Drug use and social control: the negotiation of moral ambivalence

Article (Accepted version)
(Refereed)

http://eprints.lse.ac.uk

Abstract

Illicit drugs occupy an ambivalent position in late modern society; one that revolves around the twin themes of pleasure and disapproval. Drawing on Freudian psychoanalysis and Eliasian sociology this article considers how people, particularly those who use drugs, negotiate such ambivalence. Patterns of drug use and associated attitudes are examined on the basis of the Crime Survey for England and Wales and a specialist survey of largely recreational drug users in the United Kingdom. Although illicit drugs have become increasingly familiar, their use is still widely thought to be harmful and morally dubious, creating a series of challenges for those who engage in such behaviour. Ambivalence among drug users is evident in an awareness of potential costs as well as benefits; a tendency to avoid more harmful substances; a general emphasis on moderation; and a desire to use less. Building on previous work, which highlights the role of neutralisations in sustaining drug using behaviour, particular attention is paid to users' judgements about how their levels of consumption compare with other users. The analysis identifies a tendency among users to downplay their relative levels of use, which, it is argued, serves to shield them from some of the imperatives that may lead to decisions to cut down. As such, normalisation is said to be an intra-personal as well inter-personal process. The article concludes by discussing the potential of web-based personalised feedback as a harm reduction approach.

Keywords: UK; drug use; defence mechanisms; neutralisation techniques; normalisation

In *Folk Devils and Moral Panics* Stanley Cohen (1972) described how particular conditions, episodes or people come to be defined as a threat to societal values and interests. He identified the 'drug problem' as one such condition and the 'drug fiend' as one of an array of 'folk devils' that provide 'visible reminders of what we should not be' (ibid: 2). Thirty years later, in the third edition of his book, Cohen noted that psychoactive drugs have been a remarkably consistent source of moral panics, identifying the reaction to the ecstasy-related death of 18-year old Leah Betts as a 'melodramatic example': 'the warning' posed by Leah's death, he argued, had been 'symbolically sharpened' by her 'respectable home background: father an ex-police officer, mother had worked as a drug counsellor…Leah was the girl next door' (2002: xiii). The paradox of a folk devil next door captures something of the ambivalence that has come to surround illicit drug use as a familiar, yet disturbing, feature of late modern life.

To assess the nature of this ambivalence, the following analysis examines how drug use decisions are framed by broader normative considerations, paying particular attention to the relationship between social control and self-regulation. Drawing on Freudian psychoanalysis and Eliasian sociology, we develop the claim that individual and collective responses are closely connected, arguing that conflicts and contradictions in societal responses are replicated within individuals. Our empirical analysis is based on the Crime Survey for England and Wales (CSEW), which is used to examine patterns of drug use and associated attitudes across the general adult population, and the Global Drug Survey (GDS), which is used to examine how a sample of largely recreational drug users evaluate their own drug using behaviour. Particular attention is paid to the way active drug users seek to define levels of drug use that might be considered excessive into something unremarkable or 'normal', thereby helping to sustain potentially stigmatised forms of behaviour.

Drug use and moral ambivalence

Howard Becker (1963: 59) famously claimed that developing a stable pattern of drug use means having 'to contend with powerful forces of social control that make the act seem inexpedient, immoral, or both'. Noting that this can be achieved by participating in 'a group whose own culture and social controls operate at cross-purposes to those of the larger society' (ibid: 59-60), Becker showed how marihuana-using groups provide ready access to a supply of the drug, teach people they can keep their use secret and help overcome moral controls (ibid: 74):

> In the course of further experience in drug-using groups, the novice acquires a series of rationalizations and justifications with which he may answer objections to occasional use if he decides to engage it. If he should himself raise the objections of conventional morality he finds ready answers available in the folklore of marihuana-using groups.

By telling 'himself' that conventional society allows much more harmful practices, including the use of alcohol, or that marihuana is not harmful, the occasional user acquires 'the conception that conventional moral notions about drugs do not apply to this drug and that, in any case, his use of it has not become excessive' (ibid, 75). If use escalates, further moral questions may be raised for the user, who must 'convince himself again…that he has not crossed the line' (ibid, 76).

The self-justifications Becker describes are arguably more psychological than social (Maruna and Copes 2005), yet he only hints at the inner workings of the human psyche. Much the same may be said of Matza and Sykes (1961) in their work on neutralisation techniques. Arguing that deviation requires a mastery of guilt, these authors identified a series of 'neutralization techniques' that enable 'delinquents' to violate norms without surrendering allegiance to them. Delinquents, they argued, commonly support the same set of norms and values as everybody else and are attracted to

delinquency, not because of a deeply held oppositional morality, but because of an exaggerated adherence to widely held 'subterranean' values such as the pursuit of adventure, excitement and thrills. Rationalisations and neutralisations have a clear affinity with the Freudian notion of defence mechanisms, but neither Becker nor Matza and Sykes made this connection, robbing the processes they described of their deeper, psychoanalytic, meaning: from a Freudian perspective neutralisations are not simply 'cognitive deficits', but "cunning, unconscious mechanisms needed to ward off threats to one's ego" (Maruna and Copes, 2005: 283).

Freud was not alone in stressing the importance of internal dialogue. According to Scheff (2004: 229):

> There is a surprising similarity between three of the giants of social science, Freud, Elias and Goffman. For each of them, their first published work took the extremely unusual step of proposing that shame and embarrassment were crucially important in human affairs. It would not be exaggerating to say that each implied that it was the master emotion rather than love, anger, fear, anxiety, grief or guilt. Since shame, especially, was little discussed in Western societies at the time that these authors were writing, this focus was very much against the grain.

Freud's theory of personality holds that the libidinal drives and instincts of the id are regulated and restrained by the ego and super-ego, which develop through contact with the external social world, initially through parenting (Bocock, 2002). The ego represents a cluster of higher cognitive and perceptual abilities, such as intelligence, thoughtfulness, reasoning and learning, which seek to ensure that the instinctual drives of the id are fulfilled in realistic and socially acceptable ways, while the superego seeks to perfect and civilise our behaviour by making the ego act upon idealistic standards rather than realistic principles. Defence mechanisms play a crucial mediating role and are

triggered involuntarily when id impulses conflict with one another or come up against the socialising forces of the superego or when external events violate a preferred view of the self. These defences protect the ego from anxiety by distorting id impulses into acceptable forms or by unconsciously blocking them. While ego defences are generally thought to operate unconsciously, closely analogous conscious endeavours are made in a similar direction (Laughlin 1970). It follows that taboos or prohibitions, which are often directed against liberty of enjoyment, are accepted because they 'find support from powerful *internal* forces' (Freud, 2004 [1950], 34). Prohibition does not abolish the instinct, however, but merely represses it and banishes it into the unconscious. While the 'prohibition is noisily conscious', the 'persistent desire…is unconscious', creating an '*ambivalent* attitude towards a single object, or rather towards one act in connection with that object', such that the subject 'is constantly wishing to perform this act', but 'must not perform it' and 'detests it as well' (ibid, 34-5). "Much of mankind's struggle", Freud (2004 [1930], 42) notes, 'is taken up with the task of finding a suitable, that is to say a happy accommodation, between the claims of the individual and the mass claims of civilization'.

Although Freud's work is often criticised for its presumed preoccupation with internal mental events (Scheff, 2004), it actually contains substantial social theory (Bocock, 2002). As Freud (2004 [1950]: 30) noted himself, when anyone has learnt so much from 'psycho-analytic examination… he can scarcely refrain from applying the knowledge he has thus acquired to the parallel sociological phenomenon'. The potential for sociological application is evident from Elias' work, which charts the way that people in European societies became increasingly distanced from their basic animalistic instincts from late medieval times as a result of 'the civilising process'. Whether it was table manners, attitudes to 'natural' bodily functions, blowing one's nose or spitting, the curve of development was said to be similar: standards of behaviour tightened and became increasingly differentiated, conduct was refined and levels of inhibition increased. Elias (2000 [1939]: I, xi) described these changes using Freudian vocabulary, insisting that the 'psychogenesis of the adult

make-up in civilized society' cannot be understood separately from 'the sociogensis of our "civilization"': 'By a kind of "sociogenetic ground rule" individuals, in their short history, pass once more through some of the processes that their society has traversed in its long history'. For Elias, then, 'the individual and society are not separate things, but only two differing perspectives' (Mennel, 1992: 20).

Elias readily acknowledged the influence of Freud, arguing that the marked differentiation between id, ego and super-ego functions was the result of a long-term civilizing process. As part of this process conscious mental functions were said to have moved in the direction of increasing rationalisation and advanced thresholds of shame and embarrassment, shifting the balance from external to self-constraint. While Elias maintained that social survival and success in contemporary 'advanced' societies requires fairly even and stable control over spontaneous libidinal impulses, he also described the struggle between the pleasure principle and reality principle: 'socially aroused displeasure and anxiety… fight with hidden desires', but this conflict "is not merely a conflict of the individual with prevalent social opinion as the individual's behaviour has brought him into conflict with the part of himself that represents this opinion" (Elias, 2000: I, 172 and II, 415). A similar conflict is highlighted by Goffman (1963: 130) who noted: 'Given that the stigmatized individual in our society acquires identity standards which he applies to himself in spite of failing to conform to them, it is inevitable that he will feel some ambivalence about his own self'.

The influence of Freud's work can also be seen in Jock Young's seminal contribution to the early sociology of drug use. Building on Matza and Sykes's analysis, Young (1971) linked subterranean values to the political economy of 'late industrial' societies, arguing that opportunities for leisure or 'play' are constrained by the ethos of productivity and must be earned through hard work. The bifurcation between formal values and subterranean values in such societies, he noted, has a parallel in the Freudian distinction between the reality principle and the pleasure principle. Socialisation

into the reality principle instils in people the formal values of deferred gratification and productivity that help to sustain diligent, repetitive work, but childhood memories of the 'paradise of play… where economic necessity does not hold sway' provide the 'psychological basis of the subterranean values' (ibid, 131). While use of alcohol is widely subsumed within the cycle of productivity, other drugs, in the hands of those who disdain the work ethic, offer a route to 'more radical accentuations of subterranean reality' (ibid, 137).

Young 's analysis was developed at a time of profound social change, when moral controls were loosening and attitudes to drugs became 'symbolic of a wider contest between traditionalism and a new hedonism' (Donnelly, 2005: 153). In his later work Young (1999) noted that late industrial societies have been tipped further towards the subterranean world of leisure, while Hall et al., (2008: 209) argue that the rise of consumer capitalism and the emphasis on hedonism as the principal reward for work has "created a new form of super-ego… that heaps guilt on the subject's failure to enjoy rather than her failure to abstain." Nowhere is this more evident than in the burgeoning night-time economy, where bars and clubs provide an 'amphitheatre of drug, alcohol and sexual experimentation' (Hobbs et al, 2003: 46).

From an Elisian perspective, such hedonistic pursuits can be understood as a 'controlled decontrolling of emotions' (Elias and Dunning, 1986, 44; see also Hayward, 2002), while the collective loosening of moral codes represents a kind of informalisation or short-term reversal of the civilising process (Mennell, 1998). What is often referred to as the 'rise of permissiveness', however, represents a restructuring rather than simple weakening of social control (Newburn, 1992; Reiner, 2010) and transgression can still invoke feelings of guilt despite the reconstitution of the super-ego (Winlow and Hall, 2006). As informal controls have loosened, formal controls have toughened, partly in response to heightened anxieties about crime. 'A clear example', notes Reiner (2010: 241), 'is drugs policy, which has toughened into a "war on drugs" despite growing

consumption of illegal drugs indicating wider acceptance'. This toughening of drug policy has been accompanied by various initiatives, including drug education, harm minimisation and health promotion, that seek to promote self-regulation by highlighting the potential for harm. While public attitudes to cannabis have become more liberal and pragmatic (Gould and Stratford, 2002), other drugs are widely considered to be harmful by young people and adults alike (Pearson and Shiner, 2002).

Illicit drugs, then, have come to occupy an ambivalent social position – readily available and culturally familiar, yet subject to powerful forces of social control. If Elias is correct about the links between individual and social development, we would expect this social ambivalence to be replicated in internal psychological processes. According to Parker et al., (1998) young people's drug-journeys are guided by a cost-benefit formula, whereby the potential for pleasure is weighed against risks of harm to health, social disapproval and/or criminal justice sanctions (see also Aldridge et al, 2011). While this formula highlights the 'rationality' involved in drug use decisions, it also reflects the on-going struggle between the pleasure principal and the reality principal: the instinctual desire for pleasure being regulated by an awareness of likely consequences, giving rise to 'sensible' decisions (see Parker et al., 2002). The psycho-social conflict involved in this struggle has been documented in several qualitative studies: Shiner and Newburn (1997) found that young drug users share many of the same concerns about such behaviour as non-users, but develop neutralisation techniques similar to the rationalisations described by Becker (1963); Hathaway et al (2011: 465) note how conventional notions of cannabis as risky or deviant feature prominently in adult users' understanding and experience, creating an internalised sense of stigma that they seek to resolve through a process of 'normification', which means 'performing the expected (normative) behaviours that keep social interactions flowing'; Järvinen and Ravn (2014) suggest that the crucial 'moral' distinction in cannabis careers is between occasional and regular use, describing how regular users seek to conceal the extent of their use and may develop more restrictive views as their

use becomes 'excessive'; Duff and Erickson (2014: 221) found long-term cannabis users often spoke about learning from harmful experiences of heavy-use, 'either cutting back their consumption, ceasing use altogether for a time or elaborating personal "rules" for consumption'; and Sandberg (2012) identifies three discursive repertoires among adult cannabis users - neutralisation, celebration and normalisation - which, he argues, can be understood as responses to stigmatisation.

Methods

The following analysis is based on two large-scale surveys. It begins by examining results from the Crime Survey of England and Wales (CSEW), formerly known as the British Crime Survey, which has been used to monitor levels of self-reported drug use across the adult household population since 1996 and has recently included attitudinal questions about drug use. The Global Drug Survey (GDS) is then used to examine how active drug users understand, and make sense of, their own drug using behaviour. This anonymous online survey is administered annually during November and December of each year. As well as tracking drug trends, it addresses a range of associated topics identified by an expert advisory group and academic network (https://www.globaldrugsurvey.com). Ethical approval was provided by the Joint South London and Maudsley and Institute of Psychiatry NHS Research Ethics Committee. In 2012, the survey was completed by 22,289 participants from 123 countries, including 7,719 respondents from the United Kingdom who provided the basis for our analysis. The modal respondent within the UK sample was a white, heterosexual male in their early 20s, who was living with friends or a partner, had a degree and was working (see Table 1). Almost two-thirds (67 per cent) of these respondents reported going to a pub or wine-bar at least once a fortnight during the last year and almost half (44 per cent) had been clubbing on a monthly basis or more often. Other common leisure pursuits included playing sport or doing exercise (55 per cent reported having done so at least once or twice a week).

Table 1 about here

Despite their methodological limitations, non-probability samples, such as that established by the GDS, play an important role in the drugs field. General population surveys can be slow to reflect changing patterns of drug use and typically only include a small proportion of active users, particularly for substances other than cannabis. Opportunity samples help to compensate for this limitation by targeting active drug users through magazine or internet surveys and in-situ surveys of customers in bars and clubs (Measham et al, 2011a). The GDS has successfully identified emerging trends before they were apparent in the wider community (McCambridge et al, 2005; Winstock et al, 2011; Winstock and Barratt, 2013) and there is evidence that large purposive samples, which seek to include a wide cross-section of drug users, may be sufficiently representative to make reasonable inferences to the general population (Topp et al, 2004).

Where's the harm? Prevalence and public opinion

Previous analysis of the Crime Survey of England and Wales highlighted a certain ambiguity in the position of illicit drugs, which, it was argued, could be understood in terms of primary deviance – young adults use illicit drugs in large numbers, but do so in ways that are typically hesitant, tentative and short-lived (Shiner, 2009). While moderation and desistance after a brief period of experimentation highlighted the importance of self-regulation, the desire to avoid harm was also evident in the way most drug users tended to focus on less harmful substances. These broad contours of use remain largely unchanged although the prevalence of last-year drug use among young adults (16 to 24 year olds) has halved since 1998 (Home Office, 2013). Even so, the 2012/13 CSEW indicated that more than one-in-three (37 per cent) young adults had used illicit drugs at some point and almost a fifth (16 per cent) had done so in the last year. Extrapolating to the general population this means that almost two-and-half million young adults had used illicit drugs at some

point and more than a million had done so fairly recently. While drug use remains far from unusual, it continues to be typically hesitant, tentative and short-lived. Even among young adults, who are the most active recent drug users, fewer than half of those who had ever used drugs had done so during the last year. Of those who had, moreover, only a third were frequent users, meaning they had taken drugs more than once a month (Home Office, 2013).

Although large numbers of mainly young people use illicit drugs, they do so in a context of widespread disapproval. The vast majority of adults in England and Wales consider illicit drugs to be harmful (to varying degrees) and this perception translates into widely held moral prohibitions about their use, albeit with some variations between substances (Table 2). Attitudes to cannabis are quite finely graded and involve a fairly marked emphasis on moderation, with approximately one-third of CSEW respondents considering its occasional use to be acceptable. Responses to heroin are much less ambiguous as the vast majority of respondents appear thoroughly convinced of its harmfulness and the wrongness of its use. Attitudes to ecstasy and cocaine occupy the middle ground between these poles. While public attitudes to drugs are fairly closely aligned with the scientific evidence about relative harms (Pearson and Shiner, 2002), they are also shaped by less rational taboos and stigmas. In particular, the public seem reluctant to accept evidence that cannabis and ecstasy are less harmful than alcohol (Nutt et al., 2007): more respondents considered cannabis and ecstasy use to be 'very unsafe' than getting drunk; and more considered it acceptable to get drunk occasionally than to use cannabis or ecstasy.

Table 2 about here

Perceived harms and health risks feature prominently in the costs associated with different drugs, informing people's decisions about what to use and what to avoid (Parker et al, 2002; Shiner, 2009; Aldridge et al, 2011). Patterns of use reflect a similar hierarchy of preferences to perceptions of

harmfulness and related judgments about the acceptability of use: cannabis is, by some distance, the most widely used illicit drug and heroin the least widely used, while cocaine and ecstasy are clustered together in the middle ground. The normative emphasis on moderation is reflected in high rates of desistance (last-year use is much less common than life-time use) and infrequent use of anything other than cannabis: a quarter (24 per cent) of last-year cocaine users and less than a fifth (16 per cent) of last-year ecstasy users used them on a monthly basis compared with three-quarters of last-year cannabis users (78 per cent) (Home Office, 2013).

People's judgements about the acceptability of illicit drug use vary according to the degree of their involvement in such behaviour, though this relationship involves a degree of dissonance. Respondents who had never taken cannabis, cocaine or ecstasy, were overwhelmingly of the view that the use of these drugs was never acceptable (see Table 3). Among recent users, by contrast, the majority opinion was that occasional use is acceptable, while a sizeable minority of last-year cannabis users considered its frequent use to be acceptable. Although relatively few recent cannabis users disapproved of such behaviour there was much greater evidence of ambivalence in relation to cocaine and ecstasy: more than a third of last-year cocaine users felt using this drug was never acceptable and roughly a quarter of last–year ecstasy users felt this way about ecstasy. Attitudes among those who had taken drugs, but had not done so in the last-year tended to be divided between outright disapproval and acceptance of occasional use, with the weight of opinion varying depending on the substance.

Table 3 about here

11

Moderation in all things? Self-regulation and self-defence

The Global Drug Survey, like other surveys targeting participants in the night-time economy, recorded relatively high rates of drug use, well above those identified by general household surveys (see Table 4). These heightened rates of use potentially clash with the 'notions of responsible, sensible recreational drug use' that predominate outside the partying-clubbing scene (Parker et al., 2002: 947), but are arguably subject to the same kind of 'rational cost-benefit analysis' that forms part of a more general 'calculated hedonism' (Measham, 2004: 319). The effects of different substances and the intensity with which they are used are central to this calculation and reflect clearly drawn distinctions between pleasure and dependence. Most GDS respondents agreed that 'drugs make a good night out better' (68 per cent), yet rejected the suggestion that 'I need drugs for a really good night out' (76 per cent). This predominantly recreational orientation was reflected in actual patterns of use. Many respondents who had used particular drugs had not done so during the last month or year, suggesting a high degree of experimentation, and, cannabis apart, last month-use was typically limited to a small number of occasions.

Table 4 about here

The perceived costs and benefits of drug use were explored through a series of questions about short-term and long-term physical, psychological and social effects. For each type of effect respondents were asked to identify one drug that was the most beneficial and one that was the most harmful. The potential for harm was readily acknowledged by the vast majority of respondents, with 90 per cent or more identifying substances they thought were physically, psychologically and socially harmful over the long and short term. A similarly large proportion identified substances they considered to be psychologically and socially beneficial over the short-term (88 per cent and 96 per cent respectively), though there was much greater ambivalence about other potential

benefits: a considerable number of respondents did not think any of the listed substances had long-term physical, psychological or social benefits (67, 49 and 40 per cent respectively) and a sizeable minority did not think any had short-term physical benefits (33 per cent).

Respondents' assessments of costs and benefits were converted into a series of scores, which showed whether the net effect associated with a given substance was positive or negative: a value of +1 was awarded each time the substance was identified as being beneficial; a score of -1 was awarded each time it was identified as being harmful; and a value of 0 was awarded otherwise. The substances that scored most highly tended to be those that were used most widely, supporting the claim that recreational drug use represents a form of 'calculated hedonism' (Parker et al., 2002; Aldridge et al, 2011): ecstasy powder had the highest mean score (+0.66), followed by cannabis (+0.52) and ecstasy pills (+0.28). Ecstasy, especially in its powdered form, scored relatively highly across the range of potential benefits and was rarely rated negatively (no more than three per cent of respondents identified it as the most harmful substance on any of the indicators measured). While cannabis also scored well across the range of potential benefits, its positive effects were partially off-set by fairly widespread concerns about long term psychological harms and long/short term social harms (between one-in-ten and one-in-fourteen respondents identified cannabis as the most harmful substance on these indicators). Cocaine powder was one of a cluster of substances that was given a relatively neutral rating (mean score of -0.04): the main benefits associated with its short-term physical, psychological and social effects were off-set by fairly widespread concerns about long and short term social and psychological harms. Heroin and crack had the lowest average scores (-1.00 and -0.49). While rarely considered beneficial, these substances attracted widespread concern about their negative effects: approximately one-in-four respondents judged heroin to be the most harmful substance in terms of its long-term physical, psychological and social effects, while approximately one-in-ten judged crack to be most damaging across the range of different harms.

Alcohol and tobacco were rated more negatively than most illegal drugs, with mean scores of -0.43 and -0.29 respectively. Approximately a quarter of GDS respondents judged alcohol to be the most damaging substance across each indicator of harm, though these concerns were partially off-set by widely perceived social benefits, particularly over the short-term (40 per cent of respondents considered alcohol to be the most beneficial substance in this regard). While tobacco was fairly widely associated with long-term physical harm (22 per cent identified it as the most harmful substance on this indicator), it was only occasionally mentioned in relation to other indicators of harm and was rarely viewed positively (no more than three per cent of respondents judged it to be particularly beneficial on any of the indicators covered). Despite these misgivings, alcohol and tobacco were widely used, reflecting their ready availability and, for alcohol at least, relatively permissive social attitudes: the vast majority (93 per cent) of respondents had drunk alcohol during the last month, doing so on an average (median) of 10 days, and more than half (58 per cent) had smoked tobacco, with more than a quarter (28 per cent) doing so on a daily basis. Given these high levels of use, the emphasis GDS respondents placed on the relative harmfulness of alcohol and tobacco may best be viewed as a means of rationalising their use of illicit drugs, functioning in much the same way that Becker described when he noted how marihuana users justified their behaviour by claiming conventional society allows much more harmful practices.

Although drug use decisions may be informed by cost-benefit assessments, they cannot be fully understood in such terms. Reflecting on their earlier work, Aldridge et al (2011: 223) noted how their emphasis on rationality meant some of the 'sensuality', 'emotionality' and 'perhaps even irrationality of drug use' were overlooked. We would add that this emphasis also obscures important psychodynamic processes. The role of psychological defences was highlighted by a series of questions asking GDS respondents to assess their *relative* levels of drug consumption. For substances they had used in the last month, respondents were asked to assess how their levels of use compared with other recent users based on a nine-point scale from the lowest 10 per cent, through

the average (middle 20 per cent) to the top 10 per cent. A similar pattern was evident across a range

of substances, whereby respondents systematically underestimated their relative levels of use. Such

biases can be readily understood as a form of distortion or culturally approved denial (Maruna and

Copes, 2005), which serves to normalise levels of consumption that would be considered excessive

and risky by conventional standards. When estimating their relative levels of consumption,

respondents may have compared themselves to other people in their immediate social circle who are

similarly drug involved. Most indicated their friends had used illicit drugs during the previous year,

though less than half (42 per cent) thought most or almost all their friends had done so. As well as

providing rationalisations and neutralisations for stigmatised forms of behaviour, other users offer

an alternative set of behavioural norms. In this sense social and psychological processes may work

in tandem to dissipate potential anxieties about drug use that are generated internally and externally.

We begin by considering respondents' perceptions of their alcohol consumption because it provides

a powerful illustration of the general point, before going on to consider cannabis, cocaine and

ecstasy, which were the most widely used illicit drugs during the previous month. The analysis

could not be replicated for tobacco because questions were not asked about the number of cigarettes

smoked per day. It is well established that people tend to under-estimate the amount of alcohol they

drink when responding to self-report surveys, particularly in relation to heavy drinking sessions

(Stockwell et al, 2004: Northcote and Livingston, 2011). According to the World Health

Organisation's Alcohol Use Disorders Identification Test (Babor et al, 2001) approximately two-

thirds (68 per cent) of GDS respondents were drinking at hazardous and harmful levels (they had a

score of 8 or above), with around a fifth drinking at the two highest 'risk levels' (11 per cent and 7

per cent were judged to be at the third and fourth levels respectively). Despite this, the vast

majority of respondents (83 per cent) felt they were drinking at low or average levels (ranging from

'lowest 10 per cent' to 'high average'), including three-quarters (77 per cent) of those who were

actually drinking at hazardous and harmful levels; two-thirds (64 per cent) of those who were

drinking at the third risk level; and two-fifths (39 per cent) of those who were at the highest risk level.

A similar dissonance is evident in relation to illicit drug use (see Table 5). Although frequent and/or heavier users were more likely to judge their use to be above average than moderate users, they tended to downplay their levels of use. Using cannabis every day or most days was fairly unusual even by the standards of the GDS, yet a third or more of respondents who used cannabis this frequently considered their use to be average or less (33 per cent and 42 per cent respectively). For ecstasy and cocaine more than half of even the heaviest users thought they were using at no more than average levels.

Table 5 about here

Although psychological defences help to sustain stigmatised forms of behaviour, they are difficult to maintain over the long-term and may be compromised by disturbing encounters or changes in consciousness, which trigger self-re-evaluation (Maruna and Copes, 2005; Prochaska and DiClemente, 1994). Various studies of behavioural change, covering smoking, drug use and offending, highlight the importance of alterations in self-identity as actions that were once considered exciting and rewarding come to be viewed with growing unease (Rumgay, 2004; see also Maruna, 2001). Under such circumstances feelings of ambivalence and shame may give rise to attempts at desistance and claims to 'an alternative, desired and socially approved personal identity' (Rumgay, 2004: 405). A considerable proportion of GDS respondents expressed a desire to reduce their existing levels of consumption: two-fifths (41 per cent) wanted to smoke less tobacco; a third (36 per cent) wanted to drink less alcohol; and a quarter (25 per cent) wanted to reduce their use of illicit drugs – mainly cannabis and cocaine. Close to a fifth of last month cannabis users and last

16

month cocaine users wanted to use less of these drugs (21 and 19 per cent respectively), while around a tenth (8 per cent) of last month ecstasy users wanted to reduce their use of this drug.

The desire to cut down was linked to respondents' actual and perceived levels of use: heavier users and those who saw themselves as such were more likely to want to reduce their consumption than those who used less or thought they did. These links were examined in detail using a logistic regression procedure, with separate models for alcohol, cannabis, ecstasy and cocaine based on last-month users. Across all models, judgments about relative levels of use helped to predict whether or not respondents wanted to reduce their consumption *independently* of their actual levels of use. Controlling for alcohol disorder scores, respondents who thought they were drinking at a high rate compared to others were almost twice as likely to want to cut down as those who thought they were drinking at average levels (odds of 1.91, $p < .01$). Similar effects were evident in relation to cannabis, ecstasy and cocaine (see Table 6). Viewing their own use as unremarkable, it seems, shields users from some of the imperatives that may encourage them to cut down. In this sense normalisation is an intra-personal as well inter-personal process.

Table 6 about here

Conclusion

Our analysis rests on the observation that individual psychological processes and collective social processes are intimately connected. What this means for drug users, perhaps above all else, is having to deal with the kinds of powerful forces of social control Becker identified more than half-a-century ago. Drawing on insights provided by Freud and Elias, we have highlighted what was a largely implicit feature of Becker's work – the way ideological forms of drug control are mediated by psychological processes. While various responses are, no doubt, possible, ranging from

compliance to defiance, we have highlighted the ambivalence surrounding illicit drug use. Among individuals who use drugs this ambivalence is evident in the application of neutralisation techniques, the development of cost benefit assessments and the performance of 'normification', all of which reflect the on-going struggle between the pleasure principle and reality principle. A similar sense of conflict is evident from the way active drug users tend to under-estimate their levels of consumption compared with others. This bias, we have argued, represents a kind of distortion or culturally approved denial, which serves to normalise potentially stigmatised forms of behaviour, warding off anxieties that might otherwise encourage users to reassess their patterns of use.

We should not assume that social control is necessarily a bad thing, and would do well to heed Braithwaite's (1989) distinction between shaming that is stigmatising and counter-productive and that which is reintegrative and crime reducing. Young (1971: 221) made a similar distinction when he claimed 'the subculture of drugtaking' has 'the only viable authority to control the activity of its members'. Rather than harassing and undermining existing drug subcultures, he advocated a policy of maintaining such cultures and encouraging users to adapt their habits by promoting 'positive propoganda'. To this end, the results of the GDS have been used to develop an on-line harm reduction guide (http://www.globaldrugsurvey.com/brand/the-highway-code/) and an innovative set of smart-phone or on-line self-assessment tools that provide personalised feedback to users about their levels of use and how they compare with others (see https://www.drugsmeter. com/). Providing personalised feedback is reasonably well established in relation to alcohol (see Cunningham et al., 2010; Bewick et al., 2013) and is beginning to be applied to illicit drug use, particularly that involving cannabis (Cunningham and Van Mierlo, 2009; Lee et al., 2010). Our analysis suggests such feedback may help to promote harm-reduction by challenging the kind of psychological defences that sustain risky patterns of drinking and drug use, encouraging more moderate levels of consumption.

References

Aldridge, J. Measham, F., and Williams, L. (2011) *Illegal Leisure Revisited: Changing Patterns of Alcohol and Drug Use in Adolescents and Young Adults*, London: Routledge.

Babor, T.F., Higgins-Biddle, J.C., Saunders, J.B., and Monteiro, M.G. (2001) *The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care*, Geneva: World Health Organisation

Becker, H.S. (1963) *Outsiders: Studies in the Sociology of Deviance*, New York: The Free Press.

Bewick, B.M., West, R.M., Barkham, M., Mulhern, B., Marlow, R., Traviss, G., Hill, A.J. (2013) 'The Effectiveness of a Web-Based Personalized Feedback and Social Norms Alcohol Intervention on United Kingdom University Students: Randomized Controlled Trial', *Journal of Medical Research*, 15(7): e 137. Doi: 10.2196/jmir.2581.

Bocock, R. (2002) *Sigmund Freud*, London: Routledge.

Braithwaite, J. (1989) *Crime, Shame and Reintegration*, Cambridge: Cambridge University Press.

Cohen, S. (2002) *Folk Devils and Moral Panics*, London: Routledge.

Cunningham, J.A., and Van Mierlo, T. (2009) 'The Check Your Cannabis Screener: A New Online Personalized Feedback Tool', *The Open Medical Informatics Journal*, 3: 27-31.

Cunningham, J.A., Wild, T.C., Cordingley, J., Van Mierlo, T., and Humphreys, K. (2010) 'Twelve Month Follow-Up Results from a Randomized Controlled Trial of a Brief Personalized Feedback Intervention for Problem Drinkers', *Alcohol and Alcoholism*, 45(3): 258-262.

Donnelly, M. (2005) *Sixties Britain*, London: Pearson/Longman.

Duff, C.J. and Erickson, P.G. (2014) 'Cannabis, Risk and Normalisation: Evidence from a Canadian Study of Socially Integrated, Adult Cannabis Users', *Health Risk & Society*, 16(3): 210-226.

Elias, N. (2000) *The Civlilizing Process*, Oxford: Blackwell Publishing

Elias, N., and Dunning, E. (1986) *Quest for Excitement: Sport and Leisure in The Civilising Process*, Oxford: Blackwell Publishers.

Freud, S., (2004 [1930]]) *Civilization and Its Discontents*, London: Penguin Books

Freud, S., (2004 [1913]) *Totem and Taboo: Some Points of Agreement between the Mental Lives of Savages and Neurotics*, London: Routledge.

Goffman, E., (1963) *Stigma: Notes on the Management of Spoiled Identity*, New York: Prentice Hall.

Gould, A., and Stratford, N. (2002) 'Illegal Drugs: Highs and Lows', *British Social Attitudes*, London: Sage.

Hall, S., Winlow, S., Ancrum, C. (2008) *Criminal Identities and Consumer Culture*, Collumpton: Willan.

Hathaway, A.D., Comeau, N.C., and Erickson, P.G. (2011) 'Cannabis Normalization and Stigma: Contemporary Practices of Moral Regulation', *Criminology and Criminal Justice*, 11(5): 451-469.

Hayward, K. (2002) 'The Vilification and Pleasures of Youthful Transgression', in J. Muncie, G. Hughes and E. McLaughlin (eds), *Youth Justice: Critical Readings*, London: Sage.

Hobbs, D., Hadfield, P., Lister, S., and Winlow, S. (2003) *Bouncers: Violence and Governance in the Night-time Economy*, (Oxford and New York: Oxford University Press.

Home Office (2013) *Drug Misuse: Findings from the 2012 to 2013 Crime Survey for England and Wales*; https://www.gov.uk/government/publications/drug-misuse-findings-from-the-2012-to-2013-csew/drug-misuse-findings-from-the-2012-to-2013-crime-survey-for-england-and-wales

Järvinen, M. and Ravn, S. (2014): "Cannabis Careers Revisited. Applying Howard S. Becker's Theory to Present Day Cannabis Use", Social Science & Medicine, 100: 133-140.

Laughlin, H. P. (1970) *The Ego and its Defenses*, New York: Appleton Century Crofts.

Lee, C.M., Neighbors, C., Kilmer, J.R., Larimer, M.E (2010) 'A Brief, Web-Based Personalized Feedback Selective Intervention for College Student Marijuana Use: A Randomized Clinical Trial', *Psychology of Addictive Behaviour*, 24(2): 265-273.

Maruna, S. (2001) *Making Good,* Washington, D.C: American Psychological Association.

Maruna, S. and Copes, H. (2005). 'What Have We Learned in Five Decades of Neutralization Research?' *Crime and Justice: A Review of Research*, 32: 221-320.

Matza, D., and Sykes, G.M. (1961) 'Juvenile Delinquency and Subterranean Values', *American Sociological Review*, 26: 712-19.

McCambridge J, Mitcheson L, Winstock A, and Hunt N. (2005) 'Five-Year Trends in Patterns of Drug Use Among People Who Use Stimulants in Dance Contexts in the United Kingdom', *Addiction*, 100(8): 1140-1149.

Measham, F. (2004) 'The Decline of Ecstasy, The Rise of "Binge" Drinking and the Persistence of Pleasure', *Probation Journal,* 51: 309-326.

Measham, F., Moore, K., Newcombe, R. and Welch, Z. (2010), 'Tweaking, Bombing, Dabbing and Stockpiling: The Emergence of Mephedrone and the Perversity of Prohibition', *Drugs and Alcohol Today*, 10(1): 14-21.

Measham, F., Moore, K. and Østergaard, J. (2011a), *Emerging Drug Trends in Lancashire: Night Time Economy Surveys: Phase One Report*, Lancaster University and Lancashire Drug and Alcohol Action Team, Lancaster.

Measham, F., Wood, D., Dargan, P. and Moore, K. (2011b) 'The Rise in Legal Highs: Prevalence and Patterns in the Use of Illegal Drugs and First and Second generation 'Legal Highs' in South London Gay Dance Clubs', *Journal of Substance Use*, 16(4): 263-272.

Mennall, S. (1992) *Norbert Elias*, Dublin: University College Dublin Press.

Newburn, T. (1992) *Permissiveness and Regulation*, London: Routledge.

Newburn, T. and Shiner, M. (2001) *Teenage Kicks? Young People and Alcohol: A Review of the Literature*, Joseph Rowntree Foundation: York.

Northcote, J., and Livingston, M. (2011) 'Accuracy of Self-Reported Drinking: Observational Verification of 'Last Occasion' Drink Estimates of Young Adults', *Alcohol*, 46(6): 709-713.

Nutt, D., King, L.A., Saulbury, W., and Blakemore (2007) 'Development of a Rational Scale to Assess the Harm of Drugs of Potential Misuse', *Lancet*; 369: 1047–53

Parker, H., Aldridge, J., and Measham, F. (1998) *Illicit Leisure: The Normalization of Adolescent Recreational Drug Use*, London: Routledge.

Parker, H., Williams, L., and Aldridge, J. (2002) 'The Normalization of Sensible Recreational Drug Use: Further Evidence from the North West England Longitudinal Study', *Sociology*, 36(4): 941-964.

Pearson, G., and Shiner, M. (2002) 'Rethinking the Generation Gap: Attitudes Towards Illicit Drugs Among Young People and Adults', *Criminal Justice*, 2(1): 71-86.

Prochaska, J.O. and DiClemente, C.C. (1994) *The Transtheoretical Approach*, Florida: Krieger Publishing Company.

Reiner, R. (2007) *Law and Order*, Cambridge: Polity Press.

Rumgay, J. (2004) 'Scripts for Safer Survival: Pathways Out of Female Crime', *The Howard Journal*, 43(4): 405-419.

Sandberg, S. (2012) 'Is Cannabis Use Normalised, Celebrated or Neutralized? Analyzing Talk as Action', *Addiction Research and Theory*, 20(5): 372-381.

Scheff, T.J. (2004) 'Elias, Freud and Goffman: Shame as the Master Emotion', in S. Loyal and S. Quilley (eds) *The Sociology of Norbert Elias*, Cambridge University Press.

Shiner, M. (2009) *Drug Use and Social Change*, Palgrave MacMillan: Basingstoke.

Shiner, M. and Newburn, T. (1997) 'Definitely, Maybe Not: The Normalisation of Recreational Drug Use Amongst Young People', *Sociology*, 31 (3): 511-529.

Stockwell, T., Donath, S., Cooper-Stanbury, M., Chikritzhs, T., Catalano, P., and Mateo, C. (2004) 'Under-Reporting of Alcohol Consumption in Household Surveys: A Comparison of Quantity-Frequency, Graduated-Frequency and Recent Recall', *Addiction*, 99(8): 1024-1033.

Topp L, Barker B, Degenhardt L. (2004) 'The External Validity of Results Derived from Ecstasy Users Recruited Using Purposive Sampling Strategies', *Drug and Alcohol Dependence*, 73(1): 33-40.

Winlow, S., and Hall, S. (2006) *Violent Night*, Oxford: Berg.

Winstock A, Mitcheson L, Ramsey J, Davies S, Puchnarewicz M, Marsden J. (2011) 'Mephedrone: Use, Subjective Effects and Health Risks', *Addiction*, 106(11): 1991-1996.

Winstock AR, Barratt MJ (2013) 'The 12-Month Prevalence and Nature of Adverse Experiences Resulting in Emergency Medical Presentations Associated with the use of Synthetic Cannabinoid Products', *Human Psychopharmacology: Clinical and Experimental*, 28(4): 390-393.

Young, J. (1971) *The Drugtakers*, London: MacGibbon and Kee.

Young, J. (1999) *The Exclusive Society*, London: Sage.

Table 1 Characteristics of Global Drug Survey respondents - United Kingdom sample

Sex		*Who live with*	
Male	69	Partner	33
Female	31	Friends	32
		Parents	17
Age		Alone	13
18-19	11	Other	5
20-24	33		
25-29	21	*Highest qualification*	
30-34	14	Higher degree	19
35 or older	21	Degree	37
		General vocational qualification (Diploma, City and Guilds)	10
Ethnicity		General maturity certificate (A-levels or equivalent)	28
White	94	Intermediate general qualification (CSE / GCSE)	6
Black / black British	1	None	1
Asian / Asian British	1		
Mixed	3	*Current activity*	
Other	1	Working	73
		Studying	40
Sexuality		Neither working nor studying	9
Heterosexual / straight	85		
Homosexual / gay	6		
Bisexual	9		

n=7,719

Table 2 Drug specific attitudes and use in the general adult population - 16 to 59 year olds (percentages)

| | Perceived harmfulness | | | | Normative judgements | | | Prevalence | |
	Very safe	Fairly safe	A bit unsafe	Very unsafe	Ok to take Frequently	Ok to take Occasionally	Never ok	Ever used	Last year
Cannabis	3	18	32	47	2	32	66	30	6
Cocaine	0	2	11	86	0	7	93	9	2
Ecstasy	1	3	11	86	0	8	92	8	1
Heroin	0	0	2	98	0	1	99	1	*
Getting drunk	1	24	53	22	5	74	20	-	-

Source: Home Office (2013)　　　*< 0.5 per cent　　　　　　　n = 21,363

Note: questions about acceptability were asked in relation to people of your own age

Table 3 Attitudes to the acceptability of drug use by drug using experience - 16 to 59 year olds (percentages)

| | Attitude toward people of own age taking cannabis | | | |
Cannabis	Ok to take frequently	Ok to take occasionally	Never ok to take	*n*
Taken in last year	17	72	12	*555*
Taken but not in last year	3	65	32	*2,256*
Never taken	1	17	82	*6,667*
	Attitude toward people of own age taking cocaine			
Cocaine	Ok to take frequently	Ok to take occasionally	Never ok to take	*n*
Taken in last year	0	63	37	*161*
Taken but not in last year	1	39	61	*696*
Never taken	0	4	96	*8,989*
	Attitude toward people of own age taking ecstasy			
Ecstasy	Ok to take frequently	Ok to take occasionally	Never ok to take	*n*
Taken in last year	1	73	26	*97*
Taken but not in last year	1	45	54	*710*
Never taken	0	4	95	*8,901*

Source: Home Office (2013)

Table 4 Illicit drug use among Global Drug Survey respondents - United Kingdom sample

	Ever used (percentage)	Used in last year (percentage)	Used in last month (percentage)	Average number of days used in last month (median)
Cannabis				
- Grass	85	53	34	5
- Skunk	76	50	36	10
- Resin	75	36	17	3
- Grass, skunk and/or resin	91	70	55	9
- Synthetic	14	3	2	-
Ecstasy / MDMA				
- Pills	69	40	19	2
- Powder	65	47	27	2
- Pills and/or powder	76	54	34	2
Cocaine				
- Powder	69	43	23	2
- Crack	8	1	1	-
Poppers	57	14	5	1
Magic mushrooms	53	14	5	1
Amphetamine /speed	53	12	4	2
- Paste	25	5	2	2
- Methamphetamine	4	1	*	-
Nitrous oxide (laughing gas)	50	28	11	2
Ketamine	48	25	10	2
LSD	40	11	3	1
Mephedrone	43	20	7	1
Benzodiazepines	37	19	9	2
Solvents / volatile substances	15	1	*	-
Opiates	16	3	1	-
- Opium	13	2	1	-
- Heroin	7	1	1	-

* < 0.5 per cent   - insufficient cases   n=7,719

Note: Questions were asked about more than 50 substances including some legal ones, such as caffeine tablets. This Table incudes illicit drugs that had been used by at least 10 per cent of the sample as well as some less widely used but well known substances (e.g. heroin and crack). For cannabis - grass, skunk and/or resin, the average number of days used in this last month was calculated on the basis of the specific type of cannabis that was used most often. The same applies to ecstasy - pills and/or powder.

Table 5 Perceived levels of drug use compared to others by self-reported use (percentages, last month users only)

	As a percentage of last month users	How do you think your use of the substances you have used in the last month compares to other people who have used that substance recently?				
		Low	Average	High	Don't know	*n*
Cannabis - days used in last month						
1 or 2	25	76	20	3	2	*991*
3 or 4	12	50	41	8	2	*473*
5 to 9	14	29	57	12	2	*540*
10 to 19	18	7	56	35	1	*694*
20 to 29	16	3	39	56	2	*650*
30	16	3	30	65	3	*637*
Cocaine – grammes used in last month						
< ¼	19	75	21	1	3	*298*
¼ to ½	14	63	31	4	3	*231*
> ½ to 1	16	49	45	3	3	*266*
> 1 to 2	18	39	52	8	2	*291*
> 2 to 4	12	18	64	14	4	*185*
> 4 to 7.5	8	12	66	20	2	*130*
> 7.5	13	5	53	37	5	*206*
Ecstasy – milligrams used in last month						
< 200	18	58	35	4	3	*425*
200 to 299	12	45	44	6	5	*297*
300 to 499	11	34	53	8	5	*267*
500 to 749	17	32	59	8	2	*410*
750 to 1,000	13	22	66	10	3	*325*
1001 to 2,000	15	19	64	14	3	*377*
> 2,000	14	11	56	30	4	*339*

Cramers V = 0.43, p < .01 (cannabis); 0.33, p < .01 (cocaine); 0.23, p < .01 (ecstasy)

Table 6 Effects of actual and perceived levels of drug use on desire to cut down (logistic regression)

	β	Odds
A. Cannabis		
Days used in last month (10-19)		
1 or 2	-0.70**	0.50
3 or 4	-0.42*	0.66
5 to 9	-0.20	0.82
20 to 29	0.04	1.04
30	0.12	1.13
Perceived use compared to others (average)		
Low	-0.32*	0.73
Low average	-0.18	0.83
High average	0.27	1.31
High	0.48**	1.62
Don't know	0.12	1.12
Constant	-1.25	0.29
B. Cocaine		
Grammes used in last month (> 1 to 2)		
< ¼	-0.35	0.70
¼ to ½	-0.50	0.61
> ½ to 1	-0.18	0.83
> 2 to 4	-0.20	0.82
> 4 to 7.5	0.47	1.61
> 7.5	0.70**	2.01
Perceived use compared to others(average)		
Low	-0.40	0.67
Low average	-0.23	0.80
High average	0.47*	1.60
High	0.79**	2.21
Don't know	-0.62	0.54
Constant	-1.40	0.25
C. Ecstasy		
Milligrams used in last month (500 to 749)		
< 200	-0.14	0.87
200 to 299	-0.05	0.95
300 to 499	0.02	1.02
750 to 1,000	0.34	1.41
1001 to 2,000	0.11	1.12
> 2,000	0.34	1.40
Perceived use compared to others(average)		
Low	0.01	1.01
Low average	0.13	1.14
High average	0.52*	1.68
High	0.52*	1.68
Don't know	-0.40	0.67
Constant	-2.66	0.07

** $p <.01$ * $p <.05$

Note: For each drug, the dependent variable was coded as 1 (wants to use less) or 0 (does not want to use less). In the cocaine model the effects associated with using 200 to 299 milligrams and having a low perceived level of use compared to others were close to the cut-off indicating statistical significance (p=0.06 and 0.05 respectively).