11	2.74	5.48	0	0	1.37

Ecstasy	80.82	4.11	8.22	4.11	1.37	0	1.37
Heroin	98.63	0	0	0	0	0	1.37
LSD	87.67	4.11	4.11	2.74	0	0	1.37
Magic mushrooms	89.04	1.37	4.11	4.11	0	0	1.37
Nitrites	95.89	0	2.74	0	0	0	1.37
Solvents	97.26	0	1.37	0	0	0	1.37
Tranquilisers	87.67	2.74	2.74	4.11	1.37	0	1.37

Bouso Saiz (2003: 114) analysed and compared two sets of results from two Spanish surveys conducted by the National Plan on Drugs (PNSD) covering ecstasy use amongst student and general population. The first set of survey results were from the years 1994, 1996, 1998 and 2000, and they consisted of a sample of 14 to 18 year olds. In 2000, a percentage of 5.7 participants had tried ecstasy a few times and 4.6% within the past 12 months. 2.5% had used it within the past few days. In comparison to the general population sample, these figures were slightly higher – however considerably low compared to Parker *et al.*'s (2002: 954) English sample – which indicates that *"the majority of young users end up terminating or reducing the use considerably as they become adults"* (Bouso Saiz, 2003: 114). The following tables show recency of use by drug type in both samples:

Table 12 – When was the last time you used each of the following drugs?

(% of **English** sample)

Drug	Over a year ago	Last year	Last month	Last week	Yesterday	Only tried once	Never
Amphetamines	6.58	7.89	1.32	0	0	2.63	81.58
Cannabis	6.58	9.21	11.84	6.58	**23.68**	9.21	32.89
Cocaine	3.95	7.89	**10.53**	1.32	1.32	2.63	72.37
Ecstasy	1.32	**14.47**	6.58	5.26	1.32	0	71.05
Heroin	0	0	0	0	1.32	0	98.68
LSD	1.32	11.84	1.32	0	0	2.63	82.89
Magic mushrooms	0	7.89	5.26	0	0	2.63	84.21
Nitrites	2.63	5.26	1.32	1.32	2.63	2.63	84.21
Solvents	9.21	7.89	1.32	1.32	0	3.95	76.32
Tranquilisers	2.63	6.58	3.95	1.32	1.32	1.32	82.89

Table 13 – When was the last time you used each of the following drugs?

(% of **Spanish** sample)

Drug	Over a year ago	Last year	Last month	Last week	Yesterday	Only tried once	Never
Amphetamines	2.74	4.11	2.74	0	1.37	1.37	87.67
Cannabis	13.70	8.22	12.33	8.22	**28.77**	5.48	23.29
Cocaine	5.48	1.37	4.11	0	2.74	2.74	83.56

Ecstasy	6.85	**6.85**	2.74	1.37	1.37	1.37	79.45
Heroin	0	0	0	0	1.37	0	98.63
LSD	8.22	4.11	0	0	1.37	0	86.30
Magic mushrooms	4.11	4.11	0	0	1.37	4.11	86.30
Nitrites	1.37	1.37	0	0	1.37	0	95.89
Solvents	0	1.37	0	0	1.37	0	97.26
Tranquilisers	6.85	1.37	2.74	0	2.74	0	86.30

As tables 12 and 13 show, cannabis is the drug with a higher percentage of respondents using it on a regular basis, 23.68% of the English sample having used it the day before as well as 28.77% of the Spanish. Another relevant figure is that of ecstasy – over the last year, 14.47% and 6.85% of the English and Spanish participants had used it. Finally, a surprising 10.53% of the English sample had taken cocaine within the last month. These figures reinforce the idea that during the past twenty years 'dance drug' use has increased among youths due to our consumption-driven economy, and as a consequence these figures represent the minority of young people who belong to the dance/rave scene.

Degrees of social and cultural accommodation

According to Parker *et al.* (2002: 947), these factors involve the level of personal or social and cultural accommodation of recreational drug use among ex-users and or abstainers. This study failed at including a distinction

between users and non-users, which might entail a limitation in terms of assessing the degree of social accommodation. However, Tables 14 and 15 give detail about drug use rates amongst close friends of respondents, and it should be noted that – as Table 5 shows – 33.8% and 18.9% of English and Spanish respondents were abstainers respectively. About 40% and 50% of both samples reported that most of their friends had tried cannabis, and this was followed by cocaine (39.47% and 41.67%) and ecstasy (36.84% and 33.33%). It is true that in order to adequately measure social accommodation, this question should have been restricted to those who are not regular users – therefore the results obtained in this section are slightly less representative of the matter in question, however it still gives a rough idea on how recreational drug use is spread among the closest circles of respondents.

Parker *et al.* (2002: 957) found that from the total amount of respondents included – current drug takers, opportunistic drug takers, ex-drug takers and abstainers – 85.5% had friends who had tried cannabis. Amphetamines (65.9%) and ecstasy (56.3%) followed, again showing the increase in the recreational use of dance drugs. In general, nevertheless, the data collected by the authors suggest that of all the abstainers, 93.9% had at least one friend with some drug experience. These figures were similar for Price (2011: 21), who reported that 33% of drug-taking respondents stated that 60% to 90% of their friends had tried drugs in general at least once. Compared to the abstainers, these figures were high – 37% of them believed that less than 10% of their friends had tried drugs. On the other hand, Murray (2008: 59) asked 21 abstainers and ex-users about whether they had close friends or siblings that used drugs, five of them (24%) denying.

Table 14 – How many of your closest friends have tried each of the following drugs?

(% of **English** sample)

Drug	None	One	A few	Most	All
Amphetamines	52.63	10.53	30.26	3.95	2.63
Cannabis	7.89	2.63	35.53	**39.47**	14.47
Cocaine	31.58	17.11	**39.47**	7.89	3.95
Ecstasy	27.63	13.16	**36.84**	17.11	5.26
Heroin	82.89	9.21	5.26	0	2.63
LSD	42.11	17.11	30.26	10.53	0
Magic mushrooms	40.79	15.79	36.84	5.26	1.32
Nitrites	64.47	14.47	11.84	6.58	2.63
Solvents	63.16	1.32	21.05	11.84	2.63
Tranquilisers	60.53	7.89	26.32	3.95	1.32

Table 15 – How many of your closest friends have tried each of the following drugs?

(% of **Spanish** sample)

Drug	None	One	A few	Most	All
Amphetamines	55.56	19.44	22.22	1.39	1.39
Cannabis	2.78	0	22.22	**52.78**	22.22
Cocaine	18.06	30.56	**41.67**	8.33	1.39
Ecstasy	43.06	15.28	**33.33**	5.56	2.78
Heroin	83.33	9.72	2.78	1.39	2.78
LSD	43.06	16.67	30.56	8.33	1.39

Magic mushrooms	30.56	13.89	45.83	5.56	4.17
Nitrites	81.94	6.94	8.33	0	2.78
Solvents	86.11	4.17	4.17	2.78	2.78
Tranquilisers	68.06	9.72	15.28	2.78	4.17

This dissertation also set out to assess what reasons would lead respondents to abstain from taking drug and also to decide to take a drug. Since this question was mandatory for all participants, there is no distinction between users and abstainers however the question is posed in a hypothetical manner. For both the English and the Spanish sample, the two main reasons that would lead them to abstain from taking drugs would be health risks (77.6% and 81.9% respectively) and addiction risks (63.2% and 70.8%)(Table 16). Similarly, Price (2011: 22) and Murray (2008: 60) also found that health risks were the main reason why respondents would choose not to use drugs, with a 44% and a 71% of them selecting that answer respectively.

As Table 17 shows, the main reason that would lead both English and Spanish participants to take drugs would be curiosity (65.8% and 61.1%), followed by pleasure (56.6% and 41.7%) stimulation (25% and 37.5%) and to soothe discomfort (31.6% and 30.6%). Parker *et al.* (2002: 948) drew on the findings of Pirie and Worcester (1999), who carried out a survey with 18-22 year old students, remarking that abstainers accepted the fact that others took drugs recreationally, even having drug-using friends. Parker *et al.* observed: *"Whilst abstentious early teenagers often display strong anti-drugs attitudes, these attitudes 'mellow' with age and life experience amongst the majority"* (1998, cited in Parker *et al.*, 2002: 948).

Table 16 – What reasons would lead you not to take drugs? (% of both samples)

Reason	English sample	Spanish sample
Addiction risks	**63.2**	**70.8**
'Bad trips'	31.6	26.4
Expense	36.8	26.4
Fear of death	38.2	23.6
Fear of legal procedures	22.4	11.1
Fear of reprimand	11.8	0
Health risks	**77.6**	**81.9**
Legal status of drug	15.8	4.2
Own reputation	31.6	20.8

Table 17 – What reasons would lead you to take drugs? (% of both samples)

Reason	English sample	Spanish sample
Boredom	25	11.1
Curiosity	**65.8**	**61.1**
Illegal status	3.9	4.2
Low economic cost	5.3	0
Peer pressure	18.4	16.7
Pleasure	**56.6**	**41.7**
Spirituality	27.6	16.7
Stimulation	25	**37.5**
To soothe discomfort	31.6	30.6

The researcher felt that a good way of reinforcing this assessment of normalisation would be asking participants to pick three drugs they believed to be most acceptable. Price (2011: 23) found that 78% of her participants believed cannabis to be the most acceptable drug. Turning to the results of this dissertation, Table 18 shows the unsurprising figure that 95.9% and 97.2% of the English and Spanish respondents picked cannabis, followed by ecstasy (43.2%) for the English sample, tranquilisers (50.7%) for the Spanish sample and magic mushrooms (41.9% and 45.1%) and cocaine (20.3% and 18.3) for both samples respectively. These figures show again the influence of 'dance drugs' in young-adult's attitudes.

Table 18 – Pick three drugs you believe to be the most acceptable.

(% of both samples)

Drug	English sample	Spanish sample
Amphetamines	9.5	15.5
Cannabis	**95.9**	**97.2**
Cocaine	20.3	18.3
Ecstasy	**43.2**	5.6
Heroin	4.1	7
LSD	14.9	18.3
Magic mushrooms	**41.9**	**45.1**
Nitrites	8.1	4.2
Solvents	20.3	19.7
Tranquilisers	9.5	**50.7**

An additional question illustrated in Table 19 indicates that the majority of participants feel that about 60-70% of the young-adult population takes drugs. At the end of each questionnaire a developing question was added asking about their opinion on the recreational use of drugs. Some responses were insightful:

"It's not going to stop – the phrase 'War on drugs' is a redundant phrase. Governments and society for that matter should move on from thinking they can remove them from society. Therefore educating people from a young age in an honest matter might reduce the recreational use of drugs but I doubt it" (Participant 37, English sample)

"It is too easy to get hold of certain drugs at such young ages. We are exposed to too many drugs" (Participant 40, English sample)

"Each time taking drugs is more normal in a social environment. At least cannabis" (Participant 38, Spanish sample)

"We are all curious about experimenting new sensations, mainly when we are young" (Participant 53, Spanish sample)

Table 19 – In general, what percentage of the young-adult population do you think uses drugs? (% of both samples)

Percentage	English sample	Spanish sample
10	2.7	0
20	9.5	4.2
30	14.9	11.3
40	24.3	14.1
50	6.8	8.5
60	**20.3**	**21.1**
70	17.6	19.7
80	2.7	14.1
90	1.4	4.2
100	0	2.8

Just as Parker *et al.* found in his study, the findings of this dissertation suggest that *"it is only with the recreational use of cannabis that the normalisation criteria have been adequately satisfied"* (2002: 961). However, these results are more similar to those of Price (2011: 25) and Murray (2008: 66) due to matters of recency and scale of the project, but despite having smaller samples all findings indicate that indeed the recreational use of cannabis is highly accommodated in the lives of young-adults. Lastly, it can be confirmed that the popularity of 'dance drugs' has increased since Parker and colleagues conducted their study and, as some participants declared, this is another reason why drug education and harm reduction are factors that should be borne in mind.

Conclusion

This dissertation involved a survey with the aim to assess the validity of Parker *et al.*'s (2002) normalisation thesis, including an English and a Spanish sample to allow a comparative assessment. The nationality of the researcher made it possible to recruit a sample of Spanish young-adults, using Facebook to spread the survey by means of a snowball sampling technique. The literature review chapter serves as secondary research to set a background for the thesis, and this was used in triangulation with primary research – the findings from the survey – with the objective of assessing the five key factors of normalisation on both samples. The factors are drug availability and accessibility, drug trying rates, regular and recent use, and degrees of social and cultural accommodation. As expected, the results suggest that cannabis can be considered the only normalised drug, followed by an increase of the so-called 'dance drugs' probably due to mercantilism of leisure for youths (Young, 1971).

The literature review gave an argument to defend what Parker and colleagues saw as the normalisation of recreational drug use – mainly cannabis – amongst young-adults. The thesis has been criticised mainly by Shiner and Newburn (1996; 1997; 1999) and modified by various authors (Manning, 2007; Martínez-Oró and Pallarés Gómez, 2010). Measham and Shiner (2009), one from the creator team of the normalisation thesis and the other being the main critic, united to discuss the normalisation debate in order to find matching conclusions regarding the functioning of normalisation experiences drawing on the so-called 'new' deviancy theories (Becker, 1963;

Young, 1971). In addition, a review of policies and practices contributing to normalisation of recreational cannabis use was undertaken, discussing – amongst others – the sensible option of cannabis social clubs (CSCs) in Spain, and an overview of the legal situation of drugs in both countries was given. This chapter was a justification for the research topic chosen and also for the study design.

Since the original idea was to test the applicability of Parker *et al.*'s (2002) study, and bearing in mind that it would have been *"difficult to approach the respondents in any other way"* (Sarantakos, 2013: 178), the researcher felt that the best way to recruit participants would be by posting a survey on Facebook and using a snowball sampling method. 87 and 75 English and Spanish 18-24 year olds participated, making a small-scale application of the normalisation thesis possible. The online survey builder Kwiksurveys.com was used to create the questionnaires designed to assess the five key normalisation factors on both samples. It was felt that the use of online surveying would suppress interviewer's effects (Bryman, 2012: 233) and therefore respondents would be prompted to give honest answers. Furthermore, the nature of this undergraduate-level project justifies the use of web-based surveys, also being the research instrumentation chosen by Price (2011) and Murray (2008) for their dissertations.

This study found what many other papers covering the normalisation of recreational drug use suggest – as time goes by, 'soft' drugs like cannabis or 'dance drugs' like ecstasy, amphetamines and cocaine become gradually accepted by young-adults and their close circle of friends. 87.5% of the English and 94.6% of the Spanish respondents had been offered a drug at

least once, cannabis taking the lead (83.3% and 91.4%), followed by cocaine (37.9% and 60%), ecstasy (39.4% and 37.1%) and LSD (33.3% and 34.3%). In their opinion, cannabis was also the easiest drug to acquire (71.25% and 83.78%), also pointing out ecstasy (42.50% and 32.43%) and surprisingly cocaine (45.95%) by part of the Spanish sample. In terms of drug trying rates, 66.2% of the English sample and 81.1% of the Spanish had tried at least one drug in their life – these figures were similar for Price (2011: 16)(78%) and Murray (2008: 55)(76%), and most importantly to those of Parker *et al.* (2002: 954)(75.8%). For the three authors just mentioned, cannabis trying rates were 76%, 73% and 69.9% - for this dissertation's samples it was 59.4% and 74.3%. 'Dance drugs' followed with ecstasy and cocaine increasingly becoming more popular as these studies showed. When asked about regularity and recency of drug use, 15.79% and 15.07% of the English and Spanish samples stated being daily cannabis smokers, however 23.68% and 28.77% of the total reported having smoked it the day before they completed the survey.

The last two factors assessed the degrees of social and cultural accommodation. About 40% and 50% of both samples reported that most of their closest friends had tried cannabis, and this was followed by cocaine (39.47% and 41.67%) and ecstasy (36.84% and 33.33%). This study failed at distinguishing between users, ex-users and abstainers, thus limiting the assessment of the social accommodation degree. However the totality of the samples were asked the hypothetical reasons that would lead them to take or not take drugs. Health risks were the main reason for not taking drugs in both the English and the Spanish sample, followed by addiction risks. For Price

(2011: 22) and Murray (2008: 60), health risks were also the main reason why respondents would choose not to use drugs. Conversely, the main reasons why participants would pick to take drugs were curiosity, pleasure and stimulation. Lastly, participants were asked what drug they felt to be the most acceptable, expectedly finding that cannabis nearly reached a degree of acceptance of 100% - 95.9% and 97.2% of English and Spanish respondents selected it, followed by magic mushrooms (41.9% and 45.1%) – probably due to its natural and non-addictive nature – and ecstasy (43.2%) for the English sample. In general, both samples felt that the percentage of young-adult population that uses drugs recreationally stands between 60% and 70% - maybe an exaggerating point of view from those who indeed use 'soft' drugs on a regular basis and are therefore less familiar with the abstainer's world.

The findings of this dissertation suggest that the recreational use of drugs by young adults is indeed increasing, obtaining consistent results in comparison with other recent normalisation studies (Price, 2011; Murray, 2008). As expected, cannabis is the only drug that meets the normalisation criteria adequately. Moreover, what Parker *et al.* (2002: 961) predicted as an increase in the use of cocaine has indeed happened and, together with ecstasy and amphetamines, the popularisation of 'dance drugs' was as Young (1971) argued a consequence of our mercantilist post-industrial society. The opinions held towards drugs by the participants were either very supportive or very negative, this being a sign that structure and agency play an important role in normalisation. In a society where the night becomes a business and teenagers become the main targets it is expected that the rates of 'soft' or 'dance' drug use will increase, and what Measham and Shiner (2009: 507)

described as *"increasingly protracted transitions into adulthood"* is in fact a fragile lifetime period where usually individuals decide whether to carry on taking drugs or abstaining from it.

Finally, it should not be forgotten that all the substances included in this research study are currently illegal under the English Misuse of Drugs Act 1971 as well as its Spanish equivalent, and this is probably one of the main factors that motivated the undertaking of such investigation. The normalisation thesis could be seen as an attempt to *"challenge the hegemony of drug prohibition"*, as well as *"a corrective to the stigmatised understanding of young people who consume drugs on a recreational, non-problematic basis"* (Measham and Shiner, 2009: 505). In order to achieve goals of policy change, more international studies on normalisation should be carried out. It is with the undertaking of studies like this that recommendations for policy making can be made, this being another piece of evidence to support the idea that the current international prohibitionist attitude towards drugs does not fix the 'problem', and that in order to act in a consequentialist manner, the factor of drug use should now be treated as an inherent trait of our post-industrial society.

"The prohibitionist experiment has not managed to dissuade users, limit selling points or even raise the price of the illicit. But it has thickened the haze surrounding each composition, and for that reason it has ended up being the main ally of its apparent adversary, the unscrupulous trafficker" (Escohotado, 2008: 1388)

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Appendix 1

Information briefing and consent

This text is intended to obtain your informed consent to participate in a study conducted by Carlos Puig Saenz c.puig-saenz1@unimail.derby.ac.uk as part of his undergraduate year three dissertation in the Department of Law and Criminology at the University of Derby. The focus of the research is as follows:

Assessing the extent to which recreational drug use has been normalised amongst English and Spanish young adults: A comparative assessment

The aim of this study is to assess the extent to which recreational drug use has become normalised in the young-adult population of England and Spain, using a survey designed to answer the five requirements of the normalisation thesis (Parker et al., 2002) as well as some added questions to increase comparability between the two countries.

- It is understood that participation in this project is voluntary and without remuneration, and that the participant has been given the opportunity to ask questions.

- It is understood that participants may withdraw from the study at any point up to survey closure by contacting the researcher, providing the password they created for the survey, and requesting that their participation and data be withdrawn.

- It is understood that this project will be conducted in compliance with the Data Protection Act (1998). This includes the understanding that the name or personal data of participants will not be disclosed to third parties, and that all personal data will be destroyed upon completion of the project.

- It is understood that the researcher will anonymise all the information collected from participants for the research. The words of participants may appear in academic or professional research outputs but participants will at all times remain anonymous through the use of a password.

- It is understood that the researcher may retain the anonymised data indefinitely for further research.

By clicking the following link it is understood that the participant agrees to participate in the research, therefore agreeing to the previous bullet-pointed considerations.

<u>Appendix 2</u>

<u>Información y consentimiento</u>

Este texto pretende obtener tu consentimiento informado para participar en un estudio realizado por Carlos Puig Saenz <u>c.puig-saenz1@unimail.derby.ac.uk</u> como parte de su trabajo de final de carrera en el Departamento de Derecho y Criminología de la Universidad de Derby. El título de la investigación es el siguiente:

Calculando hasta qué medida se ha normalizado el uso recreacional de drogas entre adultos jóvenes ingleses y españoles: Una evaluación comparativa

El objetivo de esta investigación es calcular hasta qué medida se ha normalizado el uso recreacional de drogas en la población de adultos jóvenes de Inglaterra y España, usando una encuesta diseñada para responder los requerimientos de la tesis de la normalización (Parker *et al.*, 2002) así como otras preguntas añadidas para incrementar comparabilidad entre ambos países.

- Se entiende que la participación en este proyecto es voluntaria y no remunerada, y que al participante se le ha dado la oportunidad de hacer preguntas.

- Se entiende que los participantes pueden retirarse del estudio en cualquier punto hasta el cierre de la encuesta contactando al

investigador, facilitando la contraseña que crearon para la encuesta, y solicitando que se retiren su participación e información dada.

- Se entiende que este proyecto será llevado a cabo de acuerdo con la Ley Orgánica 15/1999 de 13 de diciembre de Protección de Datos de Carácter Personal. Esto incluye el conocimiento de que los nombres o datos personales de los participantes no serán revelados a terceros, y que todos los datos personales serán destruidos al completar el proyecto.

- Se entiende que el investigador anonimizará toda la información obtenida de los participantes para la investigación. Puede que aparezcan palabras de los participantes en los resultados de la investigación pero éstos permanecerán anónimos en todo momento mediante el uso de una contraseña.

- Se entiende que el investigador podrá retener indefinidamente la información anonimizada para futura investigación.

Clicando el link siguiente se entiende que el participante acepta a participar en la investigación, con lo cual aceptando las consideraciones expuestas previamente.

Appendix 3

Debriefing Statement

Thank you for participating in this research. Please note that all the results will be anonymised.

At the bottom of this statement you will find the e-mail address of the researcher and his supervisor. Feel free to contact them should you wish to:

- Acquire a final report copy of the results obtained in the survey

- Receive general information about the research

- Withdraw from the investigation

If you have any concerns or issues regarding drug use, you can call the Talk to Frank drug helpline 0300 123 6600. Below will be a list of relevant websites promoting drug education and harm reduction:

Bluelight   www.bluelight.org

DanceSafe   www.dancesafe.org

Erowid   www.erowid.org

Lycaeum   www.lycaeum.org

Researcher: Carlos Puig Saenz

c.puig-saenz1@unimail.derby.ac.uk

Supervisor: Philip Hodgson

p.hodgson@derby.ac.uk

Appendix 4

Agradecimientos e información relevante

Gracias por participar en esta investigación. Se recuerda que los resultados serán anonimizados.

Al final de esta declaración se encuentra el e-mail del investigador y de su supervisor. No dudes en ponerte en contacto con ellos si deseas:

- Adquirir una copia del informe final de los resultados obtenidos en la encuesta
- Recibir información general sobre la investigación
- Retirarse de la investigación

Si tienes alguna preocupación o problema relacionado con el uso de drogas, puedes llamar al teléfono de orientación de la Fundación de Ayuda contra la Drogadicción 900 16 15 15 (para España en general) o a Líniaverda 900 900 540 (para Cataluña).

Investigador: Carlos Puig Saenz

c.puig-saenz1@unimail.derby.ac.uk

Supervisor: Philip Hodgson

p.hodgson@derby.ac.uk